

Care Quality Commission

Inspection Evidence Table

Lavender Centre (1-4484860150)

Inspection date: 22 and 23 August 2018

Date of data download: 09 August 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 is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	N
Explanation of any 'No' answers: Some staff had not received appropriate training on child safeguarding. Some of the administrative staff had not undertaken any training. There were no records to show whether two of the clinical staff had received any training. The remaining three clinicians had received training but this was over three years ago in some cases. Only one member of the team had undertaken training on adult safeguarding. Managers recognised that this was an area for development and had arranged for some staff to attend a training session later in the year. Disclosure and Barring Service (DBS) checks had been carried out for most staff, apart from one of the practice nurses and the healthcare assistant. National guidance suggests that all clinical staff and those with direct patient contact should have a DBS check.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>We looked at recruitment records for the three most recently recruited members of staff and found that some of the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was not available. For one of those (a clinician), there was no evidence that the appropriate checks had been carried out; there was no application form, no employment history, no evidence of an interview and no references.</p> <p>The practice maintained records of staff vaccination and immunity levels for hepatitis. However, they did not keep a full record for staff of immunity level for measles, mumps, chickenpox and rubella. Chapter 12 of the Immunisation against infectious disease - 'The Green Book' identified the above diseases, as a source of risk of working in a health care environment and as such immunisation status should be determined to manage the risks to staff and patients.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 13/06/18
There was a record of equipment calibration Date of last calibration:	Y 10/08/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	N
Fire marshals	Y
Fire risk assessment Date of completion	Y 05/12/17
Actions were identified and completed.	Y
Additional observations: Following the fire risk assessment, a number of actions were undertaken. This included regular tests of the emergency lights and providing hi-vis jackets for staff named as fire wardens.	
Health and safety Premises/security risk assessment? Date of last assessment:	N N/A
Health and safety risk assessment and actions Date of last assessment:	N N/A
Additional comments: The practice had a health and safety policy, and had taken action following fire alarm checks, but had not carried out any health and safety or premises risk assessments. Following the inspection, the practice confirmed that a health and safety risk assessment had been undertaken.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Following the most recent audit, handwashing procedures posters were put above all sinks as a reminder for staff.	Y 08/05/18 Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers:	

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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	1.66	1.09	0.95	No comparison available
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). (01/04/2017 to 31/03/2018) (NHSBSA)	10.7%	6.3%	8.8%	No comparison available

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
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.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any answers:	
The practice held a small number of emergency medicines. No risk assessment had been undertaken to consider whether these were appropriate.	
The practice had an informal arrangement in place with another practice for use of their defibrillator in an emergency. There was no formal service level agreement in place to provide assurance that this was regularly checked and in full working order.	

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	N
Number of events recorded in last 12 months.	7
Number of events that required action	6

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

Event	Specific action taken
Childhood immunisation error	Discussed with clinician, provided further training.
Correspondence sent to incorrect patient address	The log stated that they would 'ensure all addresses are correct in our system.'

Any additional evidence
There was a system for recording significant events but the arrangements for sharing any learning were unclear. Discussions were held informally with relevant staff but the practice was unable to demonstrate that learning was disseminated at staff meetings.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	N
Staff understand how to deal with alerts	Y
Comments on systems in place:	

The practice had an informal system in place to help them respond to patient safety alerts; a pharmacist employed by the local clinical commissioning group (CCG) undertook reviews of patient records in relation to medicines alerts. However, the practice was unable to demonstrate that all staff had seen the alerts or that they had been discussed in clinical meetings. There were no records or log to demonstrate that appropriate action had been taken in relation to any alerts.

