

Care Quality Commission

Inspection Evidence Table

The Connaught Square Practice (1-2451300192)

Inspection date: 23 August 2018

Date of data download: 5 September 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	Yes

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: The practice had a policy and a system in place to update DBS checks for all staff every three years and we saw evidence that this was in place.	

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 07.02.18

There was a record of equipment calibration Date of last calibration:	Yes 16.08.18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes 29.03.18
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 19.03.18
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 03.03.18
Health and safety risk assessment and actions Date of last assessment:	Yes 15.08.18

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw that the practice had addressed some of the actions identified on the audit. For example, replacement of a section of damaged flooring in one of the clinical rooms.</p> <p>The audit had identified non-compliant hand-wash basins in the clinical rooms. The action plan indicated this would be reviewed in November 2018 with a view to replacing the basins to meet guidance, for example, no overflow and wall-mounted elbow or sensor operated mixer taps. Staff we spoke with told us in the absence of compliant hand-washing facilities they were using a clean hand towel to turn on and off the faucets to avoid contaminating their hands.</p>	<p>Yes 17.05.18 Partial</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>At our previous inspection we found that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the range of medicines administered at the practice. At this inspection we saw that the practice had addressed this and appropriate sharps containers were available.</p>	

Additional comments:

At our previous inspection in June 2017, we found there was inadequate storage and segregation of cleaning mops which posed a risk of cross-contamination. In particular, we found mops had been left to dry propped against a dirty external wall of a stairwell leading to the basement. There was no dedicated cleaning storage area. At this inspection we found cleaning equipment was kept in a dedicated locked storage area and wall-mounted brackets had been fitted for the appropriate storage of mops.

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
Explanation of any answers:	
The practice demonstrated a documented approach to the management of test results. We saw that abnormal results had been reviewed and managed by the GPs in a timely manner. The lead GP told us that the management of normal results was undertaken by non-clinical staff in line with its protocol. The practice had not undertaken any audit to ensure that the system was functioning effectively.	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.48	0.59	0.95	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	14.6%	11.6%	8.7%	Variation (negative)

Explanation of any answers:

The practice was aware that its prescribing of broad-spectrum antibiotics was above CCG and national averages and we saw that this had been discussed as part of the CCG-led prescribing improvement scheme. The practice had been set a target of achieving less than 10% by the end of the financial year (March 2019) and this was being monitored on a month-to-month basis by the CCG Medicine Management Team. To achieve the target the practice also had to demonstrate that Antibiotic Resistance in Primary Care training had been undertaken by the doctors. We saw that the lead GP had undertaken this training.

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).	Yes
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
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
<p>Explanation of any answers:</p> <p>Since our previous inspection the practice told us they had initiated a system to monitor and track computer prescription paper in line with guidance, and were able to demonstrate this on the day of the inspection.</p> <p>Since February 2018, an in-house clinical pharmacist had been assigned to the practice two sessions per week which was joint funded by the practice and the CCG. The practice told us that this role included supporting medicine reviews, specifically chronic disease management and patients on polypharmacy (the concurrent use of multiple medication items by one individual), rationalising repeat prescription lists to avoid waste and duplication, liaising with relevant hospitals to ensure correct medicines follow-up on discharge and working with community pharmacies.</p> <p>Since our previous inspection, the practice had reviewed the storage of vaccines in line with PHE guidance and included a secondary thermometer on their vaccine fridge.</p>	

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.	17

Example of significant events recorded and actions by the practice;

