

# Care Quality Commission

## Inspection Evidence Table

### Half Penny Steps Health Centre (1-4309465443)

Inspection date: 3 July 2018

Date of data download: 18 June 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.	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 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:	Y 11/08/2017
There was a record of equipment calibration Date of last calibration:	Y 11/08/2017
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	Y 28/09/2017
Actions were identified and completed.	Y
Additional observations:  Fire drill undertaken - June 2018 Legionella risk assessment: 21/7/2017	
<b>Health and safety</b> Premises/security risk assessment - Date of last assessment: -	
Health and safety risk assessment and actions - Slips, trips & falls risk assessment Date of last assessment: 28/09/2017	
Additional comments:	



## 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)	1.27	0.61	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.9%	10.4%	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.	N/A
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	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:
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## 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 8 months.	10
Number of events that required action	4

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

Event	Specific action taken
New GPs were being asked by patients to prescribe high-risk drugs such as azathioprine, methotrexate and sulfasalazine. GPs concerned as there was no information in patients notes regarding blood tests no	Prescribing policy was reviewed with GPs. All patients on high risk medication reviewed which included a discussion with patients about the importance of having regular blood tests. The practice also signed up to Out Of Hours (OOH) blood testing.
Staff key holder did not arrive on time to open the surgery one morning which resulted in patient and clinical staff having to wait for over an hour.	All clinical staff given set of keys.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Alerts were received by the practice pharmacist and all relevant ones are circulated to appropriate staff.	

Any additional evidence

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.93	0.96	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)	77.9%	77.0%	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.5% (51)	11.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	58.1%	76.9%	78.1%	Variation (negative)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (28)	9.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	63.6%	78.2%	80.1%	Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	13.5%	(27)	11.7%	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)	52.6%	77.7%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (11)	4.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.0%	89.1%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (6)	10.0%	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)	67.0%	80.4%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (24)	4.0%	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)	85.7%	87.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.8%	8.2%	

**Any additional evidence or comments**

The current provider took over the service in October 2017, therefore the above data relates to the previous provider.

During our inspection we saw evidence that the current provider have significantly improved in the areas where there was negative variation and are performing comparable to the practices in their CCG area.

## 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)	55	62	88.7%	Below 90% Minimum (variation negative)
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)	59	74	79.7%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	60	74	81.1%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	61	74	82.4%	Below 90% Minimum (variation negative)

### Any additional evidence or comments

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During our inspection we saw evidence that the current provider have significantly improved in the areas where there was negative variation and are performing comparable to the practices in their CCG area.

## 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)	56.8%	55.8%	72.1%	Variation (negative)

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.1%	56.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	30.2%	38.4%	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)	57.1%	64.7%	71.2%	N/A
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)	42.9%	50.3%	51.6%	Comparable to other practices

**Any additional evidence or comments**

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During our inspection we saw evidence that the current provider have significantly improved in the areas where there was negative variation and are performing comparable to the practices in their CCG area.

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)	75.7%	89.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (6)	8.8%	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)	70.7%	90.6%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (2)	6.8%	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)	72.2%	86.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.4%	6.8%	
<b>Any additional evidence or comments</b>				
<p>The current provider took over the service in October 2017, therefore the above data relates to the previous provider.</p> <p>During our inspection we saw evidence that the current provider have significantly improved in the areas where there was negative variation and are performing comparable to the practices in their CCG area.</p>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	465	525	539
Overall QOF exception reporting	7.5%	5.8%	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>	88.7%	94.3%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (10)	1.0%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice obtained consent to care and treatment in line with legislation and guidance.</p> <p>All staff had completed Mental Capacity Act (MCA) training. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.</p>

Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards,	<ul style="list-style-type: none"><li>- Staff are always considerate</li><li>- Doctor very understanding</li><li>- Staff overall has been thorough and understanding</li></ul>
NHS Choices	Generally positive comments during the last six months on NHS choices. There are a couple of negative comments, such as not being able to get through on the phones and appointments not always being available. The practice responded by increasing GP sessions and administrative staff.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,956	384	71	18.49%	7.75%

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)	73.0%	82.9%	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)	78.2%	89.7%	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)	87.6%	95.4%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	77.7%	86.5%	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)	81.3%	86.5%	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)	81.2%	87.1%	90.7%	Comparable to other practices

### Any additional evidence or comments

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

Date of exercise	Summary of results
March 2018	<p>The providers undertook a patient survey approximately 20 weeks into running the service.</p> <ul style="list-style-type: none"> <li>The survey ran for approximately three weeks from mid-February to early March 2018, 158 patients completed the survey, mixture of online and paper responses</li> </ul> <p>Results:</p> <ul style="list-style-type: none"> <li>Telephone Access - 70% of patients stated it was 'easy' to get through on the phone, however just under 25% of respondents stated this was 'difficult'</li> <li>Ease of getting appointment with doctor or ANP - over 50% of patients stated they found it 'difficult' to get an appointment, however, approximately 45% stated they found it 'easy' to get an appointment</li> <li>Ease of getting appointment with a nurse or HCA - Overall, 66% of patients stated they found it 'easy' to get an appointment and approximately 30% stated they found it 'difficult' to get an appointment</li> <li>Thinking about your last doctor's appointment, how would you rate the doctor – More than 80% rated the GPs as good</li> <li>Thinking about your last appointment with a nurse or HCA, how would you rate them – More than 80% rated them as good</li> </ul> <p>Actions the practice has taken in response to the survey:</p> <ul style="list-style-type: none"> <li>Used software to monitor call volume &amp; more staff to take calls at busy periods.</li> <li>Invested in receptionist training/meetings and reduced use of bank staff.</li> <li>Recruited two permanent GPs to reduce use of locums. Started offering a wide range of appointments with GPs (telephone and face to face), new practice nurse and long-term locum</li> <li>Worked with clinicians to ensure appointments run in a timely fashion.</li> </ul>

