

Care Quality Commission

Inspection Evidence Table

Perranporth Surgery (1-567872178)

Inspection date: 12 June 2018

Date of data download: 22 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.	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

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

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 April 2018
There was a record of equipment calibration Date of last calibration:	Yes January 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 June 2018
Actions were identified and completed.	Yes
Additional observations: Fire Drill exercise undertaken in June 2018	
Health and safety	Yes

Premises/security risk assessment? Date of last assessment:	June 2018
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018
Additional comments: The practice uses an outside provider for their risk assessments.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	March 2018
The provider acted on any issues identified	Yes
Detail:	
GPs desk were found to be cluttered and were cleared to allow for cleaning. Antibacterial gel was placed at the rear door used by staff.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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

Information to deliver safe care and treatment

Question	Y/N
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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

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)	0.94	0.98	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.1%	9.8%	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). 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.	Yes
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	Yes

verifying the patient in line with GMC guidance.	
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
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

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes

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.	12
Number of events that required action	12

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

Event	Specific action taken
An error occurred when a patient was given the wrong medicine with a similarly sounding and spelt name.	The practice established new procedures for the addition of new medicines for patients on letters from outside agencies. Staff now actioned the letter/discharge summary as instructed by the agency, they printed a copy and attached it to the prescription with a sticky note stating 'please check as added by dispensary'. This provided an extra check to show the action had been highlighted to the signing GP
Whilst on a home visit the GP found they did not have the emergency equipment required whilst waiting for an ambulance	The practice have now established an emergency grab bag for GPs to take with them when undertaking emergency home visits.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The Practice manager prints off the alerts and these are distributed to the relevant department. They are discussed at the twice weekly huddle meetings and staff sign to say whether action taken or no action required.</p>	

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)	0.57	0.99	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)	81.1%	82.4%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2% (56)	19.7%	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)	72.3%	81.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.7% (70)	11.9%	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)	75.0%	82.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (67)	14.9%	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)	81.8%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (90)	12.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.3%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.3% (25)	13.7%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.1%	84.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (95)	5.2%	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)	91.2%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

5.6%	(8)	7.6%	8.2%
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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)	55	58	94.8%	Met 90% Minimum (no variation)
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)	61	62	98.4%	Met 95% WHO based target Significant Variation (positive)
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)	60	62	96.8%	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)	61	62	98.4%	Met 95% WHO based target Significant Variation (positive)

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)	78.5%	75.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.7%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.0%	60.7%	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)	67.4%	63.7%	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 (01/04/2016 to 31/03/2017) (QoF)	100.0%	93.8%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (5)	16.0%	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)	94.4%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (5)	13.5%	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)	84.4%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (8)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	551	539
Overall QOF exception reporting	8.6%	6.8%	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
The practice had a generic induction process for all new staff, they then had further induction programmes that were relevant to staff roles.	

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)	94.1%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (18)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	55.2%	51.4%	51.6%	Comparable to other practices

Any additional evidence
The practice were proactive in providing additional services at the practice for screening, for example diabetic retinal eye screening and screening for Abdominal Aortic Aneurysms (AAA). This saved patients from making a difficult journey to the nearest hospital.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
Comments cards,	The comments included that the receptionists were polite, professional and caring. Patients were always able to obtain an appointment with either a GP or nurse and were satisfied with the care and treatment received. The dispensary service also received positive feedback for being helpful.
NHS Choices	The practice had achieved five stars out of five from six reviews. Comments referred to receptionists being helpful and staff responding to requests to appointments in a timely manner..

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,444	223	1.6%	120	53.81%

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)	91.9%	86.6%	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)	97.4%	92.3%	88.8%	Variation (positive)
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)	97.8%	97.4%	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)	97.2%	90.5%	85.5%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	95.8%	93.4%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	96.3%	93.8%	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
2017	The practice carried out their own patient surveys to gain information on patient satisfaction with their services. For example, the latest results showed 78% of patients answered how they rated the speed at which the telephone was answered initially as good to excellent and 97% rated the practice as being good or excellent for their overall experience.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with two patients on the day of inspection, they all told us the GPs and nurses discussed their treatment with them.

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)	98.3%	90.9%	86.4%	Variation (positive)
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)	94.4%	87.8%	82.0%	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 explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	93.6%	92.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient	92.4%	89.8%	85.4%	Comparable to

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)				other practices
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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	<p>The practice had identified 82 patients as carers. This was about 1.1% of the practice population.</p> <p>New carers were identified opportunistically and by asking for information on new patient questionnaires.</p>
How the practice supports carers	<p>The practice offered flu vaccines and health checks as required.</p>
How the practice supports recently bereaved patients	<p>The GP contacted the family following a bereavement.</p>

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 staff who received telephone calls were situated in a room away from the reception desk and the seating area was situated away from the reception desk.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:30
Monday	13:30-18:00
Tuesday	08:00-12:30
Tuesday	13:30-18:00
Wednesday	08:00-12:30
Wednesday	13:30-20:30
Thursday	08:00-12:30
Thursday	13:30-18:00
Friday	08:00-12:30
Friday	13:30-18:00

Appointments available: Appointments could be booked at the practice, by telephone or online. There was a combination of on the day appointments, telephone appointments, urgent and routine pre-bookable appointments.