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) (01/04/2017 to 31/03/2018) (NHSBSA)	1.33	0.58	0.84	No comparison 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)	80.2%	82.1%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.6% (39)	11.5%	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)	76.7%	78.7%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.4% (32)	9.1%	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)	79.4%	81.1%	80.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (34)	13.3%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	75.0%	77.2%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (23)	9.1%	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)	92.4%	92.4%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.4% (18)	9.0%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.7%	85.1%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (18)	3.4%	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)	96.0%	90.2%	88.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (3)	5.4%	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) (to) <small>(NHS England)England</small>	23	23	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) <small>(NHS England)England</small>	27	27	100.0%	Met 95% WHO based target
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) (to) <small>(NHS England)England</small>	27	27	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) <small>(NHS England)</small>	27	27	100.0%	Met 95% WHO based target

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)	75.8%	76.1%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.7%	77.5%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.7%	61.0%	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)	58.3%	70.3%	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)	37.5%	52.9%	51.0%	No comparison available

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)	72.2%	93.5%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (5)	12.8%	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)	94.7%	93.1%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (4)	10.2%	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)	81.5%	84.7%	83.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (6)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541	Data Unavailable	539
Overall QOF exception reporting	9.0%	Data Unavailable	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)	92.9%	96.4%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (5)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice obtained consent to care and treatment in line with legislation and guidance.</p> <p>Clinicians understood the requirements of legislation and guidance when considering consent and decision making. When undertaking minor procedures, for example, coil or contraceptive implant insertion, verbal consent was obtained from the patient.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	4
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	All of the comment cards we received were positive about the staff at the practice and the care given.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,070	274	105	38.32%	5.1%

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)	88.2%	80.8%	78.9%	No comparison 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)	91.4%	89.2%	88.8%	No comparison 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)	97.8%	95.9%	95.5%	No comparison 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)	85.6%	87.1%	85.5%	No comparison 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)	92.1%	93.3%	91.4%	No comparison 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)	92.7%	92.9%	90.7%	No comparison available

Any additional evidence or comments

Staff knew their patients and their families very well. We saw several instances of this during our inspection, for example, one of the receptionists noticed a patient's condition appeared worse than usual so they alerted the GP and the patient was seen immediately.

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

Date of exercise	Summary of results
Ongoing	Feedback forms were available for patients. However, none had been completed in the period from April to August 2018. Staff told us patients spoke directly to them if they had any concerns or comments to make.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients felt they were involved in any discussions about their care and treatment.

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)	94.7%	87.9%	86.4%	No comparison 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)	87.2%	83.6%	82.0%	No comparison 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)	90.3%	91.7%	89.9%	No comparison 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)	88.6%	87.4%	85.4%	No comparison available

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	48 carers – 2.3% of the practice population
How the practice supports carers	Carers were offered referral to local support services and an annual flu vaccination.
How the practice supports recently bereaved patients	All staff were informed if a family had suffered a bereavement. As a small practice staff knew their patients very well and provided individualised support to families as appropriate.

Any additional evidence
The practice had a Facebook page which was regularly updated and provided information about the practice and local support groups.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<ul style="list-style-type: none"> • There was a screen between the reception desk and the office area behind it, to reduce noise transmission. • Seating for patients in the reception area was set back from the main reception desk. • Patients were actively encouraged to stand back from the desk to help promote greater privacy.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Responsive

Responding to and meeting people's needs

Practice Opening Times		
Day	Time	
	Gardiner Crescent	Lavender Centre
Monday	8am to 3.30pm	1pm to 6pm
Tuesday	8am to 6pm	8.30am to 1pm
Wednesday	8am to 3.30pm	1pm to 6pm
Thursday	8am to 6pm	Closed
Friday	8am to 6pm	8.30am to 1pm

Extended hours opening (at Gardiner Crescent)	
Tuesday	6.30pm to 8pm

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	Y
If yes, describe how this was done	
All home visit requests were triaged by a doctor.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	79.2%	80.4%	80.0%	No comparison 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)	94.5%	73.3%	70.9%	No comparison 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)	84.1%	76.3%	75.5%	No comparison 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)	84.6%	73.6%	72.7%	No comparison available
Any additional evidence or comments Patients had timely access to appointments; urgent appointments could be made the same day and pre-bookable routine appointments were available from the following day.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The majority of patients were satisfied with how they could access services. One patient commented about the lack of appointments outside of normal working hours. The practice had recently undertaken a new contact to provide evening surgeries every Tuesday between 6.30pm and 8pm to help address those concerns.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
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:	
<p>The practice had a complaints policy and procedure in place. This stated that all complaints would receive a written response. One of the complaints had been responded to verbally. This meant there was no record of the patient being informed about the action to take if they were not satisfied with the practice's response.</p> <p>Due to the low number of complaints and the small staff team, complaints were discussed as and when they occurred. There was a basic log but this did not contain details about specific action taken, who was responsible, any learning or timescales for completing actions to allow for future review of any trends.</p>	

Example of how quality has improved in response to complaints
Improvements to the processes for arranging blood tests for patients.

