

Care Quality Commission

Inspection Evidence Table

Dr Zaheer Hussain (1-509910553)

Inspection date: 24 July 2018 and 6 August 2018

Date of data download: 06 July 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.	No
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.	No
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	No
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	
<p>The practice could not demonstrate effective systems and processes to keep people safe and safeguarded from abuse. For example, we found safeguarding concerns on review of two clinical notes which had not been appropriately assessed, no evidence of action taken, no referral to the designated safeguarding agencies and there was no alert to highlight that the patients were at risk or vulnerable put on the clinical system.</p> <p>The practice told us they did not hold any formal multidisciplinary meetings, including with health visitors. The lead GP told us the practice monitored children at risk by individual discussion with the health visitors. However, the practice could not provide any documented evidence of these discussions.</p> <p>The practice did not maintain a register of vulnerable patients on its clinical system. A staff member we spoke with told us there was list of vulnerable adults and children on the wall in reception. However, on the day of the inspection it had been removed.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who require medical indemnity insurance had it in place	No
<p>Explanation of any answers:</p> <p>The practice was unable to provide evidence that recruitment checks had been conducted on all staff. This included interview notes, that appropriate references had been obtained and that professional registration and inclusion on a performer's lists had been verified.</p> <p>The practice was unable to demonstrate a system to ensure that six staff in direct patient contact had received appropriate immunisations in line with current Public Health England (PHE) guidance. After the inspection the practice sent complete evidence for one GP.</p> <p>The practice told us there was a system in place to check the professional registration of clinical staff at the point of recruitment. However, they were unable to provide evidence of this or a system in place to regularly monitor this.</p> <p>The practice could not provide evidence of medical indemnity insurance for all clinical staff, although we had initially been provided evidence for one GP. After the inspection, the practice provided an indemnity certificate for one GP which had expired on 1 August 2018. The practice did not send any further documentation to demonstrate the GP had subsequently updated their medical indemnity. For two other members of staff who had direct patient contact, the practice did not submit any certificates to demonstrate they have current medical indemnity insurance.</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:	Yes 13.07.18
There was a record of equipment calibration Date of last calibration:	Yes 13.07.18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
Fire procedure in place	Yes
Fire extinguisher checks	Yes

Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	No
Fire marshals	Yes
Fire risk assessment Date of completion:	Yes 11.07.17
Actions were identified and completed.	Yes
Explanation of any answers: Although the practice provided evidence medical equipment had been calibrated in line with manufacturer's guidance, they did not have a system in place to check calibration was up-to-date for locum GPs using their own equipment. The practice had not undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment. The practice was unable to provide evidence on the day of inspection that fire alarm checks had been appropriately carried out. However, after the inspection the practice submitted a log sheet to evidence that fire alarm checks had been conducted monthly. The practice could only provide evidence that six out of 12 staff had undertaken annual fire safety awareness training. On the day of the inspection the practice was unable to provide evidence of fire alarm maintenance, they did so after the inspection. Although we saw evidence that two fire marshals, the practice manager and assistant practice manager, have been appointed and trained, and there was no plan in place for when they were absent from the premises. Fire safety risk to patients increases by not having adequate contingency plans in place.	
Health and safety Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	No
Additional comments: The practice had not undertaken an appropriate risk assessment for premises and security risk. The practice was unable to provide evidence that a health and safety risk assessment had been undertaken. After the inspection, the practice provided a risk assessment which had identified one action in relation to a broken pane of glass. We noted that this had been allocated a completion date of 2019.	

