

Care Quality Commission

Inspection Evidence Table

Medlock Vale Medical Practice (1-542636285)

Inspection date: 9 August 2018

Date of data download: 06 July 2018

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

Safe

Safety systems and processes

Safeguarding	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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (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 June 2018
There was a record of equipment calibration Date of last calibration:	Yes June 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 August 2018
Additional observations: Fire safety checks were being carried out weekly and this now included emergency warning light checks.	
Health and safety Premises/security risk assessment? Date of last assessment:	No*
Health and safety risk assessment and actions Date of last assessment:	No*
Additional comments: *The new management team have carried out a visual assessment, however a new written risk assessment has not yet been completed.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes July 2018 Yes

<p>Detail:</p> <ul style="list-style-type: none"> • Following the inspection December 2017, the provider has applied new flooring, equipment is now covered and wipeable chairs are now in place to comply with infection control standards. All equipment is now single use. • The practice also invited the public health infection control team to carry out an independent infection control audit. • The practice completed a monthly post-operative infection audit. 	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence	
We saw a new policy and procedure was in place for the cold chain and speaking with staff and reviewing recent data from the cold chain data logger we were satisfied the cold chain was now being appropriately managed.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes

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
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 answers: * A new two week wait referral system had been introduced and was being monitored to ensure all referrals were completed and action taken where appropriate.	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.74	1.05	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)	6.5%	7.9%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	Yes
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 General Medical Council 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.	Yes
The practice had a defibrillator.	Yes
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
Explanation of any answers: The new management and clinical team included a full-time pharmacist and with support of the CCG medicines management team they had significantly improved the systems and procedures to ensure safe managements of medicines. A 12 month action plan was in place for reviewing and monitoring medication, including those patients prescribed high risk medications. *A new policy and procedure was in place for uncollected prescriptions and we noted weekly checks were now being carried out and recorded. ** New policies and procedures were in place for repeat prescribing, prescribing of Disease Modifying Antirheumatic Drugs (DMARDS) and Lithium monitoring. The health care assistant took responsibility for monitoring patients lists and contacting patients directly where monitoring or reviews were required.	

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	5
*The practice introduced a new system for recording and reviewing significant events. We reviewed the details of two recent significant events and found these had been investigated with actions and outcomes documented and reviewed.	
**The practice provided records of significant events which have been identified since May 2018 when the new management team were in post.	

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

Event	Specific action taken
The new management team identified tasks, for example GPs requesting admin staff make contact with patients to make an appointment following test results, which had not been actioned dating back to March 2018. The complexity of the existing system created a back log, which was not monitored.	The new team revised the policy and procedure for tasks such following up patients once test results had been received. Going forward GPs will contact the patients directly and not task reception team. For those unactioned tasks identified, additional GP appointments were made available and all patients concerned had been contacted and where appropriate seen by a GP. Tasks are now monitored daily.
Cervical screening recording/coding	Training for staff.

error within the clinical system.	Monthly audit undertaken to ensure all cervical smear results have been received and acted upon appropriately.
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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 had introduced a new system to monitor, review and action where appropriate safety alerts and alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed in detail two recent alerts and found these to be actioned appropriately. We also noted a new system to audit the alerts had been implemented.</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)	1.10	1.11	0.90	Comparable to other practices

People with long-term conditions

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)	76.1%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (17)	8.2%	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)	80.9%	79.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (17)	6.0%	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)	81.4%	81.4%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (41)	11.3%	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)	81.3%	76.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (52)	8.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.0%	90.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (8)	11.5%	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)	83.7%	82.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (18)	2.7%	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)	86.5%	88.9%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	0.7%	(1)	6.5%	8.2%

Families, children and young people

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)	73	77	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)	73	77	94.8%	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)	70	77	90.9%	Met 90% Minimum (no variation)
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)	72	77	93.5%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

