

Care Quality Commission

Inspection Evidence Table

Holt Medical Practice (1-542774170)

Inspection date: 17 July 2018

Date of data download: 13 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 and deputies for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'no' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Y
There was a record of equipment calibration Date of last calibration: July 2017, next calibration booked.	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 2016 – next due 2021	Y
Actions were identified and completed.	Y
Health and safety Premises/security risk assessment? Date of last assessment: June 2018, Comprehensive checks every six months	Y
Health and safety risk assessment and actions Date of last assessment: June 2018, Comprehensive checks every six months	Y
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: January 2018</p> <p>The practice acted on any issues identified</p> <p>Examples:</p> <ul style="list-style-type: none"> • Hand washing sinks: The practice replaced missing hand washing posters and installed a shelf to remove clutter from a sink in a branch practice. • The practice reminded staff about the importance of appropriate labelling and use of sharps storage containers after finding mislabelled containers. During our inspection we found sharps containers were appropriately labelled and used to dispose of waste appropriately. 	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y
Explanation of any answers:	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers:	

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)	0.87	1.09	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)	11.5%	12.0%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Explanation of any answers:

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes at main site. No at Branch Surgery
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes (see comment)
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 patients. 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 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
<p>Explanation of any 'No' answers:</p> <p>The dispensary located within the branch practice at Melton Constable could be accessed by any staff and could not be closed off and secured.</p> <p>The key to storage of controlled drugs at the branch surgery was located in nearby key press in the staff area with access by a code changed infrequently.</p> <p>Standard operating procedures kept in a folder and used by the staff at the main site had exceeded their review by date.</p>	
Any additional evidence or comments	

The practice carried out an audit of dispensary errors and near misses for May 2016 after identifying a trend in the errors being reported. The audit showed there were high numbers of errors and near misses in that month; seven near misses related to labelling of medicines, 19 near misses and six dispensing errors relating to selection of medicines and two near misses and six dispensing errors relating to the bagging of medicines.

The practice discussed the results and introduced a barcode scanning system for checking and stock control of medicines in June 2016 at the branch practice where most errors were taking place.

A re-audit was carried out in July 2016 which showed there were two near misses and one dispensing error in the labelling process, 0 near misses and four dispensing errors in the selection process and nine near misses and one dispensing error in the bagging process. The errors and near misses were mostly recorded for the main site where the barcode scanning system had not yet been introduced.

The service found the barcode scanning system reduced the likelihood of errors occurring and monitored the system with another audit in January 2017 which demonstrated further reduction in incidences of dispensing errors and near misses across all sites. The practice have plans to introduce a barcode scanner at their main site.

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	Four
Number of events that required action	Four

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

Event	Specific action taken
Patient given their own and another patients' repeat prescription paper.	The practice investigated and reviewed the process for handling repeat prescriptions and found that the error occurred when prescriptions were folded together. All staff were made aware of the incident and staff involved designed a new system whereby prescriptions are collated per patient and stapled together. This had reduced the incidence of this type of event.
A patient was dispensed and had taken the wrong medicine.	The practice immediately responded by arranging an urgent appointment with a GP, advised the dispensary team via internal messaging of the incident and the importance of checking and rechecking medicines before dispensing. The medicine and similar medicines were removed from the 'normal' stock area to the 'high risk medicines' area to prevent the same thing happening again. There were no similar incidents recorded.
The practice is also currently investigating and complying with external agency investigations into two serious incidents; one involving information governance breaches and another involving the minor surgery service which is currently suspended. Whilst these investigations are ongoing, we reviewed the information pertaining to the actions taken by the practice and found to date they had been appropriate and the practice had acted with openness and candour.	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

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)	1.58	1.32	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)	77.4%	83.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (84)	14.7%	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)	84.2%	79.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (74)	10.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	83.9%	81.4%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.9%	(198)	17.1%	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)	75.8%	76.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (44)	10.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.6%	92.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.2% (20)	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)	82.7%	84.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (69)	3.9%	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)	82.8%	86.5%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (21)	9.1%	8.2%	

Any additional evidence or comments

We reviewed the higher than average exception reporting for cholesterol control in diabetic patients and found patients had been appropriately excepted.

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)	70	77	90.9%	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)	94	101	93.1%	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)	95	101	94.1%	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)	97	101	96.0%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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)	75.3%	77.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.5%	79.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	64.2%	63.7%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	68.4%	66.9%	71.2%	N/A
Number of new cancer cases treated (Detection	49.0%	51.1%	51.6%	Comparable to

rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				other practices
Any additional evidence or comments				

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)	94.2%	93.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.0% (34)	26.3%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.0%	93.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.3% (23)	21.5%	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)	84.2%	83.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (12)	7.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	553	539
Overall QOF exception reporting	5.9%	6.2%	5.7%

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>	94.1%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (28)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice carries out monthly consent audits to ensure consent is appropriately sought and recorded.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	46
Number of CQC comments received which were positive about the service	40
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	Forty comment cards received from patients expressed wholly positive views about the service and mentioned individual staff by name. Staff were considered kind, friendly, caring and providing an excellent service. Six comment cards provided mixed positive and less positive comments with the key theme of less positive comments regarding access to appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,873	225	110	48.89%	0.79%

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)	81.7%	84.0%	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)	90.6%	92.0%	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)	93.9%	96.3%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	82.1%	88.7%	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)	92.5%	94.1%	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)	92.0%	93.6%	90.7%	Comparable to other practices
Any additional evidence or comments				

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients during our inspection who shared their experience of using the service and were generally very positive about the practice. Themes included friendly staff and being able to access urgent appointments when required.