Extended hours opening: Additional appointments with a GP or healthcare assistant were available on a Wednesday evening until 8:30pm. All the GPs offered early morning appointments and afternoon appointments that could be pre-booked up to two weeks in advance.

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>All urgent home visit requests were allocated to the duty GP for assessment. If a home visit was required patients were seen by the GP.</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)	74.9%	84.0%	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)	84.1%	79.3%	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)	78.1%	82.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	84.3%	81.9%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices Patient feedback cards.	Patients said that they could obtain appointments when they needed them, and gave examples of GPs responding promptly.

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.	9
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
To deliver high quality primary healthcare to meet the needs of a diverse practice population and strive to be courteous, respectful and approachable, and to act with integrity and confidentiality at all times.

Culture

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

Source	Feedback
Staff	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.

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

Source	Example
Administrative staff	A roller blind had been installed to block the glare for staff working on computer screens
Nursing Staff	Nurses were now having input into the set up and organisation/running of the flu clinics each year.

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

Source	Example
Complaint	We reviewed a patient's complaint of being unable to receive the treatment they thought they needed. Documentation demonstrated there had been a discussion and apology given to the patient.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	The staff were unable to give any examples but told us that if they did have any concerns all GPs partners and managers would take on board their views and make beneficial changes.
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
Staff	Twice a week during their lunch hour staff attended a Funch, a keep fit class run by a staff member.
Staff training matrix	The practice made safety training for staff part of its mandatory training programme, both on induction and ongoing. This included fire safety training, infection prevention and control and manual handling procedures.

Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.
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Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff training log	Staff were trained in respecting equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
A schedule of audit across clinical and non-clinical areas	Audits were frequently undertaken to improve the quality of care and treatment of patients. We saw many examples of this, which included regularly scheduled and audits initiated because of learning from significant events and feedback from patients.

Examples of service developments implemented in past 2 years

Development area	Impact
The practice had employed an emergency care practitioner (ECP)	The ECP was involved in home visits, caring for patients in residential homes, teaching within the practice and seeing holiday makers as well as registered patients.

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	Regular meetings were held throughout the practice. These included all-staff meetings, clinical meetings and partner meetings. Information about risks and significant events were shared openly at meetings and all staff were able to contribute to discussions.
Practice specific policies	Policies were updated annually or when needed.
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
Risk of flooding	The practice had purchased sandbags to help reduce the impact of flooding during high tides in inclement weather.

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	Feedback forms in the waiting area. Direct email contact with the practice. Engagement with the patient participation group (PPG). Practice newsletter.	Ongoing assessment of services and discussion of any suggested improvements. For example, following patient feedback additional staff were available to answer the telephones during busy periods.
Public	Practice website.	This allowed current and future patients to learn about the services provided, how to access them and give general information about how the practice operated.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Staff said there was open and transparent communication. Staff felt able to raise concerns and were involved in service development.
External partners	Regular programme of meetings. Good communication channels, for example email and electronic software systems.	This enabled services to be planned and delivered effectively and supported better sustainability of service provision in the future

Feedback from Patient Participation Group;

Feedback
The member of the PPG who we spoke with said they were contacted to ask for their views on possible service changes. They reported they felt they were kept informed by the practice.

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

Examples	Impact
The PPG had held a community event in the local memorial hall titled 'Healthy living in your community' and invited over 20 local support	Feedback forms were available for attendees to complete and the impact of the event was positive. Some examples being:

<p>groups, activities and clubs in the area to attend. The aim of the day was to encourage patients to find out what was going on in their area, gain support and keep healthy. The GPs and nurses were also available throughout the day to answer questions. Attendees were invited to have a go at some of the activities.</p>	<ul style="list-style-type: none"> • Eight patients joining new social groups • Local fire brigade identifying homes that require fire safety checks resulting in smoke alarms being fitted • New groups being formed, such as tai chi and a slower Zumba group • Patients becoming more conscious of their own health needs by stating they would work on their fitness, do more exercise and eat a healthier diet.
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Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had an additional monthly check list in place to monitor patients health.	Patients received effective care, for example patients were invited to the practice for blood pressure checks, alcohol screening, and shingles vaccinations.

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

Audit area	Impact
Discussions with patients and an aim to reduce over use of strong pain relief	The aim of the audit was to find how many patients had received a conversation in relation to the risks and benefits of strong pain relief and offered physical or emotional therapies in their place. The first cycle showed 48% of 25 patients had had the conversation. A pop up was placed on the patients notes and when the audit was repeated it was found that two patients had stopped taking these medicines and 52% had had their medicines reduced.

Any additional evidence

The practice was a training practice, for GP Registrars, these are experienced doctors who are making a career transition between hospital and general practice. The practice also provided training places for medical students and trained doctors wanting to gain experience in the community.

The practice also offered taster weeks to give hospital based doctors the experience of working in a GP practice.

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>