

# Care Quality Commission

## Inspection Evidence Table

### Sunlight Centre (1-2412913636)

Inspection date: 2 May 2018

Date of data download: 17 April 2018

## Safe

Safety systems and processes	
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
Staff were trained to appropriate levels for their role (for example level three for GPs) and knew how to identify and report concerns.	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
Reports and learning from safeguarding incidents were available to staff.	Yes
A notice in the practice advised patients that chaperones were available if required.	Yes
Staff who acted as chaperones were trained for the role	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes

Recruitment Systems	
Recruitment checks were carried out in accordance with regulations.	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes

<b>Safety Records</b>	
There was an up to date fire risk assessment that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed fire alarms were tested weekly.	Yes
Records showed that staff were up to date with fire safety training.	Yes
The practice had designated fire marshals.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

<b>Infection prevention and control</b>	
We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
Relevant staff were up to date with training in infection prevention and control.	Yes
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Yes
The arrangements for managing waste kept people safe.	Yes

<b>Risks to patients</b>	
The practice had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example sepsis.	Partial
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
There was an up to date health and safety risk assessment that incorporated an action plan to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
The health and safety risk assessment included an assessment and action plan to address issues identified with the control of substances hazardous to health (COSHH).	Yes
There was an up to date legionella risk assessment that incorporated an action plan to address issues identified.	Yes

<b>Information to deliver safe care and treatment</b>	
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 used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

<b>Medicine Management</b>	
The practice had processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines.	Yes
Blank prescription forms and pads were securely stored and there were systems to monitor their use.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.	Yes
Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.	Yes
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
Up to date local prescribing guidelines were in use.	Yes

<b>Significant events</b>	
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Records showed that during the period 3 October 2016 to 3 October 2017 the number of significant events reported was:	Four
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

<b>Safety Alerts</b>	
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes
The practice kept records of action taken (or if no action was necessary) in response to receipt of notifiable safety incidents.	Yes

# Effective

## Effective needs assessment, care and treatment

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
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. <b>(PHE)</b>	100.0%	74.2%	71.2%	N/A

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	106	120	88.3%	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) <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	76	94	80.9%	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) <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	76	94	80.9%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	75	94	79.8%	80% or below Significant variation (negative)

<b>Monitoring care and treatment</b>			
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	524	528	539
Overall QOF exception reporting	12%	7%	6%

<b>Effective staffing</b>	<b>Y/N</b>
The practice had an induction programme for all newly appointed staff.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes

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

# Caring

## Kindness, respect and compassion

Examples of feedback received	Source
We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.	Patient interviews.

## National GP Patient Survey Results published in July 2017

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,947	385	6%	83	22%

## National GP Patient Survey Results published in July 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents who stated that the last time they saw or spoke with a GP, the GP was good or very good at listening to them.	79%	83%	89%	Comparable to other practices
The percentage of respondents who stated that the last time they saw or spoke with a nurse, the nurse was good or very good at listening to them.	89%	90%	91%	Comparable to other practices
The percentage of respondents who said the GP gave them enough time.	75%	81%	86%	Comparable to other practices
The percentage of respondents who said the nurse gave them enough time.	91%	92%	92%	Comparable to other practices
The percentage of respondents who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke with?".	89%	93%	95%	Comparable to other practices
The percentage of respondents who answered positively to question 22 "Did you have confidence and trust in the nurse you saw or spoke with?".	95%	97%	97%	Comparable to other practices
The percentage of respondents to the GP patient survey who said they found the receptionists at the practice helpful.	78%	83%	87%	Comparable to other practices

## Involvement in decisions about care and treatment

### National GP Patient Survey Results published in July 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents who stated that the last time they saw or spoke with a GP, the GP was good or very good at explaining tests and treatments.	73%	80%	86%	Comparable to other practices
The percentage of respondents who stated that the last time they saw or spoke with a nurse, the nurse was good or very good at explaining tests and treatments.	86%	89%	90%	Comparable to other practices
The percentage of respondents who stated that the last time they saw or spoke with a GP, the GP was good or very good at involving them in decisions about their care.	70%	75%	82%	Comparable to other practices
The percentage of respondents who stated that the last time they saw or spoke with a nurse, the nurse was good or very good at involving them in decisions about their care.	84%	85%	85%	Comparable to other practices

### Facilities to help patients be involved in decisions about their care

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 about support groups was available on the practice website.	Yes

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 122 patients on the practice list who were carers (1.7% of the practice list). <a href="#">This was an increase of 33 since our last inspection in October 2017.</a>
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.



## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

# Responsive

## Responding to and meeting people's needs

### Timely access to the service

#### Practice Opening Times

Day	Time
Monday	08:00-12:00
Monday	14:00-18:30
Tuesday	08:00-12:00
Tuesday	14:00-18:30
Wednesday	08:00-12:00
Wednesday	14:00-18:30
Thursday	08:00-12:00
Thursday	14:00-18:30
Friday	08:00-12:00
Friday	14:00-18:30
There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

### National GP Patient Survey Results published in July 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours.	54%	67%	76%	Variation (negative)
The percentage of respondents who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?".	31%	59%	71%	Variation (negative)
The percentage of respondents 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.	74%	79%	84%	Comparable to other practices
The percentage of respondents who responded positively to the overall experience of making an appointment.	50%	63%	73%	Variation (negative)

Examples of feedback received	Source
We spoke with five patients during the inspection. Most patients stated they found it easy to book an appointment that suited their needs. Alternatively they used the practice's walk in arrangements to see a GP in a timely manner. Most patients also stated that they found it relatively easy to get through to the practice by telephone. Patients said they were sometimes able to see a GP of their choice in a timely manner but on occasion had to wait longer in order to do so.	Patient interviews.

Listening and learning from complaints received	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the period November 2016 to October 2017.	22
Records showed that complaints were satisfactorily handled in a timely manner.	Yes
Records confirmed that complaints were discussed at staff meetings.	Yes
Learning as a result of complaints received was shared appropriately with practice staff.	Yes

## Well-led

Leadership, capacity and capability	
Culture	
Records showed that the practice held regular staff meetings.	Yes
Minutes of staff meetings were available to those who were not able to attend the meetings.	Yes
The provider had systems to ensure compliance with the requirements of the Duty of Candour.	Yes
The practice gave affected people reasonable support, truthful information and a verbal or written apology when things went wrong with care and treatment.	Yes
Governance arrangements	
The practice had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date and contained a review date.	Yes
Managing risks, issues and performance	
Records showed that clinical audits had been carried out.	Yes
Records showed that the practice had analysed clinical audit results and implemented action plans to address findings.	Yes
Records showed that clinical audits had been repeated to complete the cycle of clinical audit.	No
Records showed that clinical audits were due to be repeated to complete the cycle of clinical audit.	Yes
The practice had written guidance for staff to follow in the event of major incidents.	Yes
Written major incident guidance contained emergency contact telephone numbers for staff.	Yes
Engagement with patient, the public, staff and external partners	
The practice had an active patient participation group.	Yes
The practice gathered feedback from patients through the patient participation group.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes

### 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>.