

Care Quality Commission

Inspection Evidence Table

Westfield Medical Centre (1-3624700612)

Inspection date: 29 May 2018

Date of data download: 26 May 2018

Safe

Safety systems and processes

Source	Y/N
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

Recruitment Systems	Y/N
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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 06/2016
There was a record of equipment calibration Date of last calibration:	Yes 10/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes 07/2016
Fire procedure in place	Yes
Fire extinguisher checks	Yes 20/04/18
Fire drills and logs	Yes 30/01/18
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 15/03/18
Actions were identified and completed. No issues.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	02/05/18
Health and safety risk assessment and actions Date of last assessment: 19/10/15 5 year hard wire test 17/03/17 legionella risk assessment 03/02/18 water hygiene specialist check	02/05/18
Additional comments: Actions undertaken to ensure safe storage.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: The provider acted on any issues identified Detail: to provide a wall mounted hand gel dispenser, as refills no longer available for the current one.</p>	<p>Yes 08/2017 09/05/18 Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence
Privacy curtains and sharps boxes managed in line with good practice guidance.

Risks to patients

Question	Y/N
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.	As below
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
Additional information: An evacuation sledge was available in case of emergency. When patients rang the surgery; the member of staff taking the call would alert the on-call clinician immediately of any symptoms which caused concern when they were completing a clinical assessment template during the initial contact with the patient. Adult and paediatric pulse oximeters were available.	

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.	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

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)	0.49	0.89	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	14.3%	6.0%	8.9%	Comparable to other practices

Medicine 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.	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
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
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.	Yes
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
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	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
Following concerns raised during the inspection in August 2017, the practice had purchased a defibrillator. We saw that regular weekly checks had been completed.	

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	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 since last inspection	31
Number of events that required action	31

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

Event	Specific action taken
A hospital discharge letter was scanned into the patient record but not highlighted to the GP.	Actions of the specific member of staff were audited to ensure that no further letters had been missed by the GPs. Discussion with staff member and support in place.
A patient was found to have two different types of the same medication on their repeat prescription.	Discussed and clinicians made aware. The team reviewed the setting on the computer system to see if this could be flagged if it happened again.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
A cascade system was in place to ensure that all staff had access to relevant alerts. An audit sheet was kept for each alert which detailed the event, action and review.	

Any additional evidence
We saw that action was taken in relation to all significant events and that staff were proactively reporting issues.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.79	0.75	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)	78.5%	79.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (59)	11.9%	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)	79.2%	76.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (46)	10.0%	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)	79.0%	78.0%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (48)	13.7%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	73.9%	78.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (5)	6.7%	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)	93.6%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (3)	11.7%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	83.9%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (31)	4.6%	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)	100.0%	94.4%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (3)	16.4%	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)	51	56	91.1%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	58	65	89.2%	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) (01/04/2016 to 31/03/2017) (NHS England)	58	65	89.2%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	58	65	89.2%	Below 90% Minimum (variation negative)

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)	78.1%	74.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	59.8%	67.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.6%	58.4%	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)	80.0%	68.9%	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)	92.5%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (11)	10.1%	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)	97.2%	93.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.4% (15)	9.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.7%	86.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (3)	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	548	539
Overall QOF exception reporting	8.1%	5.5%	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
<p>Any further comments or notable training:</p> <p>Since the last inspection, the practice had introduced documented appraisals for the staff team which were reviewed every four months to ensure ongoing support.</p>	

Coordinating care and treatment

Indicator	Y/N
The provider 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)	93.0%	95.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (10)	0.7%	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)	16.7%	52.8%	51.6%	Comparable to other practices

Any additional evidence
Unverified data from 2017/2018 showed that three out of five cancers were diagnosed following the two week wait referral system.

Description of how the practice monitors that consent is sought appropriately
<p>The practice was able to monitor that consent was sought for interventions through the patient records.</p> <p>The practice ensured that consent was sought for minor surgery procedures.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	2

Example of feedback received:

Source	Feedback
Comments cards	Patients commented very positively about the patient services team and the clinicians at the practice. Patients said that staff were very helpful, responsive and respectful.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,119	381	9%	85	22.31% (2% of practice population).