Event	Specific action taken
A two-week wait referral was not sent by a locum GP.	<p>The practice:</p> <ul style="list-style-type: none"> Reviewed its process to review all referrals undertaken by locums at the end of the day. Reviewed its process to follow-up with patients to ensure safety-netting of two week wait referrals. Reviewed and updated the guidance information provided for GP locums.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>At our previous inspection the practice could not demonstrate a formal process to track alerts received and to ensure all alerts had been received, appropriate action taken and shared with staff. At this inspection we saw evidence that alerts were received by the doctors and clinical pharmacist who reviewed them to ascertain those relevant to the practice. We saw examples of three alerts where patient searches had been undertaken, action taken and discussed in meetings. Minutes were made available to all staff, including those not present, who had to verify that they had seen and read the minutes.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.50	1.07	0.83	Comparable with 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)	72.8%	77.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (15)	10.8%	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)	76.9%	76.1%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (15)	11.2%	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)	70.6%	77.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (25)	11.8%	13.3%	
Any additional evidence				
The practice participated in a CCG-led diabetes improvement initiative for its 348 patients on the diabetes register across nine key care processes, which included the percentage of patients who had had an HbA1c, a blood pressure reading or a cholesterol test in the last 15 months. We saw from CCG data that the practice had improved from 58% for the nine key care processes in 2017 to 72% in 2018.				

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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	77.0%	77.0%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (13)	7.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	90.0%	88.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (8)	15.1%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	78.3%	79.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (19)	4.0%	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)	91.2%	85.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (4)	7.8%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	61	76	80.3%	Below 90% minimum (variation negative)
The percentage of 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)	50	69	72.5%	Below 80% (Significant 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)	48	69	69.6%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	50	69	72.5%	Below 80% (Significant variation negative)
Any additional evidence or comments				
<p>The practice was aware that its child immunisation uptake was below target. The practice told us that they had addressed this by increasing their nursing team and extending immunisation appointments to Saturday and Sunday. The practice had allocated dedicated administration time for the nurse to recall patients and follow-up with non-attenders by telephone and letter. The practice held a quarterly multi-disciplinary team meeting with the health visitors to discuss patients who had failed to attend for an appointment.</p> <p>Since our last inspection the practice had seen some improvement in its uptake. For example, data for the period 1 April 2015 to 31 March 2016 showed that the percentage of children aged two with Measles, Mumps and Rubella vaccine was 68% and the percentage of children aged two with pneumococcal conjugate booster vaccine was 66% compared with 73% and 73% respectively for 1 April 2016 to 31 March 2017 data.</p>				

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 at a given point in time who were screened adequately within a specified period (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)	48.1%	53.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	59.7%	55.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	35.9%	36.9%	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)	72.7%	62.2%	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)	37.5%	51.6%	51.6%	Comparable with other practices
Any additional evidence or comments				
<p>The practice was aware that its cervical screening uptake was below target. The practice told us that they had addressed this by increasing their nursing team and offering appointments on Saturday and Sunday. The practice recognised they had a transient patient population and a cohort of patients who were difficult to engage in the cervical screening programme. The practice had allocated dedicated administration time for the nurse to recall patients and follow-up with non-attenders by telephone and letter. The practice shared with us cervical screening fact sheets which had been translated to the Arabic language and some easy read 'having a smear test' booklets which used simple language and pictures. Staff we spoke with told us the practice had supported and promoted Cervical Smear Awareness Week and had worn cervical awareness logo t-shirts and displayed health promotion literature.</p> <p>At our previous inspection the report had cited the practice's quality and outcome framework (QOF) achievement for cervical screening and we saw that the uptake for the period 2015/16 had been 56% (CCG average 73%; national average 81%). The practice told us they had continued to monitor uptake using the QOF indicator and we saw that uptake for the period 2016/17 had increased to 58% (CCG average 72%; national average 81%) and unvalidated QOF data from its clinical system for the period 2017/18 indicated an achievement of 71%.</p> <p>Data available for this inspection was Public Health England (PHE) data for 2016/17 which showed the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) was below target at 48% (CCG average 54%; England average 72%). We did not have validated data at the time of our inspection for 2017/18.</p>				