Infection control	Y/N
Infection control policy in place	Yes
Risk assessment in place	No
Date of last infection control audit:	May 2017
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>We saw that an external Infection Prevention and Control (IPC) audit had been undertaken by the local Commissioning Support Unit in May 2017. The action plan outlined areas to be addressed within a 12-month timeframe, for example the removal of the overflow and plug in the handwashing sink in the nurse's clinical room. This had not been undertaken. The practice had not undertaken a follow-up IPC audit since the audit undertaken in May 2017.</p> <p>We found arrangements in relation to IPC did not mitigate the risk of infection. For example:</p> <ul style="list-style-type: none"> Cleaning equipment and products were stored in a shower cubicle and a general storage room, which contained the heating and hot water boiler, and clinical and cleaning supplies. We found that two colour-coded mop heads were dirty, clumped together and touching, which posed a risk of cross-contamination. Cleaning cloths were not colour-coded and were found clumped together in a small cardboard box. We saw that this had been a finding of the IPC audit undertaken in May 2017. There was no record to evidence decontamination of medical devices, for example, the ear irrigator and nebuliser. We found that the spill kit for blood products and clinical wipes for use with bodily fluids spills were out of date. <p>We saw that the practice had completed a Legionella Risk Assessment, and regularly flushed taps and tested water temperatures. However, we noted that hot water had been tested and recorded at 50oC and not the minimum required standard of 55oC required for healthcare premises.</p>	

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.	No
Risk management plans were developed in line with national guidance.	No
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.	No
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	

The practice initially told us they had clinical GP capacity equivalent to 1.0 WTE GP sessions, however we found that this was 0.8 WTE GP sessions, provided for a patient population of 3100. We asked to see evidence of appointments for the second GP partner, and a member of staff told us the doctor was not currently conducting clinical sessions and was unable to show us evidence of previous appointments on the clinical system.

The practice was unable to provide evidence of systematic comprehensive risk assessments on patients, and the systems and processes in place did not give assurance of the quality and safety of the service being provided. The practice told us they did not have systems and processes in place to effectively risk manage and monitor all patients across the population groups. The practice told us they managed this by individual GP consultation, opportunistic review and have limited clinical oversight.

The practice could provide only minimal evidence of how technology and/or equipment has been used to improve treatment and promote patient independence, for example, a blood pressure monitor is in reception.

Staff we spoke with were unaware of how patients may present with red flag signs. Red flag signs are symptoms which may indicate a patient is suffering from potentially life-threatening disease, for example, shortness of breath, chest pains. The practice told us they had not provided 'red flag' training. However, staff told us they would refer to a GP if they regarded someone to be unwell or if they thought it was an urgent matter.

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.	No
Referral letters contained specific information to allow appropriate and timely referrals.	No
Referrals to specialist services were documented.	No
The practice had a documented approach to the management of test results and this was managed in a timely manner.	No
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.	No

Explanation of any answers:

We saw evidence of only two patient care records, and the practice was unable to show us more comprehensive evidence of care plans, including clinical data, which were written and managed in line with current guidance and relevant legislation.

The practice could show us evidence of two two-week wait referrals on a template on its clinical system, although we were unable to see evidence of referral letters to other services, and there was no system in place to track and monitor this.

The practice told us they did not have a written policy in place regarding the management of test results, and told that urgent test results were passed to the duty doctor on the day. We did not see evidence of back logs of test results waiting to be actioned.

The lead GP told us the practice was not involved in multi-disciplinary team meetings, that the practice conducted weekly informal communications and did not currently share any information. The practice was unable to provide evidence that information was shared with the relevant teams regarding patients who had multiple co-morbidities and conditions and their ongoing care. We were unable to see evidence that care is provided in line with recent best practice including NICE guidance.

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)	0.52	0.70	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.1%	9.6%	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.	No
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.	No
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
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of	No

emergency medicines/medical gases.	
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	No
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No

Explanation of any answers:

