

Care Quality Commission

Inspection Evidence Table

Fosse Family Practice (1-4357810946)

Inspection date: 9 May 2018

Date of data download: 01 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
Explanation of any 'No' answers: N/A	

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: N/A	

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 May 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 February 2018
Actions were identified and completed.	Yes
Door locks were changed to the rear of the premises.	
Additional observations: Staff confirmed that fire drills took place with checks to fire call points, however there was no record of this or the learning identified. There were records to show that staff had been trained in the use of fire extinguishers.	

Health and safety Premises/security risk assessment? Date of last assessment:	Yes January 2018
Health and safety risk assessment and actions Date of last assessment:	Yes January 2018
Additional comments: There was a comprehensive risk assessment in place along with a policy and checklist for regular monitoring of the premises.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Yes March 2018
The provider acted on any issues identified Detail: As a result of the most recent audit and toilet seat had been replaced in the bathroom.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: N/A	

Any additional evidence
Clinical waste was stored securely in a locked cupboard. The lead nurse for infection control had attended clinical training for this and all staff had completed online infection control training. Reception staff had received instruction on how to safely receive specimens from patients.

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: N/A	

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: N/A	

Safe and appropriate use of medicines

Antibiotic Prescribing
Data provided by the practice showed that while antibiotic prescribing was comparatively higher than the England and CCG averages, this had reduced over time. For example, over a six year period prescribing of broad spectrum antibiotics had reduced from 40% to around 10% currently.

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 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: N/A	

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.	5
Number of events that required action	3

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

Event	Specific action taken
There was a mix up with two patients with the same surname. The wrong patient received a specialist referral appointment after the practice had shared the wrong patient details with the other service.	The incident was shared with staff who were reminded of the need to check the patient's NHS number as part of identification checks when sending information to other services.
A specimen sample had been left in the clinical room so had not been collected to go to pathology.	The incident was shared with all staff. A decision was made for morning reception staff to check clinical rooms for any samples that had not been put in the pathology box by the clinical staff.

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 GP and practice manager both receive electronic copies of all safety alerts. Each alert is printed and the GP checks it regarding its relevance to the practice. If the alert is relevant it will be discussed at staff meetings and all nursing staff will be made aware.</p> <p>Recent action to address an alert received for a medicine for the treatment of uterine fibroids. Action included a search for patients which found one patient on the medicine at the time. Action was taken in line with the recommendations of the alert, including calling the patient in for liver function testing.</p>	

Any additional evidence
Practice data showed that 62% of patients over the age of 75 had not received a review of their medicines in the last year. However, the practice provided evidence that reviews were taking place but not being coded correctly. For example, we reviewed 25 records of patients identified as not having received a review and saw that the reviews had been recorded as free text within the patient record system.

Effective

Effective needs assessment, care and treatment

*Please note that national published data used in the evidence table is from a time when the practice was managed by a previous provider. However, because there is clinical and management continuity within the service national published data from the time when the service was managed by the previous provider has been used.

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)	61.7%	77.7%	79.5%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	9.3%	7.4%	12.3%	
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)	78%	75%	78.2%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.6%	6.5%	9.2%	
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)	67.6%	79.4%	80.1%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	11%	7.8%	13.2%	
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)	88.2%	76.6%	76.4%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0%	3.8%	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)	96.4%	91.4%	90.4%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	17.6%	10.2%	11.3%	
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%	83.2%	83.3%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.9%	4.3%	4%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	88.9%	91.8%	88.4%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	10%	7.8%	8.2%	

Child Immunisation

Figures provided by the practice showed that;

- 90% of children aged 2 had received the 5-in-1 vaccine.
- 85% of children aged 2 had received the MMR vaccine.

- 85% of children aged 2 had received the Meningitis C vaccine.
- 79% of children aged 5 had received the 5-in-1 vaccine.

This meant that the practice were below the 90% national target for the administration of vaccines to children in three out of the four indicators.

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)	57.2%	65.9%	72.1%	N/A
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.5%	70.3%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	37.1%	44.6%	57.4%	N/A
While the published data for cervical screening showed that the practice was below average in their performance, current data provided by the practice at the time of the inspection showed that this had improved and was currently at 76%.				

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%	92.6%	90.3%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	12.5%	11.4%	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)	92.9%	92.8%	90.8%	N/A

QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	12.5%	9.3%	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)	87.5%	85.2%	83.7%	N/A
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20%	6.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.77	529.47	530.27
Overall QOF exception reporting	8.6%	8.3%	10%

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: N/A.</p> <p>Any further comments or notable training:</p> <p>The GP undertook prescribing audits, including those relating to the practice of the advanced nurse practitioner. Clinical supervision was used to review the results of the audits and identify any areas of learning or development.</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)	97.2%	96.8%	95.2%	N/A
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.7%	1.2%	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)	85.7%	56.2%	51%	N/A

Any additional evidence

The practice monitored Quality Outcomes Framework (QOF) data. Some of the data showed variable performance. For example, diabetes indicators were lower than average in some areas. The practice had an advanced nurse practitioner who took a lead with patients with diabetes and provided education and support to improve patient outcomes. Performance in relation to asthma and chronic obstructive pulmonary disease (COPD) was high, however exception reporting in COPD was higher than average. Overall exception reporting was comparable to national and CCG averages.