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)	68.9%	73.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.6%	67.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	56.5%	54.2%	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	65.9%	79.7%	71.2%	N/A

6 months of the date of diagnosis. (PHE)				
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)	47.7%	50.6%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

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)	92.3%	88.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.8% (19)	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)	91.3%	88.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (12)	9.0%	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)	76.3%	82.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.6% (7)	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532	541	539

Overall QOF exception reporting	3.9%	4.7%	5.7%
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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) <small>(QOF)</small>	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) <small>(QOF)</small>	94.6%	95.2%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (7)	0.4%	0.8%	

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards.	Patients commented that they found the service at the practice to be good and staff were friendly and helpful. Comments included staff were friendly and professional, patients said they were treated with dignity and respect and listened to. Five patients also commented that on occasions it could be difficult to book and appointment, but they had noticed an overall improvement in access.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,107	276	116	42.03%	1.4%

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)	40.2%	75.4%	78.9%	*Significant Variation (negative)
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)	85.2%	88.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	93.8%	95.0%	95.5%	Comparable to other practices

The percentage of respondents to the GP patient survey who stated that the last time they saw or 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)	78.2%	86.1%	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)	90.0%	93.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	89.1%	92.3%	90.7%	Comparable to other practices

Any additional evidence or comments

*The survey results do not reflect the changes the practice has made since published in July 2017. We were provided with information as to how the practice were working to improve patient experience including:

- Increased nurse practitioner appointments by over 33% and there was an increase of 96 GP appointment each week from April to June 2018.
- Recruitment of two new long term locum doctors and new salaried GPs who will start working in the practice between August and October 2018.
- A new telephone system is scheduled to be installed in September 2018.
- Speaking with three patients on the day of the inspection they told us it seemed easier to get an appointment now.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No*
The new management team had not had the opportunity to conduct a patient's survey but planned to work with the patient's participation group to carry out a survey soon.	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Speaking with three patients on the day of the inspection they all told us they had noticed a difference in the practice, they were treated with dignity and respect and involved with decisions.

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)	78.6%	84.9%	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)	76.9%	81.6%	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)	89.2%	91.4%	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)	87.2%	86.8%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes*
Information about support groups was available on the practice website.	Yes
*The practice had engaged with the specialist learning disabilities nurse locally to review information available in easy read format	

Carers	Narrative
Percentage and number of carers identified	The practice had increased the number of carers registered from 47 in April 2018 to 96 (1.2%) in July 2018.
How the practice supports carers	The practice had developed new systems to identify patients who were carers and all new patients were asked if they were a carer as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. We saw information for carers was readily available in the waiting area which was up to date.
How the practice	Staff told us that if families had experienced bereavement, the GP best known

supports recently bereaved patients	to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
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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	A private room was available and staff were conscious of not discussing or disclosing personal information at reception.

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	8:00am to 6:30pm
Tuesday	7:30am to 6:30pm
Wednesday	7:30am to 6:30pm
Thursday	7:30am to 6:30pm
Friday	8:00am to 6:30pm

Appointments available: The practice held morning and afternoon surgeries which were a combination of pre-bookable, urgent and on the day appointments.

Extended hours opening: The practice has increased their opening times. The practice is now open until 6:30pm daily and from 7:30am three days a week. Patients could also access appointments with a GP, Nurse or HCA at a local seven-day access hub evenings and weekends.

Home visits	Y/N
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>The practice had a system to assess:</p> <ul style="list-style-type: none"> • whether a home visit was clinically necessary; and • the urgency of the need for medical attention. <p>Home visits were booked in for those who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,107	276	116	42.03%	1.4%

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)	66.6%	79.4%	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)	37.6%	68.8%	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)	35.6%	71.9%	75.5%	*Significant Variation (negative)
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)	41.1%	68.9%	72.7%	*Variation (negative)

Any additional evidence or comments

*The survey results do not reflect the changes the practice has made since published in July 2017. We were provided with information as to how the practice were working to improve patient experience including:

- Increased nurse practitioner appointments by over 33% and there was an increase of 96 GP appointment weekly from April to June 2018.
- Recruitment of two new long-term locum doctors and two new salaried GPs who will start in the practice between August and October 2018.
- A new telephone system is scheduled to be installed in September 2018.