- The practice was unable to demonstrate evidence of an audit trail regarding the management of information and changes to patient's medicines including changes made by other services. The lead GP told us there had been an incident relating to delay in processing a change of a patient's medication from a hospital letter. The practice told us it now ensured that post was dealt with daily. However, we did not see evidence that this had been recorded as a significant event, what actions had been taken by the practice and that a written policy governing this had been put in place to ensure the same incident did not happen again.
- Patient's health was not monitored in relation to the use of medicines and was not followed up on appropriately. Patients were not involved in regular reviews of their medicines.
- The practice did not have a policy or protocol in place for monitoring patients who had been prescribed high-risk medicines. The lead GP told us that patients who have been prescribed high-risk medicines were dealt on an individual basis as they requested each prescription. The practice clinical system incorporated software which highlighted that patients on high risk medicines required blood test monitoring. However, on a review of clinical notes we found a patient where blood test monitoring had not been undertaken despite an alert being present on the clinical system.
- The lead GP told us the practice did not have a system in place to audit prescribing of all prescribers.
- The lead GP told us the practice did not audit the prescribing of controlled drugs. The practice had had a serious prescribing error and significant event in 2015 when a prescription for 2160 Fentanyl patches were issued. The prescription should have been written for five Fentanyl patches. The practice had failed to continue monitoring prescribing to ensure this type of incident did not occur again. In addition, we found evidence of inappropriate prescribing of controlled drugs, for example tramadol, and dihydrocodeine.
- We did not see evidence of a system in place regarding patients who had passed the threshold for authorised number of repeat prescriptions. The practice was unable to show us evidence that patients were seen by a GP for review.
- The practice told us that emergency equipment was checked by the lead GP. However, we were unable to see evidence this had been and is recorded on an ongoing basis.
- The oxygen masks and nebuliser masks we examined did not have an expiry date. A face mask in place inside the emergency bag appeared dirty and used and was not in a sealed bag.
- The practice provided records for six months confirming temperatures from the vaccine fridge had remained within acceptable limits, between 2oC and 8oC. Best practice guidance recommends that a second thermometer or a temperature data logger should be used as a failsafe measure. However, although the practice had a data logger, this was not working and we were told this had not been operational for several days. A second thermometer provides a method of cross-checking the accuracy of the temperature. If a second thermometer is unavailable, the fridge thermometer should be calibrated monthly to confirm accuracy.

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.	2
Number of events that required action	2

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

Event	Specific action taken
A new patient attended the practice on two occasions requesting to be seen urgently for a non-urgent matter. The situation became volatile.	<p>The event was discussed on 16/10/2017 and 27/10/2017</p> <p>Practice staff continued to try and support the patient.</p> <p>The lead GP assessed the patient to ensure any urgent clinical needs were met.</p> <p>The practice informed the police of the assault, they did not notify the CQC regarding this matter.</p>
A vulnerable patient attended the practice who presented as having possible safeguarding concerns.	The lead GP made a referral to the local safeguarding team.
The lead GP told us of an incident relating to a delay in processing a change of a patient's medication from a hospital letter.	The lead GP told us the practice now ensured post was dealt with daily although, we did not see evidence that this had been recorded and what actions had been taken by the practice.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	No
<p>Comments on systems in place:</p> <p>The lead GP told us the both he and the practice manager received safety alerts. However, the practice manager told us that safety alerts were dealt with by the lead GP. The lead GP told us there is no system or policy in place to safety net safety alerts. We saw evidence of one MHRA safety alert they had noted from March 2018. However, the practice did not have a system in place to ensure safety alerts had been actioned.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.85	0.97	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)	75.3%	76.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (7)	11.7%	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)	73.4%	74.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (10)	11.4%	9.3%	
Indicator	Practice	CCG	England	England

	performance	average	average	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)	71.0%	78.1%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.6% (11)	11.5%	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)	84.3%	75.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (12)	4.5%	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)	90.5%	88.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (2)	9.9%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood	80.7%	81.1%	83.4%	Comparable to other

pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)				practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (8)	6.0%	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)	100.0%	86.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (2)	7.1%	8.2%	

Any additional evidence or comments

The lead GP we spoke with was unable to demonstrate how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice was unable to demonstrate that, other than QOF registers, care was provided in line with best practice guidance, for example, using NICE guidance.

The practice provided limited evidence of care plans for patient care across the population groups. The templates and care plans available to view were for dementia and mental health were satisfactory. We were unable to evidence any other care plans across the population groups.

