

Care Quality Commission

Inspection Evidence Table

Dr Ngozi Patrick (1-495247838)

Inspection date: 27 November 2018

Date of data download: 09 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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: *Staff were trained to appropriate levels for their role. Updated training for the clinical staff was arranged for 5 December 2018.	

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: January 2018	Y
There was a record of equipment calibration Date of last calibration: February 2018	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	N
Fire risk assessment Date of completion: July 2018	Y
Actions were identified and completed.	Y
Additional observations: The practice did not have designated fire marshals as it was a small team who worked part time hours. However, all staff had been trained in fire safety and were aware of the fire safety procedures.	
Health and safety Premises/security risk assessment? Date of last assessment: July 2018	Y
Health and safety risk assessment and actions Date of last assessment: July 2018	Y
Additional comments: NA	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: 27 February 2018 The practice acted on any issues identified.</p> <p>Detail:</p> <p>We saw evidence that actions identified had been carried out although this was not documented on the audit for monitoring purposes.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers; NA	

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: NA	

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: NA	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.00	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	5.0%	8.7%	8.7%	Comparable with 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.	NA
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.	N***
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
<p>Explanation of any answers:</p> <p>*Blank prescriptions were tracked into the practice and stored securely. The practice did not have a system to track the blank prescriptions within the practice. However, the practice manager provided evidence during the inspection that a monitoring tracking system had been implemented.</p> <p>** The practice followed current guidelines for treating patients on medicines that required monitoring. However, one of the policies we reviewed was generic and did not reflect what the practice told us they were doing to monitor and treat patients on these medications.</p> <p>*** The practice held some emergency medicines. The practice did not stock medicines to use if a patient had a medical fit or low blood sugar and there was no risk assessment in place to determine the range of medicines stocked. The practice manager provided evidence the day after the inspection. They had evaluated against current guidelines and updated the medicines stocked to use in an emergency.</p>	

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.	7
Number of events that required action	5 (1 still in progress)
Any additional evidence	
*Significant events were discussed at practice meetings which were attended by the clinical team and practice manager. Actions were recorded in the minutes of the meeting which were circulated to all members of staff.	

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

Event	Specific action taken
Patient had their medication changed and pharmacy had not been informed so prescription was not issued.	The practice had implemented a system where the GP would task the reception team to contact the pharmacy when a patient's medication was changed or when they were started on a new medicine.
Patient being confrontational and aggressive towards members of staff.	Emergency procedures were re-iterated and discussed with staff, including use of panic buttons to summon urgent assistance.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>All safety and medicines alerts would be put on the agenda for the practice meeting and discussed. The pharmacist would assist and take action with any medicine alerts. Minutes of the meeting were circulated to all staff.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.72	0.77	0.83	Comparable with 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 (01/04/2017 to 31/03/2018) (QOF)	85.3%	78.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.6% (36)	13.4%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	88.5%	76.6%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (8)	9.8%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	88.7%	81.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (7)	12.5%	13.5%	

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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.1%	76.5%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (1)	6.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.4%	89.4%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.6% (7)	12.2%	11.5%	

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 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.4%	84.1%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (3)	4.2%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	94.7%	92.0%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.7%	6.7%	
Any additional evidence or comments				
<p>The exception reporting data was high in the diabetic indicator. The practice told us they had a high prevalence of diabetes. The practice exception reporting policy was for patients to be sent three written invitations to attend for an appointment. Patients would also be contacted by staff if they failed to attend. The GP would review and except the patient.</p>				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	18	19	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	24	29	82.8%	Below 90% minimum (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) (01/04/2017 to 31/03/2018) (NHS England)	23	29	79.3%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	24	29	82.8%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice nurse would follow up all children who did not attend for their immunisations. Reception staff would contact patients and send out letters. A bi-lingual receptionist would contact patients whose first language was not English to reschedule the appointment. The practice nurse also liaised with the health visitors to encourage attendance.

