

# Care Quality Commission

## Inspection Evidence Table

### Dr Sundar Vaid (1-3173171868) / M91660

Inspection date: 10 July 2018

Date of data download: 25 and 26 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

## Safe

### Safety systems and processes

Safeguarding	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.	Yes
Policies 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)	No
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*
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	
Not all staff spoken with were aware of which member of staff was the safeguarding lead. The practice only used alerts for children who were subject to child protect plans or at risk. Alerts were not used to identify vulnerable adults or other patients identified as frail or at risk.	
Management were not able to demonstrate whether all staff were up to date with safeguarding training. The records demonstrated that the locum GP had last attended level 3 training in August 2015. There was no evidence to support that the locum GP or the newly recruited practice nurse had completed safeguarding adults training.	
The practice manager shared an example of when a safeguarding concern was reported. The practice did not meet regularly with the health visitors so it was not clear how often information was	

shared.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (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.	No
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Staff files:</p> <ul style="list-style-type: none"><li>• Disclosure and Barring Service (DBS) checks were not on file for two of the three new members of staff, one of whom was a nurse working unsupervised. The provider told us they had a policy in place that DBS checks were not obtained prior to offering employment for administrative staff and were obtained within six months of commencing employment. Risk assessments were completed to cover this period. The risk assessments were not available in the staff files.</li><li>• The provider sent information following the inspection that supported the DBS for the practice nurse had been obtained before they commenced their employment.</li><li>• The induction paperwork for the administrative staff was poorly completed and there was no induction on file for the nurse.</li><li>• References were not on file for the administrative staff. The practice manager told us references had been received but not filed for one member of staff. It was unclear if references had been received for the other member of staff.</li><li>• There was no evidence on file of full employment history for the nurse.</li><li>• The practice manager was not aware of when the nurses' professional registration was due for renewal. The practice manager could not be assured that the nurses were appropriately registered with the Nursing and Midwifery Council (NMC) if they did not complete a registration check at the time of their renewal.</li><li>• Information for the locum GP relating to their professional qualifications was not on file.</li><li>• Most but not all staff had vaccination histories which were maintained in line with current Public Health England (PHE) guidance relevant to their role.</li></ul>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 11/05/2018	Yes
There was a record of equipment calibration Date of last calibration: 11/05/2018	Yes
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 – responsibility of the landlord (NHS Property Services)	July 2017
Fire drills and logs	None since 2016
Fire alarm checks	Yes
Fire training for staff	No
Fire marshals	Not known
Fire risk assessment Date of completion 20/06/2016	Yes
Actions were identified and completed. The action plan following the fire risk assessment on 20/06/2016 had not been signed to demonstrate that any actions identified had been completed	
Additional observations: It was not clear from the training matrix whether all staff were up to date with fire safety training. The new practice nurse and the locum GP did not have evidence of fire safety training on their file.  The last fire drill took place in 2016. The practice manager told us that a fire drill was planned for the whole building in the next few weeks.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 08/05/2017	Yes
Health and safety risk assessment and actions Date of last assessment: 08/05/2017	Yes
Additional comments:  We saw the practice had a Health and Safety policy which was dated April 2017  The practice Legionella risk assessment was completed on 13/03/2017, with checks carried out by an external company who managed the building.	

The gas safety certificate was dated 03/05/2018.	
Infection control	Y/N
Risk assessment and policy in place	Policy Yes
Date of last infection control audit: July and September 2017	
The practice acted on any issues identified	
Detail: Action plans had been developed for both completed audits and action taken to address the issues identified. However, some issues were outside the control of the practice and had been passed on to the landlord.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes *
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
<p>* The practice was aware that one of the practice nurses, who worked 30 hours a week, was due to leave their employment in August 2018. We found that no arrangements had been made to cover the shortfall in nursing hours. The practice had no contingency plans other than to start the process of recruiting a new nurse. The practice manager told us they planned to ask the other nurse if they would increase their hours, otherwise an approach would be made to the provider to advertise the vacancy. The practice was actively recruiting for administrative staff.</p> <p>The practice manager told us that reception / administrative staff were willing to cover each other but following the merger it had been a challenge to cover holidays, due to three members of staff leaving their employment.</p>	

## 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
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 answers:  The permanent GPs reviewed all test results on a daily basis.	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.97	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	2.7%	No data	8.9%	Comparison not available

The data relates to Dr Vaid's practice and is for 2016/17. The practice merged with Dr Saha in January 2018 and there is no up to date information for the merged practice. Therefore it is not possible to make comparisons.

