

Care Quality Commission

Inspection Evidence Table

Riverbank Medical Services (1-3581199381)

Inspection date: 25 April 2018

Date of data download: 12 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.	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 required medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 24/11/17
There was a record of equipment calibration Date of last calibration:	Yes 24/11/17
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 30/10/17
Actions were identified and completed. Jumbled wires, prescription boxes, paper records, toaster: all actioned and completed.	Yes
Additional observations:	No
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 25/04/18
Health and safety risk assessment and actions Date of last assessment:	Yes 23/11/16
Additional comments: Personal evacuation plan for disabled team member, copy in reception, fire folders, staff member has one as does the practice manager.	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: Annual training in monthly practice meetings. Policies stored on the shared drive. Additional training was provided by the CCG. Auditable cleaning rotas in place.</p>	<p>Yes 28/11/17 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: Sharps bins in elevated position on work tops. Pedal bins were used for clinical waste and there were large collection points within the building with a coded entry system. The cleaners moved general waste in pedal bins.</p>	

Any additional evidence

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)	1.22	1.18	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)	5.6%	7.6%	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.	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 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
Explanation of any 'No' answers:	

The practice's saved searches for some high-risk drugs was ineffective and had missed some patients. However, on the day of the inspection staff amended their searches and put new systems into place so all relevant patient information was captured.

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.	4
Number of events that required action	4

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

Event	Specific action taken
Information shared inappropriately with family member which could have led to increased risk to patient.	Full investigation, incident shared with relevant involved parties, referred to other organisations including ICO (Information Commissioner's Office). Discussed in meeting, apology given, training completed and patient records flagged.
Incorrect patient booked in to triage clinic.	Discussed at team meeting, patient notes amended. Reminder issued to check identity when booking appointments and at patient consultations. Reviewed four months later.
Repeat medication issued without clinical need.	Full investigation, with information collected from all parties. Policies reviewed and discussed at clinical and practice meetings. Meeting with patient to explain the need for treatment checks. Reviewed two months later.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understood how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Safety alerts were logged on a spreadsheet and disseminated to all relevant clinicians. Searches were run to identify any affected patients and medication reviewed.</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)	1.00	0.91	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)	59.7%	77.8%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (12)	14.0%	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)	66.5%	74.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (21)	9.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	74.5%	78.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (16)	12.8%	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)	78.2%	77.4%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (7)	8.2%	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)	78.9%	87.7%	90.4%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (10)	12.3%	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)	84.9%	83.9%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (13)	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)	96.6%	91.4%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.6% (7)	9.1%	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)	57	57	100.0%	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)	34	46	73.9%	80% or below Significant 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)	33	46	71.7%	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)	34	46	73.9%	80% or below Significant 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)	72.0%	77.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.4%	78.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	62.1%	57.7%	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)	66.7%	61.0%	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)	93.1%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (2)	18.3%	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)	93.1%	89.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (2)	16.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	85.8%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (3)	7.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	513	537	539
Overall QOF exception reporting	3.9%	5.5%	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. 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
Some indicators had been adversely affected by the practice not having a nurse in post for several months.	

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)	93.2%	96.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (8)	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)	41.4%	50.4%	51.6%	Comparable to other practices

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	28
Number of comments cards received which were mixed about the service	1
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 fed back they were treated with dignity and respect and listened to. There were no concerns about the staff and care provided with all staff groups referred to in a positive way. Several comment cards mentioned how lucky the patients felt to be registered at Riverbank and how they were able to get an appointment when they needed to. The mixed response card referred to an appointment which ran late.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,509	285	6.3%	99	34.74%

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)	92.5%	76.7%	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 (01/01/2017 to 31/03/2017) (GPPS)	92.2%	87.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	98.5%	95.3%	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)	93.3%	85.4%	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)	99.1%	93.3%	91.4%	Variation (positive)
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)	98.4%	92.4%	90.7%	Variation (positive)

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
2016	The practice patient survey showed that patients valued the practitioner contact and satisfaction levels were high. Patients expressed higher satisfaction towards respect shown to them, concern for patient ability to listen, warmth of greeting, confidence in ability, reassurance and willingness to recommend above national averages. Patients expressed least satisfaction with telephone access and ability to see practitioner within 48 hours but these were also above national average scores.