Caring

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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	All of the comment cards were positive about how the staff treated patients and the level of service they received. Comments included that staff were professional, friendly and approachable. Other comments included that the GP and nursing staff were very respectful, that the environment was clean and tidy and that reception staff were friendly.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2197	371	3.8%	84	23%

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)	78%	67%	77%	N/A
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)	80%	85%	89%	N/A
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95%	93%	95%	N/A
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)	76%	81%	86%	N/A
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	88%	88%	91%	N/A
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)	85%	87%	91%	N/A

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

Date of exercise	Summary of results
May 2018	The practice encouraged patients to complete friends and family test surveys while they were in the practice. We reviewed the results of the most recent survey and saw that 97% of patients were likely or extremely likely to recommend the practice to their friends and family.

Any additional evidence
The practice was aware of results relating to the GP patient survey and had reviewed their performance in relation to this. Performance was generally in line with national and CCG averages. The practice performed marginally lower in relation to GP consultations. However, it was not clear what action the practice was taking to address this.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with two patients as part of our inspection, including one who was a member of the practice's virtual PPG. Patients told us they were happy with how they were involved in decisions about their care and that they felt they had the time to discuss options with the GP or the nurse practitioner.
Comment cards	Comment cards included comments that patients felt involved in their care and that they were given sufficient time during their appointment to have open discussions with clinical staff.

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)	81%	83%	86%	N/A
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)	78%	77%	82%	N/A
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)	88%	88%	90%	N/A
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)	86%	82%	85%	N/A

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	35 patients were identified as carers which is equal to 1.3% of the practice patient population.
How the practice supports carers	There were posters in the waiting area informing patients of organisations that could provide additional support to carers. Carers could be directed to a care navigator via the GP or the nurse. The care navigator would direct them to relevant services.
How the practice supports recently bereaved patients	The practice wrote to families who had been bereaved. This included providing them with information on local support services and the contact details of the GP and the advanced nurse practitioner should the family wish to schedule an appointment or call to discuss any aspect of the death of their loved one.

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 desk was screened off and there was a television in the waiting area to minimise the quiet so that conversations at the desk were less noticeable. Reception staff told us they minimised the amount of confidential information shared at the desk and if confidential information did need to be discussed they offered the patient the opportunity to speak privately.

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

Source	Feedback
PPG and patients	Changes had been made to the waiting area of the practice, including screening off the reception desk to improve confidentiality. Consulting rooms were away from the patient waiting area and patients were not concerned about the environment in relation to confidentiality.

Responsive

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Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:00-18:30
Tuesday	8:00-18:30
Wednesday	8:00-19:30
Thursday	8:00-18:30
Friday	8:00-19:30
Appointments available 9:30-12:30 and 15:00 to 18:00 daily	
Extended hours opening Monday and Wednesday evenings with appointments available until 19:00	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Patients calling to request a home visit would be asked for details as to the urgency and nature of their request. Information would then be shared with the GP who would either book the patient in for a visit or offer an initial telephone appointment if they needed further information. Reception staff had been trained to identify if the patient needed more urgent care in which case they may ask the GP for advice.	

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)	85%	74%	76%	N/A
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)	94%	59%	71%	N/A
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)	86%	76%	84%	N/A
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)	90%	63%	73%	N/A

Examples of feedback received from patients:

Source	Feedback
Comment cards/patient comments	Patients were positive about their access to the practice. Those we spoke with told us they were able to get an appointment when they needed one. All comment card comments about access to appointments were positive, with one person stating that their access to appointments had improved in recent months.

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.	One
Number of complaints we examined	One
Number of complaints we examined that were satisfactorily handled in a timely way	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Zero
Additional comments:	
The practice provided patients with a flow chart on how to complain in the waiting area. The practice manager told us they routinely kept a log of all complaints, including verbal complaints. There were details in the complaints policy on how to contact the Public Health Service Ombudsman if patients were not satisfied with how their complaint was handled by the practice.	

Any additional evidence
Patients were particularly satisfied with how they could access the service. GP patient survey results showed that in areas such as getting through to the practice by phone and accessing appointments, satisfaction was more than 20% higher than national and CCG averages.

Well-led

Leadership capacity and capability

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

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

Vision and strategy

Practice Vision and values

The practice had a vision to provide high quality and sustainable care to patients. As such they had developed a partnership structure with other small local practices to ensure support and economies of scale.

Culture

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

Source	Feedback
Staff	Staff told us they felt supported by the GP and the practice manager. One staff member told us they enjoyed being able to offer a personal and individual service to patients. Staff told us they were passionate about providing a high quality service and that they knew patients well and were able to respond to them quickly. Another staff member told us they were very happy at the practice and felt that it was a very safe and open place to work.
PPG	The PPG told us the practice staff were very prompt and responsive.