The lead GP told us the practice did not have a systematic process to identify commonly undiagnosed conditions amongst the patient population, including diabetes, atrial fibrillation, chronic obstructive pulmonary disease, and hypertension.

The lead GP told us there was no audit or formal evidence of arrangements in relation to best practice for people with newly diagnosed Cardiovascular Disease. This included the offer of high-intensity statins, for example, Atorvastatin for secondary prevention.

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 was 100%, although almost a quarter of the patients had been exception reported.

The lead GP told us the practice provided opportunistic screening only for patients to be assessed for stroke risk.

We did not see evidence of systematic recall to enable patients with suspected hypertension to undertake Automatic Blood Pressure Monitoring (ABPM).

The lead GP told us the practice only used QOF registers for people with Learning Disabilities, Mental Health, Long Term Conditions, Elderly and Older people with Long Term Conditions.

The lead GP told us specific health checks for people aged over 75 were not carried out.

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)	8	8	100.0%	Met 95% WHO based target Significant Variation (positive)

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)	6	11	54.5%	80% or below 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)	5	11	45.5%	80% or below Significant 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)	6	11	54.5%	80% or below Significant variation (negative)

Any additional evidence or comments

The national target for England for childhood immunisations is 80%. We noted that these childhood immunisation rates had deteriorated from the rate achieved for 2015/16. Despite the childhood immunisation rates being significantly below the national and the deterioration in childhood immunisation rates from the previous year, the practice had reduced the practice nurse's hours from one whole day per week to one morning per week. We were unable to speak with the practice nurse to determine whether any patient recall had been carried out or how this was managed.

The practice was unable to provide any evidence for arrangements of good practice in relation to pregnant and postnatal women who are on long term medication, other than being referred on to local services.

The practice did not have systems in place to inform eligible patients of the importance of having the meningitis vaccine, for example, when going to university for the first time.

The practice did not provide evidence that best practice guidance to ensure good clinical outcomes for pregnant and postnatal women was adhered to, including folic acid and Vitamin D supplementation, postnatal blood tests for women who had gestational diabetes and support and advice in relation to the Healthy Start scheme.

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	46.2%	57.2%	72.1%	Significant Variation (negative)

31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(PHE)	51.1%	59.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	28.5%	42.3%	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)	33.3%	59.1%	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)	50.0%	47.2%	51.6%	Comparable to other practices
Any additional evidence of comments <p>Despite the low uptake and significant negative averages relating to cervical screening, the practice has reduced the practice nurse's hours from one whole day per week to one morning per week. We were unable to speak with the practice nurse to determine whether any patient recall had been carried out or how this was managed.</p> <p>The practice was unable to provide evidence of how patients, who had not engaged with breast and bowel screening programmes, were followed up.</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)	72.7%	87.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (2)	14.2%	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)	83.3%	88.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (1)	9.9%	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)	66.7%	80.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.3%	6.8%	

Any additional evidence or comments

The lead GP told us the practice does not systematically offer annual health checks for people with a learning disability. This is done on an opportunistic basis because there is a very low prevalence (1%) of people with a learning disability at the practice.

The lead GP told us they do not have a written policy or systems in place to monitor and follow-up patients with poor mental health who fail to attend or fail to collect their medicine, including for patients with dementia. They told us reception staff refer to individual GPs on an as and when basis.

The lead GP was unable to show us evidence how patients believed to be at risk of suicide or self-harm were safeguarded and their needs were met, other than to say another GP at the practice, who is not currently undertaking clinical work, has a special interest in mental health.

QOF data for 2017/2018 for dementia and depression has declined or remained static and the practice had recorded they had no patients as being on that register).

The lead GP did not provide evidence as to how the needs of vulnerable patients are recognised and met other than to state they had good awareness of local services.