Any additional evidence



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Feedback Cards	<ul style="list-style-type: none"> <li>- I feel I was listened to and responded to</li> <li>- Doctor endeavour to explain and reassure me</li> <li>- Doctor asks me questions about the treatment proposed</li> </ul>

## 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)	76.0%	87.5%	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)	79.6%	83.0%	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)	83.1%	84.3%	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)	75.0%	80.1%	85.4%	Comparable to other practices
<b>Any additional evidence or comments</b>				
The current provider took over the service in October 2017, therefore the above data relates to the previous provider				

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	103 carers identified which is 2.3% of the patient population.
How the practice supports carers	<ul style="list-style-type: none"> <li>- Carer support organisations information available in reception</li> <li>- Provider has direct links with local carers network and can refer carers for additional support</li> </ul>
How the practice supports recently bereaved patients	The GP calls all bereaved patients and offers support either through a home visit or at the practice

Any additional evidence

**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	<ul style="list-style-type: none"> <li>- The reception desk is quite open, however the practice have a line drawn on the floor, with a sign asking patients to please respect other patient's privacy.</li> </ul>

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

Examples of specific feedback received:

Source	Feedback

# Responsive

## Responding to and meeting people's needs

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

Appointments available	
	Variable
Extended hours opening	
Saturday	9am-4.30pm

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	
A duty doctor/nurse practitioner would call the patients when a home visit was requested.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,956	384	71	18.49%	7.75%

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)	88.3%	82.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	74.7%	84.0%	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)	68.7%	78.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	57.8%	77.4%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Internal survey March 2018	<ul style="list-style-type: none"> <li>Ease of getting appointment with doctor or ANP - over 50% of patients stated they found it 'difficult' to get an appointment, however, approximately 45% stated they found it 'easy' to get an appointment</li> <li>Ease of getting appointment with a nurse or HCA - Overall, 66% of patients stated they found it 'easy' to get an appointment and approximately 30% stated they found it 'difficult' to get an appointment</li> <li>Overall satisfaction &amp; recommendation - Just over 70% of patients rated the practice as 'good' or 'very good' overall and almost exactly two-thirds of patients said they are 'very likely' or 'likely' to recommend the practice to friends and family.</li> </ul>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice makes a log of all verbal complaints and responds appropriately.	

Example of how quality has improved in response to complaints

Any additional evidence

# Well-led

## Leadership capacity and capability

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

The leadership team had the experience, capacity and skills to deliver the practice strategy and address risks to it. The management team comprised:

- One lead GP partner
- One clinical lead
- Two permanent salaried GPs
- Full-time PM and Assistant PM
- Management consultant

The practice fully understood the challenges facing them having taken on an inadequate practice and had drafted an action plan with 59 key areas which required addressing:

One partner was the lead for the following areas:

- Complaints lead
- Mental Health lead
- Sexual health lead
- Clinical Governance
- Human Resources
- Prescribing Lead
- QOF lead

Another partner was the lead for the following areas:

- CQC
- Information Governance & Caldicott Guardian
- NHSE, CQC and Federation engagement
- Out of hospital services
- Finance
- Health & Safety clinical lead

There were also leads for safeguarding, health and safety and infection control.

### Any additional evidence

## Vision and strategy

### Practice Vision and values

#### Vision

Delivering the highest standards of care to all patients

#### Values

The practice provided a list of nine underpinning aims and objectives

## Culture

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

- Staff reported feeling supported by the new management team. They felt that managers listened to concerns about patient safety risks.
- 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.
- Staff told us that colleagues were supportive and that all were clear about their roles.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

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

Source	Feedback
Staff	Have regular appraisals with conversations about career development. Good relationships with staff team and managers.

### Any additional evidence

## 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 policies in place which had been developed by the management consultant and the practice manager. Staff knew how to access policies and procedures.
Other examples	Complaints were always acknowledged and responded to in a timely manner.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

## Managing risks, issues and performance

Complaints	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
Medicines and equipment alerts	Practice leaders had oversight of MHRA alerts, incidents, and complaints.

Any additional evidence

## Appropriate and accurate information

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

Any additional evidence

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>The practice arranged a 'patient launch day' in December 2017 to recruit members for the PPG. The partners set out their vision to patients. Approximately 50 patients attended.</p> <p>Patients told us they had discussed supporting carers, health promotion and disease prevention, engaging patients to local services and creating a welcoming atmosphere in the practice.</p> <p>At the time of our inspection the practice were in the process of arranging the first PPG meeting.</p>

Any additional evidence

## Continuous improvement and innovation

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

Audit area	Improvement
Chronic Kidney Disease (CKD) Identification Audit	<p>Searches of clinical system to Identify patients who are likely to have CKD level 3 or above who currently are not on the CKD QOF register.</p> <p>Action taken to ensure practice correctly diagnosing patients who meet the diagnostic criteria.</p> <p>Second cycle demonstrated improved numbers, for example, the QOF register of CKD prevalence increased by 55% in 2017-18 compared to 2016-17 prevalence.</p>
DMARD Monitoring Audit	<p>Searches of clinical system to ensure patients on high risk medication were being reviewed appropriately.</p> <p>Six patients were identified, but only three patients were evidenced to be appropriately monitored.</p>

	Action was taken by the practice and second cycle demonstrated 100% monitoring compliance.
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### Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact

Any additional evidence

**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](#)).