

Care Quality Commission

Inspection Evidence Table

Bath Row Medical Practice, Attwood Green Health Centre (1-873397972)

Inspection date: 15.05.18

Date of data download: 11 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	N/A
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes*
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: *Not all non-clinical staff had DBS checks however the practice was able to demonstrate a risk assessment to assure themselves of patient safety. All clinical staff whose files we viewed had DBS checks completed.	

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 Nov 2017
There was a record of equipment calibration Date of last calibration:	Yes Jan 2018
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 September 2016
Actions were identified and completed. This risk assessment was completed by the owner of the building. Actions identified were not specific to the practice had assured themselves that these had been completed.	Yes
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes September 2016
Health and safety risk assessment and actions Date of last assessment:	Yes September 2016
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified Detail: The practice had identified areas of refurbishment that they felt needed to be completed as well as disposable curtains and non-wipeable chairs that they had replaced. The practice had identified the need of additional infection control equipment that was in place at the time of the inspection.	Yes January 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

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: *Systems were present to monitor and review staffing levels but the practice told us that staff numbers were not sufficient to meet patient need. The information we viewed and patient feedback confirmed this. For example, complaints about access had reduced from approximately 25 in 2016/2017 to only four during a period of increased staffing. Recent staff losses meant that the practice had seen this number escalate again recently. The practice was able to demonstrate action taken to reduce risks whilst recruitment of additional clinical staff was considered.	

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)	0.66	0.98	0.98	Variation (low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	7.1%	8.0%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (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	N/A

these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <p>*The practice demonstrated that they had taken proactive measures to reduce their antibacterial prescribing averages, including clinical audits and through information that was provided in the patient waiting area.</p>	

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.	16
Number of events that required action	16

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

Event	Specific action taken
Safe use of medicines	The practice documented that a medicines fridge had been left open. As a result of this the practice contacted the manufacturers for advice on medicines that were in the fridge and acted on the advice given. The practice also updated the policy for staff and discussed this at a team meeting to share learning with the whole staff team.
Safe use of medicines	Emergency alerts on the clinical system at the practice had not operated as intended regarding a patient who needed assistance after having an adverse reaction to a medicine. The practice ensured that all staff were informed how to use this system and learning was shared through a team meeting.

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 showed us examples of how their alert system worked, including identification of patients affected and communications sent to patients where 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)	0.68	0.93	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)	81.0%	77.4%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (61)	11.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	67.3%	78.7%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.7% (64)	8.4%	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)	87.1%	78.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (75)	9.2%	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)	74.8%	78.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (44)	4.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.6%	93.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (22)	7.2%	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)	77.9%	84.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (34)	3.8%	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)	91.1%	88.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (4)	11.9%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	120	124	96.8%	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)	108	120	90.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	114	120	95.0%	Met 95% WHO based target Significant Variation (positive)
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)	111	120	92.5%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	52.3%	65.6%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.3%	63.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	44.0%	39.9%	54.5%	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)	60.0%	81.8%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.7%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (16)	7.3%	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)	96.0%	92.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (12)	5.1%	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)	77.4%	87.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (5)	4.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	541	539
Overall QOF exception reporting	13.6%	5.9%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training:</p> <p>Staff at the practice who we spoke with and those whose files we viewed had been developed and trained in roles other than their own to ensure that any staff absences were mitigated in the short term and this was in line with the practice's succession plan.</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.2%	96.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (6)	0.5%	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)	48.1%	54.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice has a policy that governed consent of patients and we found no evidence that this was not being followed by staff when consulting with patients.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	11
Number of comments cards received which were mixed about the service	18
Number of CQC comments received which were negative about the service	0 2 cards were neutral comments.