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)	82.5%	81.7%	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)	89.2%	89.9%	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)	95.3%	96.1%	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)	84.6%	87.4%	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)	98.5%	90.7%	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)	98.9%	89.8%	90.7%	Variation (positive)

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

Evidence	Summary of results
PPG survey May 2018 29 responses	81% of patients said that their problem for which they attended the appointment had been solved during the consultation or they had been referred to a further clinician.
Friends and Family test	Results from December 2016-August 2017 showed that 85% of patients would be extremely likely or likely to recommend the practice to their friends and family.

Any additional evidence
We saw that a suggestion box was available to patients in the reception waiting area. The PPG told us that suggestions were listened to and discussed.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	Comment cards reflected that a large majority of patients felt involved in their consultations, listened to and were treated with respect.

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)	86.5%	86.6%	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)	79.2%	82.0%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good	98.1%	89.2%	89.9%	Variation (positive)

at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)				
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)	94.1%	83.3%	85.4%	Comparable to other practices

Question	Y/N
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, large print and other languages.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	66 patients were identified as carers, (1.6% of the practice population)
How the practice supports carers	All carers had an alert on their record and priority appointments are offered. Carers are offered annual flu vaccinations and health checks and we saw that a carer's policy was in place. When carers were identified they were offered a referral to a local carers support group and guidelines were in place to support staff to ensure this was followed.
How the practice supports recently bereaved patients	Patients were offered support by the practice, a referral to a local support group and an appointment at an appropriate time If necessary. The practice held regular reviews of those patients on the palliative care register. A bereavement support pack was available for patients.

Privacy and dignity

Question	Y/N
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	There was a self-check-in screen that was available in several languages. The reception desk was located slightly adjacent to the seating to assist with privacy. A hearing loop was installed.

Question	Y/N
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:	

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-19:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available included face to face, telephone triage, emergency appointments, priority appointments for children and vulnerable patients, longer appointments for those who needed them and pre-bookable appointments.	
Extended hours opening: Extended hours appointments were available Monday to Thursday at nearby surgeries as part of the locality working the practice was involved with.	

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 sent to the on call GP who would assess if this was clinically necessary.	

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)	85.2%	79.3%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	82.3%	77.2%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment	74.3%	77.4%	75.5%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	78.3%	74.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice scored 3/5 stars on the NHS choices website. Positive feedback included the availability of on the day appointments. Patients commented positively on telephone triage appointments.
PPG survey May 2018 29 responses	72.4% of patients said it was very easy, easy, or neither easy nor difficult to see a doctor or a nurse.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We saw that when a patient complained about the attitude of a member of the patient services team a manager and the team member reviewed the telephone call, as all calls were recorded. The team member was supported by the manager and was able to recognise where they could have improved the interaction. As a result the team were looking to arrange training on essential medicines to assist staff to recognise which medications patients urgently need when they are requested.	

Any additional evidence
We saw that written apologies and explanations were given when necessary.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
Staff told us that there was an honest and open culture at the practice and they were proud to work there. The practice continually reviewed the services it provided through a series of minuted meetings and ensured that information was cascaded to all staff members.
The practice had introduced the 'Star of the Month Award' to recognise staff for their hard work and going 'over and above' to help each other and the patients. This was voted for by patients and members of the staff team. A team member, who had received the award, told us the award made them feel valued and that positive comments were fed back to them. Nominations could be made in person or on the practices social media page.

Vision and strategy

Practice Vision and values
The practice had a clear vision and values and all staff were aware of this and committed to providing high quality healthcare. The vision was supported by a clear strategy and business plan that was formulated annually and consistency reviewed through partners meetings, with outcomes and actions noted.

Culture

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

Source	Feedback
External assessment and accreditation report Nov 2017	The report conducted a staff survey and concluded: 'Westfield staff confirmed that since the change in ownership there have been notable improvements in the quality of leadership, communication, resources, procedures and systems which support staff to deliver even higher quality services.'
Staff interview	Staff we spoke with told us they felt very supported by the partners, GPs and managers at the practice.

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

Source	Example
Staff team	The patient services team felt that the day to day running of their team would benefit from a lead person. In response the practice allocated a team member to lead operations each day. Feedback from the staff we spoke with on the day of inspection was positive.