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)	92.1%	88.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (5)	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)	100.0%	91.5%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (3)	7.9%	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)	86.2%	87.3%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (2)	8.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	535	522	539
Overall QOF exception reporting (all domains)	4.7%	6.5%	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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.2%	95.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	1.4%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Policies and protocols were in place at the practice to ensure there was a standardised approach to obtaining consent.</p> <p>We saw evidence that clinical staff was competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	24
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 Comments Cards	Feedback was all positive and indicated that staff were kind, helpful, patient and caring. Patients said they felt respected and treated with dignity and respect. Patients said that the environment was clean and hygienic.
Patient interviews	We spoke with four patients on the day of the inspection who were all positive about the practice, its staff and the care received.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7387	424	101	23.7%	1.37%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	78.3%	83.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	66.8%	82.7%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	87.3%	93.8%	95.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	65.4%	77.1%	83.8%	Variation (negative)

Any additional evidence

The results of the NHS Friends and Family Test (FFT) for the period January 2018 to July 2018, based on 105 responses, showed that 90% of patients would be extremely likely or likely to recommend the service.

The practice was aware of the results of the national GP patient survey for 2017 and had reviewed them and discussed the findings in the form of a presentation with the Patient Participation Group (PPG) in the December 2017 meeting. We saw that the minutes and the presentation were available on the practice website. The practice had highlighted to the PPG the areas where the practice had done well in the survey and the areas where they could improve. It was noted that none of the PPG members had received a questionnaire to complete. The practice gave an opportunity for the PPG to comment on the results and make suggestions where improvement could be made. For example, the survey showed that

74% of respondents had said the last GP they saw or spoke to was good at listening to them and 70% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. The practice asked the PPG to share examples of what would constitute not feeling listened to and what would make them not feel involved in decisions about their care to use as a learning exercise. It was decided that the practice would undertake an internal survey which mirrored the 2017 national GP patient survey.

We saw that the practice had reviewed the latest national GP patient survey results gathered between 1 January 2018 to 31 March 2018 and published in July 2018 and made some initial observations and planned to discuss the findings at a forthcoming PPG meeting. However, the methodology had changed in the 2018 survey and so it was not possible to directly compare the survey with those of previous years. This evidence table outlines the results of the survey published in July 2018.

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

Date of exercise	Summary of results
January to March 2018	<p>The practice had carried out its own internal survey between January and March 2018 to address some of the areas from the 2017 national GP patient survey where the practice could improve. The survey focused on patient experience when seeing a GP, a nurse/healthcare assistant and interaction with the reception team. In total, 281 questionnaires were returned (97 for the GP survey, 69 for the nurse/healthcare assistant survey and 115 for the reception survey), which was approximately 4% of the patient population. Patients were asked to score the GP and nurse/healthcare assistant survey on a rating of poor, less than satisfactory, satisfactory, good and very good. We reviewed a selection of the results and found:</p> <p><u>GP Survey</u></p> <p>Question: How good was the last GP you saw in the practice at:</p> <ul style="list-style-type: none"> • Listening to you: 85% responded good or very good. • Explaining your condition and treatment: 80% responded good or very good. • Involving you in decisions about your treatment: 79% responded good or very good. • Having trust and confidence in them: 88% responded good or very good. <p><u>Nurse/Healthcare Assistant Survey</u></p> <p>Question: How good was the last nurse/healthcare assistant you saw in the practice at:</p> <ul style="list-style-type: none"> • Listening to you: 99% responded good or very good. • Involving you in decisions about your treatment: 100% responded good or very good. • Having trust and confidence in them: 97% responded good or very good. <p><u>Reception Survey</u></p> <p>Patients were asked to score for the reception survey on a rating of strongly disagree,</p>

	disagree, neutral, agree and strongly agree. We reviewed a selection of the results and found 89% of patients agreed or strongly agreed that the reception team treated them with care and respect and 86% of patients agreed or strongly agreed that the member of staff who helped them listened to them carefully.
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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us they felt involved with their care and treatment.