Examples of feedback received:

Source	Feedback
For example, Comments cards.	Generally, feedback was positive in relation to how patients felt they were treated at the practice. The 18 comment cards that were received that were mixed in their response were not in relation to the caring domain.
NHS Choices	There had been 23 reviews left on NHS Choices within the last 12 months. These were responded to by the practice. Three reviews related to care and treatment and were positive with regards to satisfaction.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
11,520	391	3%	71	18.16%

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)	62.6%	74.4%	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)	84.0%	87.4%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient	93.3%	94.8%	95.5%	Comparable to other practices

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)				
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)	82.4%	84.1%	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)	80.1%	88.3%	91.4%	Variation (negative)
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)	86.0%	87.0%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Survey carried out by the practice	This survey reflected the national GP survey in that it was generally complimentary about the care and treatment given to patients at the practice. This survey represented 182 patients feedback over three months ending in May 2018.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
National GP patient survey.	Patient satisfaction with regards to how they felt they were involved in decisions about their care and treatment were mixed. The practice were aware of the national GP patient survey and had commissioned a private survey to further test patient satisfaction. This survey consisted of 182 patients feedback and showed responses to questions regarding involvement in decisions about care and treatment of good, very good or excellent.

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)	78.0%	85.7%	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)	71.1%	80.3%	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)	83.0%	87.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	73.6%	83.2%	85.4%	Variation (negative)

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 68 patients that were carers, which translates to less than 1% of the patient list.
How the practice supports carers	There is information available to carers in the practice in the form of leaflets and the practice has produced both a carers pack and a carers identification policy, the number of patients on the carers list had increased to 68 from 61, however this was below 1% of the practice population. The practice offered health checks and flu vaccinations to carers on the register.
How the practice	The Practice had a policy governing the reporting and acting on a patient death.

supports recently bereaved patients	The practice explained that once the admin team have been alerted to the patient death they would pass the information on to the priority doctor who would inform the team and the various professionals involved and relevant to the patients care and treatment. The patient's death and details would be recorded on the patient's record. The practice sent a letter of condolence with information and advice and inviting the family to make an appointment at the practice for further support.
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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 reception area within the practice was open plan, but the reception desk was set away from the seating area so that conversations between staff and patients could not be readily overheard.

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:	
Source	Feedback
CQC comment cards	Comments cards from patients did not identify any concerns with regards to dignity and privacy.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Appointments available	
	Mondays and Tuesdays – 8.30am – 12 noon & 3pm – 6pm Wednesdays – 8.30am -12 noon & 3pm – 6pm Thursdays – 8.30am – 1.40pm & 1.45pm – 8pm Fridays – 8am -12 noon & 1.10pm – 6pm Saturdays – 9am – 12 noon
Extended hours opening	
	Thursday evenings are extended from 6.30pm to 8pm. The practice offers appointments at any time at local hubs through their membership of the federation.
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	
Doctors received alerts regarding home visits through the clinical system and then triaged these based on their clinical expertise, attending patients at home if necessary.	

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)	66.8%	77.3%	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)	44.8%	67.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient	44.8%	69.5%	75.5%	Variation (negative)

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)				
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)	39.8%	68.5%	72.7%	Variation (negative)

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There had been 23 reviews left on NHS Choices within the last 12 months. These were responded to by the practice. A total of 18 of those reviews related to access and were generally negative with regards to satisfaction.
CQC comment cards.	The 18 comment cards that were mixed responses reflected the findings from the national patient survey in terms of access to care and treatment, via appointments.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	35
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

The practice analysed the complaints received into the practice and coded them by category. Of the 35 received, nine were in relation to staff attitude, 11 regarding access, 11 were designated as clinical and four with regards to premises and "other". We found that these complaints were handled in a timely manner and responses contained information in line with guidance.

Any additional evidence

*The practice had commissioned a private company to conduct a survey on their behalf to gather further patient feedback and help them to understand how they could improve. The unverified data from this survey concluded that 82% of patient rated the practice good, very good or excellent but identified that areas such as telephone access, being able to see a GP within 48 hours, waiting times and appointment satisfaction as poor, reflecting data from other sources such as the CQC comment cards, NHS Choices website and the national GP patient survey. This survey was responded to by 182 patients over a three

month period ending in May 2018. The practice had taken action to address the needs of the patients in the areas highlighted by the surveys, for example changes to the telephone lines to increase the number of patients that are able to queue at any one time and extended hours but these have not yet been able to demonstrate a positive impact.

*The practice had recruited a salaried GP that was due to start in June 2018, who was specifically employed to cover busy periods experienced by the practice to try to improve patient access to appointments.

Well-led

Leadership capacity and capability

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

The practice leadership had ensured that all staff members had training and development in roles other than their own for personal development purposes but also in terms of a succession plan, where staff members were trained to advance within the organisation.

