

Care Quality Commission

Inspection Evidence Table

Greenbank Surgery (1-583382429)

Inspection date: 1 May 2018

Date of data download: 13 April 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: N/A	

Recruitment Systems

The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: N/A	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March/April 2018
There was a record of equipment calibration Date of last calibration:	Yes 2/3/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	To be completed week 21/5/18
Actions were identified and completed.	N/A
Additional observations: Annual fire extinguisher checks Monthly emergency lighting checks Annual fire evacuation drill Weekly fire alarm Legionella risk assessment and weekly checks Weekly check of wheelchair Boiler and gas safety record dated 30/8/18 Five year electricity safety certificate dated 2/5/14	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 27/4/18
Health and safety risk assessment and actions Date of last assessment:	Yes 27/4/18
Additional comments:	

<p>The practice had appropriate fire safety checks but did not have a fire risk assessment in place. Following the inspection we were sent confirmation that an external company were to undertake a full Health and Safety risk assessment and a fire risk assessment the week of 21/5/18.-</p>	
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<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: Audit identified some dust on high surfaces. The practice manager had addressed this with the cleaning company and their cleaning schedules had been updated.</p>	<p>Yes 1/2/18 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: N/A</p>	

<p>Any additional evidence</p>	
<p>N/A</p>	

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: During the inspection the GP partner confirmed they would hold an information sharing session for all reception staff on the 'red flag' sepsis symptoms that might be reported by patient's and how to respond. Following the inspection we received confirmation that this would take place on 31 May 2018 which is the next PLT. The practice manager had asked one of the clinical trainers to send a flow chart of actions to be taken until the training has taken place.	

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers: N/A	

Safe and appropriate use of medicines

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)(NHSBSA)	1.23	1.08	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)	8.0%	8.3%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
<p>The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>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.</p>	N/A No controlled drugs where held on the premises
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any 'No' answers:

N/A

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	19
Number of events that required action	5

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

Event	Specific action taken
A GP had their car burgled during the night and their doctors bag which contained blank prescription pads was stolen.	Reported to police, GP partners and practice manager. A significant event analysis was held and action taken was GP's and trainees will no longer carry prescription pads in their doctors bag and all doctors bag have to be secured, locked and stored in a safe place.
Trainee GP received needle stick injury and rang to obtain their own test results.	Incident appropriately reported, bloods taken and patient informed that blood result for GP were normal. Was discussed with GP registrar what is appropriate to do within their role.
Vaccines placed in incorrect fridge	Manufacture contacted to check of vaccines still stable. Staff member given further training on cross infection and cold chain. Clear signage on fridge door

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Weekly meeting with clinicians which included discussions of safety alerts and significant events There was MHRA alerts management</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.66	1.30	0.90	Comparable to other practices

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)	86.8%	82.7%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (63)	14.9%	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)	83.9%	80.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (53)	12.9%	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)	88.5%	79.9%	80.1%	Comparable to other practices
QoF Exceptions	11.9% (63)	18.6%	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)	84.2%	80.0%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (82)	14.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.1%	92.9%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (24)	14.4%	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)	88.8%	83.4%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (75)	4.4%	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)	90.4%	86.7%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (13)	7.0%	8.2%	

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)	90	94	95.7%	Met 95% WHO based target Significant Variation (positive)
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	96	97.9%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	94	96	97.9%	Met 95% WHO based target Significant Variation (positive)
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)	90	96	93.8%	Met 90% Minimum (no variation)

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)	71.9%	73.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.1%	73.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	56.8%	56.3%	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)	63.4%	63.4%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.6%	93.5%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (4)	9.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.9%	92.3%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (2)	8.4%	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)	81.0%	83.3%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (11)	7.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	558	549	539
Overall QoF exception reporting	6.6%	6.7%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.9%	95.1%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (10)	0.8%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	38.2%	59.7%	51.6%	Comparable to other practices