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 at a given point in time who were screened adequately within a specified period (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)	71.1%	73.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.0%	71.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	43.2%	56.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	33.3%	61.3%	71.3%	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)	50.0%	48.9%	51.6%	Comparable with other practices
Any additional evidence or comments				
The practice would telephone patients who failed to attend their breast and bowel cancer screening to encourage them to attend.				

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 (01/04/2017 to 31/03/2018) (QOF)	86.7%	91.2%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (3)	14.7%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	93.3%	90.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (3)	12.1%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	90.0%	84.7%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (1)	6.1%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545.99	-	-
Overall QOF exception reporting (all domains)	8.2%	6.7%	5.8%

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 (01/04/2017 to 31/03/2018) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.8%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (4)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent forms were used for minor surgery procedures.

Any additional evidence
<p>Since the last validated QOF data was published the practice had merged with a local practice and the list size had trebled. We observed the practice had systems in place to manage this.</p> <p>The practice nurse was reviewing patient records and adding the new patients to the current recall system to ensure patients with long term conditions received appropriate monitoring. Patients attending for their influenza immunisation were being given longer appointment times to discuss their long-term condition and arrange follow up monitoring appointment of this.</p> <p>The pharmacist was in the process of reviewing patients on medications for respiratory conditions to ensure appropriate monitoring was in place.</p> <p>The practice manager shared with the Commission current unvalidated QOF data for 2018/19 which showed the practice were steadily improving as the systems implemented to monitor patients were taking effect.</p>

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients commented that staff were very helpful, friendly and professional and they were treated with respect and care. They reported being very happy with the service they received at the practice.
Patients we spoke with	Patients we spoke with gave overwhelmingly positive comments relating to all staffs' helpful, caring and friendly manner. They felt the practice offered an excellent service and staff were very supportive. Patients reported being highly satisfied with the practice.
Sheffield Healthwatch	One comment received by a patient who said they felt uncared for by the doctor.
NHS Choices	There had been four comments in the previous 12 months. One patient commented the GP was unhelpful and did not listen, three patients left positive feedback saying the doctor answered questions, staff were very good, friendly and helpful.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3273	354	91	25.7%	2.78%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	74.0%	89.4%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	76.1%	88.2%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	82.8%	96.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.7%	82.6%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
March 2018	The results from the July 2017 national patient survey were reviewed by the GP and practice management team. They shared the positive results with staff. They had recently reviewed the July 2018 data and planned to create an action plan and share with staff.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and CQC comment cards	Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by the clinical team.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	83.4%	93.2%	93.5%	Comparable with 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	<p>34 patients were identified as carers; this represents approximately 1% of the practice list.</p> <p>The practice identified patients who were carers either at their appointment or if they presented themselves to them.</p>
How the practice supports carers	<p>There was an information notice board and information leaflets available in the waiting room at the practice.</p> <p>Carers were invited for annual influenza vaccinations.</p> <p>The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.</p>
How the practice supports recently bereaved patients	<p>The practice would contact the family of the bereaved and signpost to support services if required.</p>

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	There was a window hatch at the desk which prevented patients in the waiting room overhearing conversations in the reception area.

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 to 6.30pm
Tuesday	8am to 7.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 4.30pm
Friday	8am to 6.30pm

Appointments available	
	Pre-bookable morning and afternoon appointments were available daily Monday to Friday. The practice operated a book on the day appointment system.
Extended hours opening	
	The practice offered appointments on a Tuesday evening until 7.30pm. Weekend and evening appointments were also available at one of the six satellite clinics in Sheffield, in partnership with other practices in the area.

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	
The receptionist would take the details from the patient and add the request to the home visit list on the computer appointment screen. The GP would review and assess the urgency of the request.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3273	354	91	25.7%	2.78%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	87.5%	94.1%	94.8%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	95.3%	66.9%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	93.0%	66.4%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	88.0%	62.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	90.9%	74.2%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patients we spoke with	Patients told us they could get through to the practice easily by telephone and could get a same day or next day appointment.
CQC comment cards	Patients commented that they were able to get an appointment when they required one.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice followed its complaints policy and included the complaints leaflet with the response letter which detailed how to contact the Parliamentary and Health Service Ombudsman if required.	