Vision and strategy

Practice Vision and values

The practice had a documented vision and values statement, which contained 4 key elements.

1. A team who;

- Enjoy their work, feel respected and are able to develop as individuals.
- Are treated fairly, with equal opportunities for all.
- Understand the responsibilities and rights of team members and of Bath Row Medical Practice as an organisation.
- Are committed to the practice's objectives.

2. Clear communication with patients and other stakeholders.

3. Good business and financial health.

4. Minimising risk to patients, team members and the practice.

Culture

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

Source	Feedback
Staff	Staff that we spoke with felt that the practice was a good place to work, that it was open and honest and that there was a good working relationship between staff and teams.
Staff	Staff we spoke with felt that staffing levels were not sufficient and that when there were more clinical staff, there were less complaints about appointments and access.

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

Source	Example
Staff	We saw that staff had requested a quiet work space for patient recall, to reduce errors from distraction. The practice had provided a quiet space on the admin floor of the building for this purpose.

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

Source	Example
Complaints	The practice was able to demonstrate that they communicated with patients, with regards to complaints. Comment and compliments placed on NHS Choices had been responded to.
Incidents	The practice was able to demonstrate that it documented incidents however there

	had been no documented incidents that would require the practice to act in respect of their duty of candour.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Significant events.	The practice staff had raised a significant event concerning a medicines fridge door that had been left open. As a result, the practice liaised with the manufacturer of the medicines contained within and took the appropriate action. The practice also updated their policy to reflect the event and communicated learning to all staff via team meetings.
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
Management	The practice manager told us that they had an open-door policy. Whilst this was informal staff told us that they were confident in raising concerns when necessary.
Risk	The practice had established work station and work environment risk assessments for staff members where necessary.

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

Source	Example
Policy	The practice has a comprehensive equality and diversity policy
Recruitment	The practice was able to demonstrate that they considered equality and diversity during their recruitment process.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical audits	The clinical team had completed some clinical audits which included assessing patients with Diabetes at risk of developing Cardio-Vascular Disease (CVD). This was a full cycle audit which demonstrated improvements to patient outcomes.
Patient access	The practice had attempted to meet patient demand for appointments by increasing the number of patients that were able to queue on the telephone line ensuring they don't get cut off once the queue was full. The practice had extended hours on a Thursday evening from 6.30pm until 8pm and offered Saturday morning appointments as part of the federation hub.

Examples of service developments implemented in past 2 years

Development area	Impact
Federation	The practice had joined a federation that offered hub appointments to their patients.
Clinical systems.	The practice had changed their clinical system to ensure that they could integrate more smoothly with their federation colleagues and with other

	GPs in the area who use the same system.
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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	Complaints and significant events were prominently featured in the meeting minutes that we viewed. A number of policies were changed or updated as a result of significant events. The practice acknowledged the issues that patients were complaining about if appropriate, communicating openly with those patients.
Practice specific policies	The practice had a comprehensive suite of policies.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
DBS checks	Some staff at the practice did not have a DBS check in place, the practice felt that this was unnecessary due to the roles that these staff fulfilled. The practice had risk assessed this and communicated to staff via team meetings that these staff, although trained, were not authorised to conduct chaperone duties.

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
Public	Website	The practice had a comprehensive website with large amounts of information on various subjects including healthy lifestyles and support groups. There was an active patient participation group (PPG) and patients were invited to join in order to become more involved with the practice.
Staff	Verbally, meetings	Staff explained that they felt involved in practice

		meetings, being invited to attend these monthly. For those who were unable to attend, meeting minutes were available to all staff on the shared drive.
External partners	Telephone, email	The practice engaged with various healthcare professionals to facilitate patient care coordination, via letter, email, telephone and in person.

Feedback from Patient Participation Group;

Feedback

The PPG were unable to comment to us with regards to the practice for this inspection.

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

Examples	Impact
The patient participation group was invited to form the patient panel that had re-written practice communication letters with patients in line with what they considered patients would prefer.	There has been positive feedback from patients about this.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Patient access	The practice had undertaken a process of mapping their appointment allocation system to highlight alternative patient access points, such as the hub, social prescribers or other services, where necessary.

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>