Care Quality Commission

Inspection Evidence Table

Civic Medical Centre (1-1423191730)

Inspection date: 22 June 2018

Date of data download: 15 June 2018

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

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)	Yes
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	No
Explanation of any 'No' answers: The enhanced nurse practitioner required a DBS check in place but this was last carried out in 2009 and referred to a defunct body, the Primary Care Trust (PCT).	

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.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: n/a	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 20/02/2018	Yes
There was a record of equipment calibration Date of last calibration: 20/02/2018	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	Yes
Fire drills and logs	Yes
Fire alarm checks	No
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 19 March 2018	Yes
Actions were identified but not all were completed. The practice had a smoke alarm installed and we saw evidence of weekly smoke alarm checks. The fire risk assessment recommended installation of an automated fire alarm system, within both audible and visible range but this was not actioned at the time of inspection. After the inspection, the practice sent evidence of a fire alarm, which was a fire horn. However, this was not in line with the fire risk assessment recommendations and did not ensure that persons located on top floors or those with a hearing impairment would be able to reliably hear the fire alarm.	
Health and safety Premises/security risk assessment? Date of last assessment: Carried out with the health and safety risk assessment on 19 March 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 19 March 2018	Yes
Additional comments: The practice acted on the health and safety risk assessment recommendations such as, replacing the double adapters with fused extension cables. However, sections of the risk assessment such as the health and safety responsibilities section were not completed.	

Legionella risk assessment carried out and all recommended actions carried out.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 2 February 2018 No actions identified during last infection control audit. Detail: At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing safe services in relation to infection control and medicines management. These arrangements had significantly improved at this inspection, as the practice had acted to replace the fabric chairs in the waiting room chairs with the recommended chairs.	Yes Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence
The practice also carried out a Disability Access Audit on 19 March 2018 in response to the access issues at the entrance highlighted in the previous inspection. This audit highlighted other areas for action but not all recommended actions had been carried out. This included installation of an alarm pull cord in the patient toilet. The practice told us that funding issues had delayed installation.

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

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

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)	0.62	0.97	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.1%	13.3%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group 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.	Yes
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.	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.	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 practice had not carried out any prescribing audits. The clinical pharmacist told us that this was due to be carried out.

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 in last 12 months.	13
Number of events that required action	9

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

Event	Specific action taken
A newly qualified member of staff had not received their immunisation booster.	Upon discovery, the staff members clinics were suspended until further notice and covered by other clinicians. They received the required doses of the immunisation and further blood tests were carried out to confirm immunity. Learning was to always ensure that where there was a role change in the practice, to go through the relevant checklist to ensure all required documentation was in place.
Local microbiologist informed practice that a blood sample had an incorrect date of birth.	A fax confirmation was sent to the microbiologist with the patient's correct date of birth. Learning was for the staff to always ensure that the patient details on the specimen bottle matched the patient records. Patients were to also confirm their name and date of birth prior to their blood test.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: alerts were received via email and disseminated to all staff. They were a standing agenda in practice meetings. There was an alerts folder stored in the shared drive. We saw evidence that where relevant, audits were carried out and appropriate action taken.	

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)	0.85	0.64	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.1%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	15.5% (54)	8.3%	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)	92.7%	77.7%	78.1%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.3% (22)	7.1%	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)	83.7%	80.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.3% (43)	9.2%	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)	75.6%	77.1%	76.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.9% (10)	3.6%	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)	100.0%	92.6%	90.4%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	20.0% (5)	8.1%	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)	87.6%	83.3%	83.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.2% (23)	2.9%	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)	93.8%	81.4%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.3% (6)	9.7%	8.2%	
Any additional evidence or comments				

Families, children and young people

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)	41	46	89.1%	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) (01/04/2016 to 31/03/2017) (NHS England)	59	72	81.9%	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) (01/04/2016 to 31/03/2017) (NHS England)	60	72	83.3%	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)	61	72	84.7%	Below 90% Minimum (variation negative)
Any additional evidence or comments: The practice carried out immunisations opportunistically and non-attenders were followed up by the practice nurse by telephone or in writing. Patients were sent reminders on the day of their appointment and discussed during their weekly multidisciplinary meetings.				

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)	60.7%	62.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) **(PHE)**	64.8%	69.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	45.6%	48.5%	54.5%	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)**	37.5%	76.1%	71.2%	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)	33.3%	59.5%	51.6%	Comparable to other practices

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%	91.2%	90.3%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.0% (1)	8.2%	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%	91.9%	90.7%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0 (0)	6.7%	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)	100.0%	88.9%	83.7%	Significant Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0 (0)	5.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	535	539
Overall QOF exception reporting	7.3%	5.3%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	99.0%	96.4%	95.3%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.5% (4)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians showed us examples of how they recorded consent. Consent form seen for minor surgery. They understood Gillick competence and Fraser Guidelines.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	38
Number of CQC comments received which were positive about the service	33
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	**Comment cards:** The patients felt that the staff were helpful and the GP took time to listen to them and their needs. **NHS Choices:** Patients provided mixed feedback regarding the service. Some patients felt that they provided an excellent service. However, some patients highlighted issues with staff attitude and their care. The practice was rated an average of four stars.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,181	335	103	30.75%	2%

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)	54.8%	74.6%	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)	74.2%	87.3%	88.8%	Variation (negative)
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)	95.2%	95.2%	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)	70.6%	83.0%	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)	85.2%	87.8%	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)	89.6%	86.7%	90.7%	Comparable to other practices

Any additional evidence or comments:
The practice had reviewed these survey results and GPs attended inhouse training on listening skills. Last appointments were offered to patients who required more time with the GP.