Example of how quality has improved in response to complaints
The practice had displayed a notice in reception advising patients to book a longer appointment if they had multiple problems they wanted to discuss with the clinician to ensure adequate time was allocated.

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were reviewing ways to address them.

The practice list size had trebled in June 2018 when the practice merged with another local practice. The practice had increased its use of locum GPs and were planning to recruit a permanent GP in the near future. The practice nurse had also increased her hours and reception staff from both practices had integrated into one team. The practice had introduced systems to identify patients with long term conditions to add them to the recall system to ensure they received monitoring at the appropriate time.

Vision and strategy

Practice Vision and values

The practice had a vision to deliver high quality, person centred care and promote good outcomes for patients.

Culture

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

This is small practice with a stable staff team who knew the patients well. Staff we spoke with said the team worked well together.

Patients found the staff friendly and approachable and reported good access arrangements. They told us they received very good care.

There was an open culture with positive relationships between all staff groups. Staff told us they found the management approachable and supportive.

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

Source	Feedback
Staff we spoke with	Staff told us they felt respected, supported and valued. They told us they worked well as a team and were proud to work in the practice.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>Practice policies and procedures were available to staff on the shared drive of the computer system and hard copies were available in the practice manager's office. Staff knew how to access these.</p> <p>However, we observed some policies did not reflect current practice. For example, the anaphylaxis policy did not document the medications currently stocked and the policy for patients on treatment that required regular monitoring did not reflect what the practice were doing.</p>
Other examples	<p>Staff were aware of their roles and responsibilities and were supported in these.</p> <p>On line training was available to staff to ensure mandatory training needs were met and staff were up to date with their training or had training scheduled.</p> <p>The practice manager told us a matrix to monitor staff training had been implemented following the last inspection but was not maintained. A monitoring log sheet was completed and implemented during the inspection.</p>
	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
Infection, Prevention and Control	An annual audit had been completed. We saw actions had been taken to mitigate risk, however, this was not documented on the audit for monitoring purposes.
Fire Risk Assessment	A fire risk assessment was in place and actions identified to mitigate risk were being completed and recorded. For example, fire drills.
Legionella Risk Assessment	A legionella risk assessment had been completed 16 November 2018.

<p>The practice was based on the ground level of a two storey premises. The upstairs was not currently in use. However, the practice manager confirmed the water systems were not linked. Actions to mitigate the risks identified on the risk assessment were being completed. For example, weekly flushing of taps in the practice.</p>

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
We spoke with two representatives of the group. They told us they met quarterly and the practice manager attended the meetings to update the members about the practice and any impending changes. For example, they had been informed about the merger of the two practices. They told us they felt listened to and involved. They were positive about the care provided and access arrangements.

Any additional evidence

The practice reviewed the annual national GP patient survey, NHS choices and had a comments box in reception to gain patients' views and opinions.
--

Continuous improvement and innovation

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

Audit area	Improvement
Person Centred Care Planning Audit.	An assessment had been completed to check whether the goals set by patients had been achieved. For example, maintain good control of diabetes, increase understanding of test results.
Myocardial infarction (heart attack) audit	To ensure patients who have had a heart attack were on appropriate medication. The audit in November 2018 showed two patients had had an MI and were on appropriate medication.
Monitoring of women on hormone replacement therapy (HRT)	The first cycle of an audit had been completed in June 2018 to check monitoring of patients on HRT was in line with national guidelines. A second audit to demonstrate improvements had not been completed at the time of the inspection.

Any additional evidence

Several one cycled audits had been completed. We observed one two cycled audit the practice had completed of patients on medicines that require regular monitoring. The second cycle audit completed November 2017 showed 100% of patient were in therapeutic range more than 50% of the time. However, the initial audit did not record what specific actions were to be taken after the first cycle so it was difficult to monitor what had been implemented to improve quality of care.
--

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"

(this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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](#)).