Any additional evidence

N/A

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service These positive comments were received in the comment cards and from patients spoken with	14
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients spoken with said they found it difficult to get a GP appointment but during the appointment that they felt listened to and were treated with respect, dignity and kindness. Patients said they received a good service and the practice were good and making prompt hospital referrals when needed.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,929	324	3.6%	125	38.58%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	70.6%	77.7%	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) (GPPS)	92.8%	90.9%	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) (GPPS)	94.7%	96.8%	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) (GPPS)	90.5%	87.9%	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) (GPPS)	94.6%	93.4%	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) (GPPS)	94.4%	91.5%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises No

Date of exercise	Summary of results
	<p>There was a suggestion box in the main reception area for patients to give any feedback and they could remain anonymous if they wished.</p> <p>Individual GP's sought patient feedback from their consultants but the practice had not sent out their own feedback questionnaires. We were told that the practice were in the process of implementing a patient survey to go on their website in attempt to obtain patient feedback.</p> <p>We were told that the practice were in discussions about introducing a system called MJOG. This a text message appointment reminder service and in addition a text is sent to patients post appointment asking them to rate their experience via Friends and Family. If the patient responded and rated their experience they would then be sent another text asking them to complete the Family and Friends questionnaire. Patients would only receive the text message every 30 days as a maximum. This would help increase the response rates for Family and Friends which would provide good patient feedback</p>

Any additional evidence
NA

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients spoken with all said they felt involved regarding the decisions about their care and treatment and that treatment options were discussed with them. All patients spoken with said they were happy with the care and treatment received.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	87.3%	87.8%	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) (GPPS)	84.8%	82.7%	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) (GPPS)	91.0%	91.4%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	87.6%	87.1%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	140 patients were identified as carers; this represents approximately 1.5% of the practice list.
How the practice supports carers	The computer system alerted practice staff if the patient was also a carer and could be offered longer appointments, telephone consultations or home visits if required. Reception staff had information about various services supporting carers and carers were signposted to available services.
How the practice supports recently bereaved patients	The practice contacts all bereaved to offer individual support which would meet individual needs of bereaved patients which included home visits The practice also provided help signpost relatives to other support services where appropriate.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff recognised the importance of patient's dignity and respect. Staff knew if patients wanted to discuss sensitive issues or appear distressed they could offer them a private interview room to discuss their needs

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Staff	Staff gave examples of when a private interview room would be offered to patients for example if they were distressed or anxious or the conversation was sensitive

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
Longer appointments were available if needed	The advanced nurse practitioner runs an 'open surgery' which means no appoint necessary each morning , provides a triage session all day and offers a daily 'minor ailments surgery'
Extended hours opening	
Wednesday evening by appointment only until 8pm	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were added to the home visit list and the duty doctor determined whether the visit was necessary and the urgency. The request would be triaged by the nurse practitioner or the duty doctor, the patient would be contacted by phone and if appropriate the home visit would be undertaken.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	75.6%	77.2%	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)	34.6%	61.1%	70.9%	Variation (negative)
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)	56.7%	73.4%	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)	43.7%	71.5%	72.7%	Variation (negative)

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Patients told us it could be difficult to get through on the phone first thing in a morning and it could be difficult get an appointment with a GP of their choice.</p> <p>Patients said there were appointments out of hours at a neighbouring practice but they often wanted to see their own GP.</p> <p>Patients -were aware of the 'open surgery' on a Monday to Thursday and had attended.</p>

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	25
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 complaints procedure was clear with timely responses and there was evidence of learning from investigations.	

Any additional evidence
<p>In response to the negative comment regarding contacting the surgery by phone the practice had taken the following action:</p> <ul style="list-style-type: none"> • Changed telephone supplier and have updated the system which has more functionality overall. The system is able to record messages, divert incoming calls to alternative phone lines to enable faster and more efficiently and record incoming calls. • Patients are encouraged to sign up for on-line services which helps to keep phone lines free and staff strive to answer queries straight away to save patients having to ring back, thus freeing up the lines. • More GP appointments have been made available for patients to book on-line. • Staff vacancies have been recruited to so the practice is fully staffed which means there are more people to answer the phones and the practice aim to have an extra member of staff taking calls at peak times. We have a dedicated surgery mobile phone that patients can text to cancel appointments without having to phone through. • The practice encouraged patients if possible to avoid ringing at 8-am to book routine appointments.