Any additional evidence
The practice championed the NHS England 'Making Every Contact Count' (MECC) initiative. MECC is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. The reception management team gave the inspectors a presentation of how they used every patient contact to remind and encourage patients to attend for vital appointments. For example, if a patient called the surgery to make a routine appointment, whilst on the telephone the team would check on its clinical system to see if any reviews were due or outstanding and ask the patient if they would like to book them an appointment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	81.9%	90.2%	93.5%	Variation (negative)

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	The practice had identified 161 carers, which was approximately 2% of the practice population.
How the practice supports carers	<ul style="list-style-type: none"> The practice had nominated a member of its administration team as a Carers' Champion. The practice offered flexible appointments, influenza vaccination and health checks for carers.

	<ul style="list-style-type: none"> • The practice ran awareness-raising campaigns to encourage carers to self-identify. • Carer-related information and guidance was available in the waiting area in both the English and Arabic language to signpost carers to support services. Additional information was available on the practice website, which had the ability to translate to various languages and increase font size for the visually impaired. • The practice was due to hold a whole day health fair at the practice which included a 'mood boost' workshop for carers delivered by a local NHS psychological treatment service. The aim of the workshop was to enhance carers' coping skills and to teach techniques to improve mood.
How the practice supports recently bereaved patients	Staff we spoke with told us that recently bereaved patients were offered a GP consultation and signposted to local bereavement services. We saw that information was available regarding bereavement in the waiting area and on the website.

Privacy and dignity

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

Any additional evidence
The practice utilised a confidentiality card system on reception which enabled patients who wished to have a private conversation to indicate this discreetly by handing a confidentiality card to the receptionist. The patient would then be escorted to a private room.

	Narrative
Arrangements to ensure confidentiality at the reception desk	<ul style="list-style-type: none"> • The waiting area was away from the reception desk. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view and dates of birth rather than full names were requested when taking phone calls. • Patients could also book in via an electronic booking screen, which was available in several languages aligned to the patient demographic.

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
CQC Comments Cards	Patients indicated that they were treated with respect by the practice staff.
Patient Interviews	Patients we spoke with told us they felt they were treated with dignity and respect by both the reception team and the clinical staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Extended hours opening:

The practice offered extended hours on Monday to Friday between 6.30pm and 8pm. In addition, the practice served as one of four practices in Westminster offering seven-day GP access through an NHS Central London (Westminster) CCG-led service. Patients of both the practice and neighbouring Westminster practices could access the service on Saturday and Sunday between 8am and 4pm.

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	
When a request for a home visit was received, reception staff took details of the request and added it to the triage list. The duty doctor would determine whether a visit was necessary. If an urgent request was received the duty doctor was advised straight away of the request.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7387	424	101	23.7%	1.37%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	84.5%	92.2%	94.8%	Variation (negative)

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	72.7%	82.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.0%	65.7%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.5%	62.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	57.1%	69.2%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke with were very satisfied with access to patient appointments, especially in the evenings and at the weekend. They told us they could get an appointment when they needed one, both routine and urgent.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year (verbal and written).	24
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We saw that the complainants had received acknowledgement of their complaint and a written response detailing the findings of the investigation and actions taken by the provider as a result.	
The practice had a complaint policy, which was accessible to staff, written in line with recognised guidance. Information about how to complain was available for patients, for example, on the practice website.	

Example of how quality has improved in response to complaints

The practice had reviewed and updated its ear syringing protocol to ensure doctors explained to patients the potential risks and side-effects to ear syringing and signed consent was received that they understood the potential risks prior to the procedure.

Well-led

Leadership capacity and capability

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

The leaders had a clear commitment, capacity and capability to provide a good quality service. The practice had been responsive to feedback from our previous inspection and had addressed all our findings. They told us there was a drive to continuously improve outcomes for patients.

The practice had nominated designated leads, for example safeguarding, infection prevention and control and complaints.