Well-led

Leadership capacity and capability

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

Through interviews with GPs and the management team we found leaders demonstrated they had the knowledge, skills and experience to deliver high quality care and treatment. There was a good understanding of the local and national priorities and plans.

However, the leadership structure within the practice was still in development. The business manager and deputy practice manager were both relatively new to their posts and the division of tasks and responsibilities was evolving.

Vision and strategy

Practice Vision and values

The practice's core values were:

- Openness
- Fairness
- Respect
- Accountability
- Collaboration

Their mission statement was:

'Gardiner Crescent Surgery is an established GP surgery that is committed to preserve and enhance its good reputation for being caring and innovative, by providing high quality medical services in a friendly, happy and healthy environment'.

There was a practice business and development plan. The timescales for implementing new systems and processes were varied. For example; mandatory health and safety risks to the premises were not due to be assessed until 2019.

Culture

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

Staff stated they felt supported and valued. Staff we spoke with told us they felt well-supported both during and since the change to a new provider.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff we spoke with told us they were able to raise concerns. They had confidence that these would be

addressed.

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

Source	Feedback
Staff interviews	Staff we spoke with told us they had felt particularly supported during the change of provider. They felt comfortable and able to approach management with any concerns.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice did not have an effective system in place to learn from complaints and significant events.
Practice specific policies	Yes
Other examples	<p>There were some areas where systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented and effective was not always robust.</p> <p>This included:</p> <ul style="list-style-type: none"> • appropriate recruitment checks were not always carried out; • no health and safety risk assessment had been undertaken; and, • the arrangements for acting on patient safety and medicine alerts were not satisfactory. <p>Following the inspection, the practice confirmed that a health and safety risk assessment had been undertaken.</p>
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y*

Any additional evidence
*Staff were clear on their roles and responsibilities. However, the leads for infection control had not received specific infection prevention and control training to support them in their roles.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y

Staff trained in preparation for major incident	N
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Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety	The practice had a health and safety policy but no health and safety or premises risk assessments to monitor the safety of the premises had been carried out.
Fire safety	A fire risk assessment had been undertaken; and remedial work carried out. However, some staff had not had recent fire safety training.

Any additional evidence
A business continuity plan was in place, to help staff manage their response to a major incident. However, some staff had not completed training in fire safety or cardiopulmonary resuscitation.

Appropriate and accurate information

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

Any additional evidence
N/A

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had attempted to establish a Patient Participation Group, however, only one person had ever attended any meetings.</p> <p>There were patient feedback forms available at the reception desk, although these were held in the office and not on display for patients to see or take away to complete. None had been completed in the period April to August 2018.</p> <p>Staff told us that patients tended to go direct to them with any comments or concerns.</p> <p>The practice had a Facebook page which was regularly updated and provided information about the practice and local support groups.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Recall system	Previous systems had meant that recalls for patients with long term conditions to book in for a review were not properly organised. Steps were taken to formalise the arrangements; the practice had reviewed all recalls for patients with some conditions, including hypertension and were in the process of reviewing them for patients with diabetes and asthma. A further practice nurse had been employed to focus on providing care and treatment to patients with diabetes.
Medication reviews	The medication review system had been reviewed and significant changes implemented to ensure closer monitoring of patients who had been prescribed repeat medications.

Any additional evidence
<p>There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.</p> <p>Two audits on medicines had been carried out by the pharmacist employed by the local clinical commissioning group (CGG). However, no clinical audits had been undertaken by practice staff. Managers told us they were aware this was an area where improvements were needed.</p>

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](#)).