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

Source	Example
Complaints	We saw that the practice responded in a timely manner to incidents and complaints and apologies were given where necessary.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	Staff we spoke with on the day of inspection told us that where concerns were

	highlighted to management these would be addressed.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Lone working	When a change in working practices of a staff member returning to work resulted in a lone staff member on the reception desk in the evening, a further member of staff was recruited to support.

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

Source	Example
Policy and procedure	We saw that a policy was in place, and that recruitment procedures ensured equality.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	An audit schedule and expectations of the clinical team had been developed. We saw that as a result of audits which had been undertaken, care and treatment for patients was adjusted to reflect best practice.
Appraisals.	We saw that the process for staff appraisals and support was comprehensive and valued by the team. Documented appraisals were held annually and reviewed every four months.

Examples of service developments implemented in past 2 years

Development area	Impact
Locality/ Hub working with nearby practices.	This allowed the service to offer a range of out of hours appointments which included access to a physiotherapist, GP, nurse and HCA. A locality commissioned wound care clinic was also held at the practice which Westfield patients could access.
Wellbeing co-ordinator	We were told that patient feedback regarding access to the wellbeing co-ordinator who held a weekly session was very positive.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice had improved their recording of meetings which evidenced discussions of significant events and complaints. Staff we spoke with confirmed that significant events and complaints were discussed with the staff team and their views sought.
Practice specific policies	The policies we reviewed were in date and relevant to the staff team. They were accessible to the staff team.

Other examples	The practice held regular in house teaching events at monthly protected learning time and clinical meetings. The practice also worked closely with their sister practice in Bradford which supported peer support and cross practice learning. The Bradford practice partners included a number of GPs with a specialist interest in some conditions and their knowledge and skills were shared with the team to effectively manage and support patients.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire drills	The staff team had been involved in the evacuation of the practice and the entire health centre, where upwards of 400 patients and visitors to the centre were evacuated safely.
Unable to access security support	The practice had access to a security superintendent for the building. However; when this was required they found that the walkie talkies to call for assistance did not work. The practice arranged to manage the maintenance of these devices themselves to ensure that in an emergency staff would be supported.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient survey	PPG to discuss with practice and review findings
Public	Monthly patient education session	An evening where GPs from the practice would deliver a talk which related to the joint priorities of the locality. The talks had included information about diabetes, blood pressure and stroke. Up to 70 patients had attended the talks and suggestions had been put forward by patients for further sessions.
Staff	Appraisals and practice meetings	Staff told us they felt very supported and would be confident to approach senior managers and partners.

External partners	Meetings and training events	Staff at the practice attended CCG engagement meetings and held face to face training events. The practice was also working collaboratively with other practices in the city to improve patient outcomes. The practice was proactive in their involvement with local and national improvement initiatives, for example the Yorkshire lung screening trial.
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Feedback from Patient Participation Group;

Feedback

The patient forum group representative told us that the practice were open to discussing issues and listened to feedback. Staff from the practice attended meetings and the group were able to represent the views of patients. The group would spend time in the reception waiting area and feedback patient's comments to the team.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Patient Survey May 2018	During the patient survey the group told us they were aware of language barriers at the practice particularly with eastern European patients. The group is now actively looking to recruit representatives from this area to understand the specific needs of these patients and educate them regarding the services on offer.
Healthy Eating Event	The PPG held a recent Health event which promoted healthy eating and cooking alongside information on how some foods can interact with medications. This was supported by the practice and the provider who provided free fruit for patients during the event. A walking group was promoted during the event.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
GPs	The lead GP is a GP trainer and the practice was preparing to take medical students later in the year.
DMARD protocol (Disease modifying Anti-rheumatic drug)	A new protocol was in place to ensure the consistent and ongoing monitoring and safe prescribing of these high risk drugs.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
DMARD protocol (Disease modifying Anti-rheumatic drug)	3 monthly audits were undertaken to ensure that monitoring was undertaken. The latest audit of 2018 showed that 100% of patients were monitored appropriately.
Acne (skin condition)	A variation in prescribing was noted which led to an agreement being reached on first line topical treatment in line with good practice.
Prescribing of Oestrogen only HRT.	Three patients were identified who were prescribed oestrogen inappropriately. A protocol was developed and the patient care and treatment was adjusted accordingly.

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>