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

Date of exercise	Summary of results
22 May 2018	The practice carried out Friends and Family Test Results. Data provided showed that sixteen out of 19 patients said they were extremely likely to or likely to recommend the practice to family and friends.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with one patient who was also a member of the Patient Participation Group (PPG). They were happy with the practice and felt they offered a good service. They also highlighted some issues with phone access.

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)	76.2%	85.6%	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)	76.1%	79.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	87.1%	87.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	83.0%	80.8%	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.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	32 (less than 1%). The practice sent evidence after the inspection to show that the number of carers registered with the practice had increased to 85 (2% of the practice population).
How the practice supports carers	Carers were offered flu immunisations and flexible appointments. There was a poster in the reception area inviting carers to register with the practice.
How the practice supports recently bereaved patients	Bereaved patients were discussed at the practice meetings and sympathy cards were sent out by the practice.

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 privacy screen at the reception desk. Patients could use the self check-in service available at the practice if preferred.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	08:00 – 18:00
Tuesday	08:00 – 18:00
Wednesday	08:00 – 18:00
Thursday	08:00 – 18:00
Friday	08:00 – 18:00

Extended hours opening	
Tuesday	07:00 – 08:00
Wednesday	07:45 – 08:00
Thursday	07:00 – 08:00

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	
The practice accommodated home visits for all patients who were unable to get to the practice. All home visit requests were allocated to a Lead GP, who would contact the patient requesting the home visit to assess whether it was required and carry it out if clinically necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,181	335	103	30.75%	2%

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)**	70.4%	77.5%	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)**	49.1%	64.2%	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 **(01/01/2017 to 31/03/2017)**	57.3%	69.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment **(01/01/2017 to 31/03/2017)**	47.6%	67.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There was a mixture of feedback from NHS Choices and practice was rated four stars overall. Negative comments referred to poor staff attitude and access to appointments. Positive comments from patients referred to staff as being helpful and helping them understand their treatment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

A letter of apology was sent to a patient after a delay in communication to a patient. The practice acknowledged that they needed to improve their communication skills with their patient.

Although the complaints leaflet directed patients to the ombudsman if they were not satisfied with their complaints response from the practice, this was not highlighted in the patient complaint response letters we reviewed.

Example of how quality has improved in response to complaints

Complaints were received regarding certain reception staff attitude. When the practice manager was made aware of this, they undertook a one to one session with the staff involved. It was decided that they would rotate the member of staffs' duties, so they would not always work at the reception desk and a review meeting every two months was set up with the lead GP. Staff were also booked for a receptionist development programme. This improved the overall patient experience.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Following the previous two inspections, the practice made significant improvements. For example, the lead GP resigned from his CCG Directorship to focus more time on the practice. They sought and received support from the Royal College of General Practitioners (RCGP), NHS England and other practice managers who had received outstanding Care Quality Commission ratings, looking for ways to continuously improve. Additional staff were recruited including the CCG clinical pharmacist and the Enhanced Nurse Practitioner (ENP). The practice formed mandatory standing agendas in their weekly practice meetings. These included safety alerts, complaints, significant events, safeguarding, cancer diagnosis, screening uptake, survey reviews and care plans.

Vision and strategy

Practice Vision and values
The practice developed a vision to deliver on their core responsibilities as a primary care provider and to meet future challenges.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The lead GP developed the non-clinical staff roles to Healthcare Navigators (HCNs) instead of receptionists, allowing some of them to receive training in phlebotomy and NHS health checks. Practice meetings were then carried out twice a week for the HCNs to attend.
The practice took part in a six-week programme via NHS England to become a paperless practice.

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

Source	Feedback
Non-clinical staff	Staff felt there was an open and fair culture. They felt part of a family since having their roles developed to that of HCNs
Clinical Staff	Clinical staff felt very supported by the GPs and felt management were approachable.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw that policies and procedures were in place and staff could access these on a shared drive.
Other examples	

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Complaints	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
lack of capacity for nursing staff	Practice upskilled reception staff to carry out phlebotomy and NHS health checks, which in turn allowed nurses the capacity to carry out immunisations.
Blind loop cords in reception entry door	Hanging loop cords were removed completely.

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 practice worked together with the PPG and the local council to establish for nine pay and display parking spaces on the former practice permit holders only road. These changes were made in response to patients' complaints that there was no parking near the surgery. The PPG were awarded the 'Harrow Heroes Award' as a result.

Any additional evidence
The practice told us that there was a possible future merger and relocation of the practice to another location. The practice was working together with the PPG and the CCG and discussions were ongoing, as they felt that relocation would make patient access difficult due to the distance they would have to travel.

Continuous improvement and innovation

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

Audit area	Improvement
Bowel screening uptake	The practice worked proactively and in collaboration with the hospital bowel cancer department to improve bowel cancer screening. The practice had been a part of the 20 GP practices working in collaboration with the hospital in bowel cancer screening. All clinical and non-clinical staff were involved in this audit which showed an increase from 30% to 62% in the past 18 months, the highest of the 20 practices. The practice was praised for this effort by the hospital, who built a case study of the practice's achievement in order to publish them to other practices and the CCG.

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).