In response to the negative comment regarding making an appointment the practice had taken the following action:

- An advanced Nurse Practitioner leads an 'open door' surgery every Monday to Thursday from 8.30am until 10am, undertakes a triage system Monday to Thursday and minor ailments clinics and the duty GP undertakes a triage system on Friday which reduces the need for GP appointments .
- The practice are currently looking at undertaking a "supply and demand" survey to obtain an accurate figure of when appointments are requested.
- The practice have successful recruited a GP partner to replace a partner who retired from the practice.
- The practice had recently employed a salaried GP in order to offer more doctor appointments each week.
- The administration staff are working with the CCG and undertaking training in "care and navigation" to try and sign post patients to the most appropriate health/social care person.
- A HCA has been employed to work alongside the nursing team and support the GPs.
- The practice is a training practice and has medical students in their fourth year of training and qualified doctors who are undergoing GP training (GP registrars) which allows the practice to offer more GP appointments.
- The practice operates a strict holiday policy which ensures staffing levels remain consistent.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
There was a clear vision which was underpinned by a clear set of values.

Culture

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

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically.

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

Source	Example
Staff	<p>The practice took employment law advice as to whether it was mandatory for non-clinical staff to have an annual appraisal. This was because staff thought it to be a “waste of time” due to the practice operating an efficient and supporting open door policy and staff said they felt it had no value to their development. Based on the advice received the formal annual appraisal for non-clinical staff was removed although it could be requested at any time.</p> <p>Staff spoken with told us were happy with the process and said they felt very well supported and confirmed they could approach the practice manager, office manager or the GP/advance nurse practitioner partners at any time with any issues and could request an appraisal.</p>

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

Source	Example
Review of complaints	In the three complaints we reviewed we saw the practice had appropriately investigated and responded to patient who had raised the complaint. For example when a family member raised a complaint about not being offered an ‘urgent’ appointment.

Examples of concerns raised by staff and addressed by the practice

Source	Example
	There was no examples of concerns raised by staff but there was a Whistle Blowing (WB) in place and there was a speak up guardian lead. All staff spoken with said they would feel confident to raise any issues or concerns and felt they would be listened to, taken seriously and action on.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	All staff attended team meetings. This provided an inclusive culture for staff and assisted in providing a quality service to patients.
Policies	There were policies in place to protect staff. For example lone working, and personal alarms for front line reception staff, including panic alarms and secure doors whit locks and key pads as well as CCTV in the car park and main reception.

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

Source	Example
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical	All practice nurses now offer smear tests and the Advanced Nurse Practitioner is due to start training.

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical	The practice are calling all patients with Chronic Obstructive Pulmonary Disease (COPD) in during the summer months to help ensure they have their annual review rather on the date of birth when they may be too unwell to attend.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient survey There was a suggestion box in main reception	Family and friends data is constantly being monitored.
Public	PPG	Had an active group which was supported and encouraged by the practice
Staff	Engagement An open door policy	Regular meetings Staff felt valued and were treated equally

External partners	Engagement	Improved learning and quality improvement. Regular meetings with the CCG

Feedback from Patient Participation Group;

Feedback
We were told the practice were responsive and supportive to the PPG. We were told this was a very busy practice but was a good, caring practice. We were told the practice manager and the office manager attended all meeting and they had access to a GP if they felt it was needed.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
All practice nurses now offer smear test and the advanced nurse practitioner is due to undertake the training	Easier access for smear tests for patients
The practice is working alongside the cluster group in developing a Telederm service This is a rapid, low cost skin lesion diagnosis	More efficient diagnosis for patients

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>