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	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).	No

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	No
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council guidance.	N/A
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.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	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 answers:	
The GPs told us they reviewed the prescriptions for controlled drugs each month before issuing the prescription, although no formal audits were undertaken. One of the GPs spoken with was not aware of the arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	

### 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	No
Number of events recorded in last 12 months.	1
Number of events that required action	1

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

Event	Specific action taken
A patient previously identified as at risk of diabetes did not attend follow	The patient was started immediately on medication and referred to specialist services. Follow up appointments were also made.

<p>up appointments. The patient recently attended the practice and found following an assessment completed by a GP to have a high HbA1c level and reduced kidney function. (HbA1c is an important blood test that gives a good indication of how well a patient's diabetes is being controlled).</p>	
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<b>Safety Alerts</b>	<b>Y/N</b>
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>Alerts were received and dealt with centrally by the provider and then passed to the practice manager. The practice manager recorded relevant alerts on a spreadsheet and informed the relevant staff. The spreadsheet contained details of the actions to be taken and when they were completed. Patient searches were carried out centrally and the practice manager notified and letters sent to relevant patients.</p> <p>The practice manager did not have any knowledge of the monthly drug safety updates, and know that these were received centrally and sent to the practice to action where appropriate.</p>	

<b>Any additional evidence</b>
<p>There was no information recorded on the electronic patient record to indicate that the incident had been identified as part of a significant event, or that the incident had been discussed with the patient.</p> <p>The practice planned to run searches of the electronic patient records to try and identify other patients who may be at risk of diabetes but not coded on the system.</p> <p>The significant event record and analysis had been completed by the practice manager. There was evidence that the practice had learnt from the event and the information and learning had not yet been shared with the wider staff team. The practice had recently commenced monthly practice meetings and significant events would be discussed at these meetings.</p> <p>In future all signification events would be recorded on the shared electronic system, so the information was accessible to all staff across the organisation and not just within the practice.</p> <p>We identified another potential significant event relating to medicines during the inspection. We shared this information with the clinicians and asked them to investigate the event.</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)	0.98	No data	0.90	Comparison not available

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	84.6%	80.5%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	9.8%	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)	94.2%	79.7%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (2)	6.3%	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)	91.4%	81.3%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.7%	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)	90.9%	77.2%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	2.7%	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)	96.0%	90.5%	90.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	94.3%	84.0%	83.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (5)	2.5%	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%	88.2%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.7%	8.2%	

### Any additional evidence or comments

The data relates to Dr Vaid's practice and is for 2016/17. The practice merged with Dr Saha in January 2018 and there is no up to date information for the merged practice. Therefore it is not possible to make comparisons.

### Families, children and young people

Indicator	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)	94.4%	Below the WHO target of 95%
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)	89.5%	Below the WHO target of 95%
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)	84.2%	Below the WHO target of 95%
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)	84.2%	Below the WHO target of 95%

### Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	71.1%	71.6%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.7%	71.2%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.8%	51.4%	57.4%	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)	83.3%	78.0%	70.3%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	44.4%*	42.9%*	51.0%*	Comparison not available
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### Any additional evidence or comments

The data relates to Dr Vaid's practice and is for 2016/17. The practice merged with Dr Saha in January 2018 and there is no up to date information for the merged practice. Therefore it is not possible to make comparisons.

\*There is a data quality issue with this value.

### People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.5%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.4%	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)	100.0%	93.1%	90.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.1%	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)	77.8%	84.4%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (1)	5.5%	6.8%	

**Any additional evidence or comments**

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**Monitoring care and treatment**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	540	534
Overall QOF exception reporting	1.6%	5.1%	5.8%

**Coordinating care and treatment**

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <sup>(QOF)</sup>	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) <sup>(QOF)</sup>	99.7%	97.1%	95.3%	Comparison not available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.3%	0.8%	

**Consent to care and treatment****Description of how the practice monitors that consent is sought appropriately**

During our previous inspection we identified that the clinicians were not following Gillick competencies. We found during this inspection that clinical staff were aware of Gillick competences when dealing with consent for children and considered the mental capacity of patients who may lack capacity.