The lead GP told us they were unsure as to how many patients who had died within the past 12 months were included on the palliative care register and how many had non-cancer conditions.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	453	517	539
Overall QOF exception reporting	6.6%	6.7%	5.7%
Any additional evidence or comments <p>The Quality and Outcomes Framework (QOF) practice scores have deteriorated from 81% in 2016/2017 to 71% 2017/2018. The figures for 2017/2018 have not yet been validated and published but on request the practice provided us with a printed copy of the data for 2017/2018.</p> <p>The lead GP told us the practice did not use local benchmarking or accreditation and was unable to demonstrate what action they took to make improvements. The lead GP told us they were in fact the lead within the practice for monitoring the practice's performance and that QOF monitoring is discussed at practice meetings. However, the lead GP also told us that formal clinical meetings are not held and therefore minutes are unavailable. The lead GP referred to clinical discussions as "informal communications" and stated the practice does not have formal clinical meetings.</p>			

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)	No

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.7%	94.4%	95.3%	Comparable to other practices
	Practice Exception rate (number of exceptions) 2.1% (7)	CCG Exception rate 1.0%	England Exception rate 0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The lead GP told us he had full awareness of issues regarding consent, but was unable to demonstrate the practice was monitoring and auditing this.

Additional Information

Staff Induction

The practice was unable to demonstrate that newly recruited staff had undertaken an induction.

Staff Training

The practice was unable to demonstrate that all staff had received training to a frequency and timeframe outlined in their policies and procedures. The practice was given time after the inspection to provide further evidence but were unable to demonstrate that all staff had received training. For example:

- Six out of twelve staff had not undertaken annual fire safety training.
- Six out of twelve staff did not have a valid basic life support training.
- Five out of twelve staff did not have information governance training.
- Five out of twelve staff did not have infection protection and control (IPC) training, including the practice manager who, although was not the overall IPC lead, held day-to-day responsibility for infection control. The cleaner who was employed by the practice had not completed any IPC training.
- Three out of six clinical staff had not undertaken Mental Capacity Act (MCA) training. In addition, three out of six non-clinical staff did not have an MCA training certificate.

The practice nurse had to provide a wide range of services managing long term conditions, childhood immunisations and cervical screening. However, training records did not show that they had received role specific training to do this. The practice could not assure itself the staff member was competent to perform their roles and had reduced the practice nurse's hours from one whole day per week to one session per week.

Staff Appraisals

The practice was unable to provide evidence of six out of twelve staff appraisals. In particular, the practice nurse had not received an appraisal.

The provider did not have an overarching policy related to the scope of the Healthcare Assistant (HCA) and the roles carried out. This includes outlining the framework for the management of specific clinical situations or definition of circumstances where patients should be referred to a GP for further assessment. For example, there were no clinical protocols relating to phlebotomy, undertaking ECGs, blood pressure checks and new patient health checks undertaken by the HCA. After the inspection, the only evidence the practice submitted, regarding the role and scope of the HCA, were copies of two pages of what appears to be a Diabetes workshop booklet, relating to the role and scope of the HCA. The practice told us, in response to our request to see evidence of specific policies relating to the scope and role of the HCA, that all policies and protocols apply to the Healthcare Assistant.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	36
-------------------------------	----

Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Mixed comments cards received referred to long waiting times when patients attended for appointments.</p> <p>Patient feedback was mixed with some noting waiting times were alright although getting a short notice appointment could be difficult and others saying there were often long delays. Patients made positive comments about reception staff noting they were friendly.</p> <p>This was reflected in the comments and ratings on NHS Choices website.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,039	367	76	20.71%	2.5

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)	84.0%	77.2%	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)	90.4%	85.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	98.8%	94.3%	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	95.1%	82.1%	85.5%	Comparable to other practices

concern (01/01/2017 to 31/03/2017)				
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)	98.2%	84.4%	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)	100.0%	85.1%	90.7%	Comparable to other practices
Any additional evidence or comments				

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	One patient we spoke to said they did not feel they had been appropriately advised regarding side effects of a medicine they had been prescribed.