Examples of feedback received from patients:

Source	Feedback
Patient feedback	Speaking with three patients on the day of the inspection they told us it seemed easier to get an appointment now.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	11 (verbal only)
Number of complaints we examined	11
Number of complaints we examined that were satisfactorily handled in a timely way	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
There was a new complaints lead in place within the new management team and the policy and procedure had been reviewed and updated. Details had been added into the new practice leaflet.	

Well-led

Leadership capacity and capability

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

From June 2018 there was a new management team in place, with two new partner GP leads, new clinical business manager and operational business manager. Previous partners have either left the practice or become salaried GPs. The new team now included:

- 2 x new GP partners
- 4 x salaried GPs
- 1 x Clinical pharmacist
- 1 x Nurse practitioner
- 2 x Practice nurses
- 1 x health care assistant
- 1 x Clinical business manager
- 1 x Operational business manager
- 1 x reception manager
- 11 x administration and reception staff.

The practice had introduced new governance arrangements for reviewing and monitoring safety systems and had initiated audits to monitor and improve medicines management following our last inspection.

A systematic review of all policies and procedures was in progress.

A recruitment strategy was in place for increasing the number of GPs within the practice and skill mix.

Lead roles had been created for GPs and managers including a new governance and staff management lead.

Vision and strategy

Practice Vision and values

The new team are looking to update the vision and values of the practice in the near future with staff and the patient participation group.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The management team were conscious of the impact significant change can have on patients and staff and were proactive in communicating with staff and patients throughout the period of change. Examples

included whole staff events, one to ones with all staff, meetings with the patient participation group and information notices in the waiting area for patients.

The management team had prioritised safe patients care and treatment and the new management team had invested in additional clinical locum sessions to review and monitor vulnerable patients and medication.

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

Source	Feedback
Staff	We spoke with a range of new and existing staff both clinical and non-clinical. All staff told us it had been a difficult journey, but all were optimistic about the changes going forward and felt involved and supported by the new management team.

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	There was now a clear system in place for investigating, reviewing and learning from complaints and significant events. The practice manager monitored actions identified to ensure that they had been completed and reviewed.
Practice specific policies	There was a range of policies and procedures in place accessible to staff via the internal IT system. There was a system in place to review and update policies as required.
	Y/N
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 planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with two members of the patient's participation group (PPG) and reviewed minutes of recent meetings. They told us the new team had be open and honest with the group and they could already see the improvements being made for staff and patients and they were excited about the future. The only concern they raised was the proposed change to the PPG meeting times from evenings to day time as this could exclude new members from joining, but they felt this could be overcome.

Engagement with patients, the public, staff and external partners

Examples of methods of engagement		
Patients	Suggestion box	There were various ways a patient could input their thoughts about the practice which the practice then
	Friends and Family	

	survey. NHS Choices.	reviewed and developed an action plan to address any issues. The practice with the PPG were planning to carry out a patient satisfaction survey to gain feedback from patients on the changes taking place.
Public	PPG	The practice had a well-established PPG and the new management team have met with the PPG to discuss future plans and developments for the practice and identify ways in which the group can be more representative going forward.
Staff	Meetings	There was a structured meeting schedule in place with some meetings being held jointly with two other local practices in the group to share learning. Staff could add to agenda items for discussion and minutes of meetings were circulated to all staff.
External partners	Meetings	The practice met with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.

Any additional evidence

The practice has introduced a new audit and monitoring programme, which included regular medication audits, prescribing audits, minor surgery and histology audits. Results are reviewed and shared during clinical and partner meetings.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://gof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific

therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).