**Any additional evidence**

The practice enabled patients with no fixed abode to access services by registering them using the practice address.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	1
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment card	They told us that staff were helpful and nothing was too much trouble.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1,390	325	103	31.69%	7%

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)	64%	72%	77%	Comparison not available
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)	64%	85%	89%	Comparison not available
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	87%	94%	95%	Comparison not available
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)	60%	82%	86%	Comparison not available

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)	96%	91%	91%	Comparison not available
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)	96%	91%	91%	Comparison not available
<b>Any additional evidence or comments</b>				
<p>The practice manager told us that following the merger, there were more GPs which had resulted in the availability of more appointments. The practice hoped that this would improve patient satisfaction. The practice usually completed their own patient satisfaction survey during November but had postponed this due to the merger.</p> <p>The data relates to Dr Vaid's practice and is for 2016/17. The practice merged with Dr Saha in January 2018 and there is no up to date information for the merged practice. Therefore it is not possible to make comparisons.</p>				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>The practice monitored feedback on NHS choices.</p> <p>The practice had a comments book, and a box in the waiting room for compliments and comments. Staff reported they had not had any suggestions/comments that they could recall.</p>

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with one patient during our inspection. They told us they were involved in decisions and given sufficient time during consultations.

### 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)	65%	84%	86%	Comparison not available

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)	61%	79%	82%	Comparison not available
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)	95%	91%	90%	Comparison not available
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)	91%	86%	85%	Comparison not available

#### Any additional evidence or comments

The practice had reviewed the results and identified that improvements needed to be made and discussions needed to take place regarding the explanation of tests and treatments. Consideration was also being given to printing leaflets or signposting to information with multi lingual versions available.

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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.	Yes
Information about support groups was available on the practice website.	No

Carers	Narrative
Percentage and number of carers identified	The practice had identified 2% (88) of their patient list as carers
How the practice supports carers	The practice had produced a carers information pack. The practice offered health checks to carers and the flu vaccine, although the practice did not monitor how many carers had been offered and accepted the vaccination.
How the practice	Staff told us patients often contacted the practice after experiencing a



supports recently bereaved patients	<p>bereavement. Patients were offered a GP appointment and could be referred a mental health service if required.</p> <p>The practice did not routinely contact patients after a bereavement.</p> <p>Information about a local bereavement group was on display.</p>
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### 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	The seating area for patients was set back and facing away from the reception desk. Although telephone calls were answered at the reception desk, the conversations could not be overheard in the waiting room.

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:

Source	Feedback
Comment Card	The patient commented that they were always treated with respect.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.30 – 18.30
Tuesday	08.30 – 18.30
Wednesday	08.30 – 18.30 Once a month the practice, including reception is closed from 13.00 to 18.30. Cover is by WALDOC during this time.
Thursday	08.30 – 18.30
Friday	08.30 – 18.30

Appointments available	
Morning session	08.30 – 12.30
Afternoon session	13.30 - 17.30
Extended hours opening	
Nil	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>The receptionist would book the patient a call back, the GP would call the patient and then decide if a home visit was needed.</p> <p>The receptionist did not routinely record if it was a home visit that was being requested.</p>	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1,390	325	103	31.69%	7%

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)	81%	74%	76%	Comparison not available
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)	93%	71%	71%	Comparison not available
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)	93%	80%	84%	Comparison not available
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)	89%	71%	73%	Comparison not available
<b>Any additional evidence or comments</b>				
The data relates to Dr Vaid's practice and is for 2016/17. The practice merged with Dr Saha in January 2018 and there is no up to date information for the merged practice. Therefore it is not possible to make comparisons.				

Examples of feedback received from patients:

Source	Feedback
Interview with patient	The patient told us they could always get an appointment when they needed one.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The practice had only recorded one complaint during the last year. We saw that the practice had responded in a timely way. However the practice was unable to provide evidence to show they had responded appropriately to the patient's concerns. The practice was also unable to demonstrate they had discussed and learnt from the complaint.</p> <p>Staff told us that complaints were often dealt with by the practice manager as they arose on a face to face basis. There was no evidence that these complaints had been documented, discussed and any learning identified.</p>	

### Example of how quality has improved in response to complaints

We did not see any examples of how quality had improved in response to complaints.