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)	86.8%	82.1%	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)	83.7%	78.6%	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)	97.3%	82.6%	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)	97.7%	77.3%	85.4%	Comparable to other practices
Any additional evidence or comments				

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	The practice told us there are 17 patients on its carers' register, which is less than 1% of the practice population.
How the practice supports carers	The practice referred carers on an individual basis to the Carer's Centre. On the day of the inspection we spoke to one patient who had been referred to the Carer's Centre in this way.
How the practice supports recently bereaved patients	<p>The practice was unable to show us evidence of how they supported recently bereaved patients.</p> <p>We saw no evidence of a palliative care register or multi-disciplinary team collaborative working to facilitate good end of life care. We were told that this was dealt with on an individual basis.</p> <p>The practice was unsure that of all the patients who died last year, how many patients died where they wished to/expressed a preference to.</p>

Any additional evidence
<p>The practice did not have a website.</p> <p>The practice had access to NHS Choices website however some of the information displayed was incorrect and out of date. This included:</p> <p>The practice had 2 male doctors and zero female doctors. On the day of inspection, we found they have one male GP in clinical practice, one male GP conducting non-clinical work, and two long term female locum GP's.</p> <p>We reviewed information displayed on NHS choices website, which described the practice as offering online appointment booking and prescription requests. However, patients were unable to access these services online until after the inspection, and had to call in to the practice in person or by telephone to make an appointment and request a prescription.</p> <p>The previous practice nurse is named on NHS Choices website, however, text beneath refers to someone of a different name.</p>

The practice told us they have access to log-in to NHS Choices, although they had not updated information about the practice since October 2017.

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	<p>Computer screens were positioned to protect any information displayed on screen.</p> <p>Upon request, a side room was available for patients who wished to avail of added privacy. In addition, staff told us that they used the office behind reception to facilitate added privacy requirements.</p>

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	08.00-20.30 hrs
Tuesday	08.00-20.30 hrs
Wednesday	08.00-19.30 hrs
Thursday	08.00-18.30 hrs
Friday	08.00-18.30 hrs

Appointments available:		
Monday	08:30 - 12:30	16:00 - 20:30
Tuesday	08:00 - 12:30	16:00 - 20:30

Wed	08:00 - 12:30	16:00 - 19:30
Thursday	08:30 - 12:30	15:30 - 18:30
Friday	09:30 - 12:30	15:30 - 18:30
Extended hours opening: The practice offered extended opening on Monday and Tuesday from 6.30pm to 8.30pm and on Wednesday from 6.30pm to 7.30pm.		

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	No
If yes, describe how this was done	
<p>The practice told us all calls were triaged by the doctor on duty. However, one of our inspectors sat with one of the non-clinical members of staff, behind the reception desk. During this time, our inspector observed that patients who called for an appointment were not appropriately managed.</p> <p>Patients were informed by staff there were no appointments available that day and there was no waiting list in place for appointments cancellations. There was no triage of patients undertaken; patients were not asked if they required an urgent appointment or if the patient was experiencing any 'red flag' symptoms. Patients were not offered any appointments within the group of practices in the area and were not signposted to other services, for example, Urgent Care facilities, NHS 111, OOH services.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,039	367	76	20.71%	2.5

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)	80.6%	80.0%	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?"	91.2%	73.0%	70.9%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
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)	91.5%	72.8%	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)	87.4%	69.7%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>NHS Choices Rating: 5/5 based on 26 ratings</p> <p>10 August 2018 1*/5</p> <p>One patient left feedback to note they had not been able to access evening appointments, which was the reason they registered at the practice. The patient went on to say they had not been offered any analgesia for a problem they had attended with, and this persisted for several days. When the patient contacted the practice to ask again for pain relief he was dealt with in a dismissive manner.</p> <p>May 2018 Rating: 5/5</p> <p>A patient who had been registered with the practice relatively recently was very happy and described the staff as caring, although they acknowledged there could be lengthy waiting times.</p> <p>March 2018 Rating: 3/5</p> <p>Another patient commented that they had high regard for their GP, who had been thorough but said the practice did not meet that same level. The patient had experienced difficulty accessing the practice by telephone reaching them via phone and that prescriptions were only available via phone and not online despite the claim on the website.</p> <p>Google Reviews: 2.7*/5 based on 3 reviews</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	1 -see notes

Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
One complaint had three complaints within it. The practice gave us details of six complaints received. For two complaints it was not clear the exact date they were received, they were recorded by the practice as 2017.	