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

Source	Example
Staff	Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, during the process of changing from a single handed practice to part of a partnership staff were regularly involved in meetings and had the opportunity to share their concerns and hopes for the new structure.
Practice manger	The practice manager told us that as part of the new partnership structure where the practice had joined with three other local practices staff had been given the opportunity to have meetings with staff from the other practices. These were described as 'bonding' sessions and 'trust and relationship' sessions.

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

Source	Example
Significant events and complaints logs	All incidents and complaints were fully investigated. Patients were given a full explanation and feedback about the conclusions of investigations.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff we spoke with told us they were able to raise concerns and were

	encouraged to do so. They had confidence that these would be addressed.	
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.		Yes

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

Source	Example
Risk assessments	There were risk assessments in place such as those for work stations, the general environment and for staff pregnancy. Specific action taken as a result of these risk assessments included changes to seating in offices and working with staff to ensure their workstation met their needs. The practice also ensured flexible working arrangements for staff to attend essential appointments.
Staff support and team building	The practice had held 'group bonding' sessions to familiarise staff across the group structure and promote cross site support and effective working relationships.

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

Source	Example
Practice Manager	The practice ensured that there were arrangements in place to provide staff with flexibility for requests for time off such as during cultural holidays.
Staff	Staff told us the practice leads were supportive of them personally and that efforts were made to promote equality. Staff told us they were treated fairly and there was an inclusive culture within the practice.
Staff	Staff received training in equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Quality audits	<p>The practice had undertaken a range of audits over the past two years. These included prescribing, anticoagulation audits and an audit of deaths in the practice. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes.</p> <p>Quality improvements relating to audits included changes to the way the practice provided care to patients at the end of life and to the way they supported bereaved relatives following the audit of deaths in the practice.</p>

Examples of service developments implemented in past 2 years

Development area	Impact
Development of a group structure	The GP, practice manager and staff had worked with another local GP and other small practices in the area to create a group structure. The aim of this structure was to promote more sustainable services over time through sharing resources and collaborating to ensure small practices were not working in isolation. The GP told us that the new structure provided an opportunity to transform services and to provide

	opportunities for staff to work flexibly by having greater support to enable this across the group.
Improvements to the waiting area within the practice.	The PPG had worked with the practice staff to improve the layout of the waiting area to make it more welcoming and improve confidentiality. Examples included changing the décor, providing a screen at the reception desk and organising leaflets to be more relevant and accessible.

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 logged within the practice and discussion around these were a standing agenda item at practice meetings.
Practice specific policies	Practice specific policies were implemented, up to date and available to staff on the practice intranet.
Other examples	Practice meetings were held regularly and were recorded.
A comprehensive understanding of the performance of the practice was maintained.	
There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.	
The practice offered personal lists so that there was good continuity of care available.	
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
Legionella	Weekly water temperature checks were carried out and water temperatures were seen to be within the recommended range as detailed in the risk assessment. Weekly flushing of water outlets was also carried out.
Fire safety	A fire safety risk assessment had been carried out. Risk management activities included weekly fire alarm testing, fire training for staff including in the use of fire extinguishers, regular fire extinguisher checks and fire drills.
Environmental safety	Door locks to the rear of the premises were changed in order to improve security. Work station risk assessments led to action including purchasing additional equipment to ensure all workstations met the needs of staff in a safe way.

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	NHS choices Website feedback Compliments Complaints Friends & Family Test Box PPG	There was a virtual patient participation group in place with ad hoc face to face meetings when there were issues to discuss. One area of impact of these discussions was improvements to the waiting and reception areas of the practice, resulting in improved confidentiality and comfort for patients. The practice listened to patients and worked with them to improve the service.
Staff	Staff meetings Annual appraisals One to one meetings	Staff felt included and confident that their opinion and ideas were listened to. Staff told us they felt involved and engaged to improve how the practice was run. Practice meetings were recorded and minutes available. Clinical meetings were held but were not minuted.
External partners	Multidisciplinary meetings	Clinical staff held quarterly meetings with health visitors which were minuted. They also held quarterly multidisciplinary meetings with specialist palliative care and community staff.

Feedback from Patient Participation Group;

Feedback

The practice engaged well with the PPG. Staff shared results of surveys with members of the PPG and enabled them to provide feedback and make suggestions. There was open communication and PPG members felt involved in the practice and listened to.

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

Examples	Impact
Changes to the structure of the practice	The PPG were involved in discussions with practice leads about the development of the new partnership structure.
Improvements to the fabric of the building	The practice decorated some areas of the practice to improve the environment, including patient waiting areas.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Anticoagulation service	The practice provided an in-house anticoagulation service to enable patients to receive care closer to home.
Prescribing quality improvement projects	Improved antibiotic and anticoagulant prescribing.
Advance care planning	Advance care planning offered to the top 2% of patients identified through risk stratification where there was a high risk of hospitalisation due to co-morbidities.

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

Audit area	Impact
Hypertension	An initial audit led to improved monitoring and coding of patients with hypertension. A repeat cycle audit demonstrated these improvements.
Metformin	As a result of a patient taking Metformin who was identified with poor kidney function an audit was undertaken. This led to a further two patients identified as having poor kidney function, the medicine being stopped followed by improved kidney function results. The audit also led to improved monitoring of patients on Metformin and repeated audit cycles.

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>