# Well-led

## Leadership capacity and capability

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

We didn't see any evidence of leadership being demonstrated during our inspection.

## Vision and strategy

### Practice Vision and values

The provider's vision was to develop a true population health model that provides the right services by the right team at the right time and place based on individual needs and acuity.

The practice's values were the same as for the provider and had been updated following consultation with staff.

The new values were:

- Commitment
- Accountability
- Respect
- Excellence

Staff were unable to recall the vision and all of the values.

## Culture

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

Staff told us the practice operated an open door policy for staff. Staff could approach management at any time for support. However, the management acknowledged that the merger had been a stressful time for staff, and some members of staff had found it more of a challenge than others.

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

Source	Feedback
Staff we spoke with	Staff told us since the merger, job satisfaction had improved.
Staff we spoke with	<p>The management were receptive to suggestions to improve working practices. A clear desk/worktop policy had been introduced and all items were put away at night in the treatment / consulting rooms.</p> <p>The practice nurses reviewed the treatment of all simple wounds every two weeks to ensure that the treatment was effective.</p>

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Corporate policies were in place and stored electronically on share point. Staff were aware of where the policies were stored.
Other examples	The practice business continuity plan had been reviewed on 29.6.18 – but there was no copy held off site
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
Only two practice meetings had been held in 2018, the last meeting took place in March 2018. The previous meeting in 2017 had been held in August. The practice had introduced protected learning time one afternoon a month, and told us that practice meetings would be held on these days. However, not all staff worked on these days. One of the GPs told us that arrangements would be made for staff to have time off in lieu.

## Managing risks, issues and performance

Major incidents	Y/N
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
Slips trips and falls	Risk assessment 14 December 2017
Display screen equipment	Assessment 30 June 2017

## Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

Feedback
The chairperson of patient participation group (PPG) told us that following the practice merger the two PPGs had combined although a meeting had not yet been organised. They told us they supported the

with practice with the annual survey, which usually was undertaken in November each year. They said the survey had been postponed due to the merger.

The chairperson was also part of the CCG wide PPG group, and was able to feedback information from other meetings they attended about initiatives and developments within the wider community.

### Any additional evidence

The practice had not had a PPG meeting since November 2017.

Information about the PPG was on display in the waiting room. However, minutes of meetings were not on display. There was no information on the website in relation to the PPG.

### Continuous improvement and innovation

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

Audit area	Impact
Medicines used to treat night cramps and associated risks for patients with certain conditions and / or medicine interactions.	The practice completed an audit with two cycles regarding a medicine used for treating night cramps. The first audit cycle identified 30 patients who were taking the medicine. In the second audit cycle, 19 patients were identified as being on the medicine, which demonstrated a reduction in the use of the medicine.
Audit to determine if patients receiving Vitamin B12 injections had a specific blood test recorded which determined whether they needed lifelong injections.	The audit identified 137 patients prescribed Vitamin B12 injections of which 23 were excluded due to being prescribed medication for diabetes. Of the 99 remaining patients, 27 patients had the results of the blood test recorded and 71 patients did not. Of the 27 patients only five patients tested positive for a specific antibody and required lifelong injections. These patients continued to receive regular injections, and the remaining 22 patients were taken off this medicines and had rechecks of their Vitamin B12 levels in 12 months. The next stage of the audit involved testing the 71 patients without a blood test result for the specific antibody and taking appropriate action on receipt of the result. All new patients potentially requiring Vitamin B12 injections were to be tested to ascertain if they needed lifelong injections.

### Any additional evidence

The practice was due to take part in the pilot project looking at the use of digital platforms (skype) for consultations with patients. The provider (Modality Partnership) was working with the national company to set up and deliver this service for a three month period. Patients who chose to have a digital consultation would be able to do so with one of the practice's GPs.

The provider was involved in a project for homeless people. A weekly clinic was held at one of the other practices with the group in Walsall, and any patient, regardless of their address, could be seen by a GP at that clinic. This included patients who used Dr Vaid's practice as their registered address. At the time of the inspection, the practice did not have any homeless patients registered with them.

## DO NOT DELETE THE NOTES BELOW

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.( [See NHS Choices for more details](#)).