Example of how quality has improved in response to complaints
In response to a complaint, the practice has made improvements in relation to becoming a dementia friendly practice. The improvements include purchasing of equipment to help patients who suffer from dementia, and they are seeking to make further improvements.

Any additional evidence
<p>The practice received a complaint that the waiting room was too hot. In response to the complaint, the practice purchased a fan for the waiting area, and supplied cold bottled water and cups in the reception area for patients use</p> <p>Several patients complained to the practice that the waiting times, in the surgery, were extremely long. In response to the complaints, the practice has increased their appointments from ten minutes to fifteen minutes per patient for clinics that were known to run late. In addition, catch up slots were added to the clinic's appointments schedule to compensate for over-run clinics. The practice delivered staff training to enable improved information delivery to patients on arriving at the practice, if the doctor's clinic is running late.</p> <p>The practice found that female patients, whose first language isn't English, were having difficulty in understanding the importance of cervical screening and what the process involved. In response, the practice created their own smear test leaflet, containing images, to help female patients understand the importance of cervical screening.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Leaders did not have the knowledge or capacity to prioritise safety and quality improvement. There was a poor track record in terms of maintaining improvement and the practice was reactive rather than proactive.

Vision and strategy

Practice Vision and values

The practice's mission statement was 'to provide high quality of care and service, delivered by a dedicated team of doctors with the support of a primary care team and wider health professionals to meet the needs of individuals, as well as focusing on continued health promotion and chronic disease management, for better management of health problems and improved outcomes.'

The practice told us the core values were openness, fairness, respect dignity and respect, equality act and accountability"

The lead clinician described the care provided at the practice as being holistic from a 'single' practitioner.

Culture

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

Staff we spoke with told us they felt the practice was a nice place to work and 'like a family.' Staff told us they felt valued and respected.

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

Source	Feedback
Staff interview	Was like being part of a family "a tight-knit team"
Staff interview	Described working at the practice "we work and get on really well together, will always help each other out."

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

Source	Feedback
Staff interview	The practice initiated an 'emergency' mobile phone in following a suggestion by a member of staff. That in the eventuality of a communications breakdown or power cut, that the practice would have a phone to call patients and for assistance if required.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved.

Source	Feedback
Patient complaint	We saw that a patient had received a written response and offered a face-to-face meeting.

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 the policies and procedures in place could be accessed by staff on a shared drive.
----------------------------	--

Learning from complaints and significant events	The practice showed us some evidence of learning from significant events, and complaints were shared with staff. This was shared at formal, minuted staff practice meetings.	
		Y/N
Staff were able to describe the governance arrangements		N
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Examples of actions taken to address risks identified within the practice

Any additional evidence

Appropriate and accurate information

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback

The practice told us it gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS choices comments, comments and complaints received directly and its patient participation group (PPG), who met regularly. We spoke with three members on this inspection.

Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns they had. There had been no formal and regular meetings since our previous inspection. We saw evidence that six staff out of twelve had received an annual appraisal.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
	There was minimal evidence of quality improvement, including clinical audit, being carried out within the practice. The practice provided two full cycle audits from 2018, one of which related to performance review of poor record keeping in relation to the lead GP. The second audit was an internal review of cervical screening rates. The information contained within this audit does not reflect the data collated and validated by NHS England. The lead GP told us that there had been no recent formalised clinical audits undertaken.

Any additional evidence

There is little innovation or service development. The clinical and non-clinical leaders could not demonstrate that improvement was a priority as the practice had failed to act on the findings of previous inspections which included a failure to comply with CQC notification regulations. There was minimal evidence of learning and reflective practice.

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](#)).