Any additional evidence
The practice had commissioned a similar survey in 2011, 2013 and 2014. Patient feedback showed an increase in satisfaction levels between 2014 and 2016 in 27 out of 28 indicators.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients were able to get an appointment when they needed one. They felt they had enough time during the consultation. Their privacy and dignity was respected and they felt involved in their care and treatment. The GP and nurse explained the treatment and medication. Patients were aware of how to make a complaint and had been asked for their views. Overall opinion of the practice, staff and service was very good.

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)	93.9%	85.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	89.2%	82.2%	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)	96.4%	90.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	97.2%	87.9%	85.4%	Variation (positive)

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. No

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

Carers	Narrative
Percentage and number of carers identified	76 carers on the carers register which represented 1.7% of patients.
How the practice supports carers	Contact details and numbers were available for organisations which provided support to carers.
How the practice supports recently bereaved patients	The practice sent a card to bereaved patients and offered a bereavement visit.

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	A sign was displayed which requested patients stand back to allow patients to talk to reception staff without being overheard.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Patients we spoke with on the day	All patients we spoke with on the day of the inspection stated their privacy and dignity was respected by medical staff.
Patient comment cards	Comments included patients felt they were respected and treated with dignity and courtesy by all practice staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:30
Thursday	08:00-18:00
Friday	08:00-18:00
Saturday	08:00-12:00

Appointments available	09:00-12:00 and 14:00-18:00
Extended hours opening	Tuesday: 6:45-8:00 and Wednesday 18:00-19:45

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	
All visit requests were passed through to GPs for assessment.	

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)	90.6%	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)	85.2%	61.3%	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)	81.6%	71.7%	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)	81.2%	70.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>Feedback included one patient who had expressed frustration as they had not been given what they needed. Other patients said they felt cared for and the staff were kind although another said it was difficult to get an appointment.</p> <p>The practice told us they were unable to respond to feedback on the NHS Choices website and had raised this as an issue.</p>

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.	1
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	None
Additional comments:	
The complaint was dealt with appropriately and learning points were shared with staff.	

Any additional evidence
We saw information on how to complain was available for patients.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

Riverbank Medical Services Mission Statement:

1. To provide the best possible quality service for our patients within a confidential, safe, clean and suitably equipped environment achieved by working together.
2. To show respect and courtesy to our patients, staff and local health professionals irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
3. To involve our patients in decisions regarding their treatment and service provision.
4. To promote good health and well-being to our patients through education and information from birth through to the end of life.
5. Liaising with other agencies and NHS colleagues and local allied healthcare professionals in an effective manner with the focus on what is best for the patient.
6. Patients will be proactively involved in the development and maintenance of good quality services through the Patient Participation Group and Patient feedback surveys.
7. To ensure that all members of the team have the right skills and training to carry out their duties competently.

Culture

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

Source	Feedback
Practice Workforce Survey	All practice staff feedback was positive about the team being caring and that the practice was a good place to work.
Staff Interviews	Staff told us they were well supported by management and managers were approachable.

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

Source	Example
Practice Manager	The practice considered new services such as diabetic foot analysis following staff feedback.

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 Manager	Staff were aware of the duty of candour and we saw apologies were made to patients where necessary.

Examples of concerns raised by staff and addressed by the practice

Source	Example	
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
Practice Manager	One staff member had a personal evacuation plan which all staff were aware of.
Practice Workforce Survey	The practice had implemented the Practice Workforce Survey to look at staff satisfaction and areas of improvement. Staff fed back that some ineffective systems had been changed which impacted positively on stress levels.

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

Source	Example
Policies	The practice's Equality and Diversity training and policies were updated.

Examples of actions to improve quality in past 2 years

Area	Impact
General improvement	The practice had worked to improve general quality over the last two years by promoting and supporting patient self-care more and improving signposting.
Organised work rota	Practice management staff had implemented a timetabled work rota to ensure work was completed on time.

Examples of service developments implemented in past 2 years

Development area	Impact
Working together	Practice staff worked more closely with other local healthcare providers and shared good practice.

Appropriate and accurate information

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

Examples of methods of engagement

	Method	Impact
Patients	Patient Feedback Survey/Notice boards	Patient feedback was predominantly positive and showed that the practice had engaged well with its patients.
Public	Website	The practice website was informative for the public and helped to orientate and offer advice to prospective patients.
Staff	Practice meetings	Staff told us they were able to engage well with practice management.
External partners	CCG	CCG feedback was positive about the practice and their work.

Feedback from Patient Participation Group;

Feedback
The practice was struggling to recruit new members.

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

Examples	Impact
N/A	

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Staff roles	The practice had considered workload and patient access and had recruited staff to new roles, for example, the Prescription Clerk.

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>