The leadership team (partners and practice manager) had engaged in a 360-degree appraisal (a performance review in which subordinates, co-workers (internal and external) and managers all anonymously rate the employee). The practice manager told us this had been beneficial in her development and self-awareness, and had discussed the findings at her annual appraisal.

Vision and strategy

Practice Vision and values

The practice's mission statement was 'high quality general practice now and for the future, caring for all.'

The practice told us this ethos was underpinned by five core values: compassion; putting patients first; continuity of care; supporting all members of the team; commitment to learning.

Staff we spoke with told us they had been involved in the development of the mission statement and were able to give examples of how they demonstrated the core values in their day-to-day role.

Culture

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

Staff we spoke with told us they felt listened to and respected. They also told us there was an open culture at the practice and they felt the GPs and management were very approachable.

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

Source	Feedback
Staff interviews	Staff we spoke to told us they felt they were a good team that worked well together and were supported by management. They said the GPs and practice manager were approachable, friendly and helpful. Staff told us the practice manager had an 'open door policy.'
Staff interviews	Staff we spoke with told us they held regular staff social events and shared pictures of food events where staff bring traditional home-cooked food and an away day.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. All staff we spoke with knew how to access the policies.
Meetings	The practice held weekly clinical and administrative meetings and monthly multi-disciplinary team (MDT) meetings. We saw that all meetings were appropriately minuted and actions were logged monitored and feedback was sought and noted.
	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

Major incident planning	
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
Medical emergencies	All staff had been training in basic life support. Emergency medicines and equipment were in place, these were checked regularly and staff knew how to use them. Receptionists we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients, including sepsis.
Infection prevention and control	Staff had received training in infection prevention and control (IPC) and the practice had carried out an IPC audit. The practice had addressed the findings of our previous inspection in relation to IPC, specifically the storage and segregation of cleaning products.
Significant events and complaints	Significant events and complaints that we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members and we saw evidence minutes of meetings where these were discussed.

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 had an active and enthusiastic Patient Participation Group (PPG) and we saw from minutes of meetings that they were well attended. We spoke with four members of the PPG on the day of the inspection who told us that the practice met the needs of the patient population very well and they felt valued and included in the development of the practice. For example, they had been involved in the development and feedback of the practice's new website. Feedback regarding the website was very positive.

We saw that PPG meetings were well structured, included senior clinicians and managers, and discussed practice performance, national and internal survey results, and services and initiatives. We saw at a recent meeting the practice had introduced the new on-site clinical pharmacist and gave an overview of their role.

We saw that minutes of meetings and presentations given at PPG meetings were available on the website for all patients to view.

Any additional evidence

We saw that the practice sought patient feedback through the Patient Participation Group (PPG), the NHS Friends and Family Test (FFT), patient surveys, NHS Choices, complaints, comments and suggestions. Patient feedback was discussed in practice meetings and outcomes delivered in a 'you said, we did' format. We saw a poster in the waiting rooms which outlined recent action. For example:

- You said: Can you make more types of appointments available to book on-line?
- We did: New patient health checks and nurse appointments are now available to book online.
- You said: My relative brings me by car with the wheelchair, but there is nowhere for us to park.
- We did: Converted one of the doctors' parking bays into a disabled parking bay.

The practice manager held a weekly 'open door' session to enable patients to drop in for a discussion.

The practice produced a quarterly newsletter which was a platform to promote new services and development, introduce new staff and for patients and staff to contribute articles. We saw in the June 2018 newsletter that the practice had introduced the new practice pharmacist and outlined their role and the services available to patients.

Continuous improvement and innovation

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

Audit area	Improvement
Secondary care referrals to Ear, Nose and Throat (ENT) Audit and Ophthalmology (Two-Cycle)	The practice peer reviewed its referrals against referral criteria and assessed each patient to identify if the referral had been appropriate or if any other management, intervention or investigation would have been more appropriate.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).