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)	89.3%	89.3%	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)	84.5%	86.1%	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)	91.0%	92.7%	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)	83.2%	87.8%	85.4%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 300 patients as carers out of a practice population of approximately 14,000, which equates to approximately 2% of the practice population.
How the practice supports carers	The practice provided priority appointments for carers and arranges additional consultation time where necessary. Carers can access the seasonal influenza vaccination and are signposted to local support groups.
How the practice supports recently bereaved patients	The practice arranged home visits for bereaved patients and family members and arranged follow up appointments at suitable intervals. The practice often sent condolences cards and the practice were often represented at the funeral. Reception staff told us about their offering of support and a listening ear for bereaved patients and their families.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had introduced a sign at reception asking people to queue behind the sign to offer space for patients at the reception desk. There was a clear desk policy and computer screens were not visible from the patient area. Phone calls were taken in private.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am - 8pm
Tuesday	8am - 6.30pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am - 6.30pm

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	Y
If yes, describe how this was done	
<p>Patients were encouraged to phone the practice for a home visit request in the morning. Reception staff would take some key details and pass the information electronically to the Early Visiting GP, a GP whose role was dedicated to providing home visits. The GP would triage and prioritise home visits and call back patients or carers to discuss the request and arrange times. The Duty GP would take over triage and prioritisation should the early visiting doctor be called away to an urgent home visit.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,873	225	110	48.89%	0.79%

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)	77.0%	82.3%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	89.9%	76.9%	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)	88.0%	82.4%	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)	78.4%	80.2%	72.7%	Comparable to other practices
Any additional evidence or comments				

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in 2017/18.	20
Number of complaints we reviewed	5
Number of complaints we reviewed that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice dealt with 20 complaints in 2017/18 of which 7 were upheld. Key themes identified included communication and attitude of staff, clinical complaints and complaints concerning general practice administration. Lessons and learning from complaints were effectively monitored and communicated across the practice. The practice has consistently reduced the numbers of complaints coming into the practice year on year through identifying and monitoring trends and taking action to address individual complaints.</p>	

Example of how quality has improved in response to complaints
<p>The practice reviewed how and when patient medical records were available electronically to them following a complaint where a patient had access to their hospital diagnosis before attending their GP appointment to discuss the results.</p>

Well-led

Leadership capacity and capability

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

- The practice responded well to serious and significant events and worked with other practices and external agencies to share learning, improve and acted with openness and candour.

Vision and strategy

Practice Vision and values

- The practice developed their vision and values with staff and other stakeholders and regularly monitored and reviewed their five year forward strategy, responding to planned and unplanned changes in key staff.

Culture

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

- Staff told us they felt proud to work for the practice and supported and actively engaged in the patient focussed culture.
- There were clear standards set for all staff and there were examples of the practice taking action where staff actions fell below those standards.
- Staff were encouraged and supported to raise concerns and we saw the practice had taken action on concerns raised.
- The wellbeing of staff was a part of the culture and we heard positive example of staff team building and social events regularly involving all staff.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • A nice practice to work in • A very thorough and useful induction process • Open door policy – leaders are approachable • Doctors insist that staff call them by their first names to break down barriers • Staff member gave an example of raising an issue with a patient's notes with a GP who corrected the omission and worked with the staff member to ensure it didn't happen again by changing the process that allowed the mistake to happen.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of policies and procedures governing all aspects of how the service operated including policies and procedures covering; <ul style="list-style-type: none"> • Medicines management and Prescribing • Safeguarding • Consent • Infection prevention and control • Health and Safety
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Risk of injury to staff or patients crossing the road	Practice installed a zebra crossing across the road from the carpark to practice recognising the risk of an accident occurring.
Nursing team lost their nurse manager	Second Duty GP introduced to support the nursing team and provide clinical advice and increase capacity for primary duty GP.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<ul style="list-style-type: none"> • PPG lead met with inspector and was very complementary about the level of support and engagement from the practice and described positive relationships and an open and honest culture. • PPG meetings include national, regional and local health issues, external speakers and a report from the practice. • The PPG are actively involved in promoting the practice and health related issues in the local press with newsletters and advertisements.

Continuous improvement and innovation

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

Audit area	Improvement
Urinary Tract Infection (UTI) diagnosis and treatment audit	Compliance with Public Health England (PHE) diagnosis and treatment guidelines for 20 UTI patients was 62% and the compliance with PHE Prescribing guidelines was 87% in the first audit cycle in June 2016. The practice reviewed the audit and updated their UTI protocol and re-audited in January 2018 to assess the effectiveness of the improvements made; however, the compliance levels had decreased in the second audit cycle to 57% and 74% respectively, however recording reasons for non-compliance was higher and circumstances showed the treatment was appropriate in the two outlying cases. The service planned to regularly audit prescribing and treatment for this condition.
Patients taking Alendronic Acid and their compliance to their medication therapy.	The first cycle audit showed that only 30% of 20 patients were taking their medicine in line with guidelines. The practice discussed the findings and introduced a set of clear instructions for patients. The second audit cycle showed that all 20 patients were taking their medicine in line with guidelines.

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://qof.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](#)).