

Care Quality Commission

Inspection Evidence Table

Al-Shafa Medical Centre (1-537647971)

Inspection date: 11 September 2018

Date of data download: 05 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	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)	Y*
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	Y
Explanation of any 'No' answers: *The practice was unable to demonstrate that all new non-clinical staff had had safeguarding training appropriate to their role. The practice policy was to train all staff each year at the same time but had not considered the risk of any gaps in training in the period between recruitment and training.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
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

Explanation of any answers:

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 February 2018
There was a record of equipment calibration Date of last calibration:	Y March 2018
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	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y November 2017
Actions were identified and completed. There were no actions resulting from this risk assessment, however, we saw actions that had been completed from previous risk assessments.	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y February 2018
Health and safety risk assessment and actions Date of last assessment:	Y February 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: The infection control audit had been carried by the clinical commissioning group (CCG) and the practice had taken action to address any issues identified, such as ensuring storage of control of substances hazardous to health(COSHH) items were secure and all cleaning equipment was colour coded. We found that the practice was clean, that there were cleaning schedules in place and that staff cleaned the rooms they were responsible for. However, there were no systems for monitoring or oversight of cleaning arrangements to ensure it met appropriate standards.</p>	<p>Y</p> <p>January 2018</p> <p>Y</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y*
<p>Explanation of any answers:</p> <p>*The practice had clinical waste bins located outside the premises where they were accessible to the general public but had not been secured to the premises and could be moved.</p>	

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
Explanation of any answers:	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.78	0.91	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	9.4%	7.6%	8.7%	Comparable with 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.	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.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y*
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
<p>Explanation of any answers:</p> <p>*The practice had systems in place to ensure prescription security, but were unable to demonstrate that they had fully considered the tracing and auditing of prescriptions that were issued to individual consulting rooms. Prescriptions were not left in the rooms overnight but there was no system to ensure that the same number of prescriptions issued to rooms were collected from rooms, taking into account authorised usage or disposal.</p> <p>*The practice had appropriate emergency medicines on site but were unable to demonstrate a fully co-ordinated system for checking stock levels. Individual stocks in clinical rooms were checked by staff responsible for those rooms, but no overall oversight had been fully considered.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
Patient confidentiality incident	The practice reviewed its systems and processes regarding patient identifiable information and updated its policy to ensure that information relevant to a patient remained confidential. This was discussed at a team meeting so learning could be shared, minutes we saw confirmed this.
Adverse reactions to medicines	The practice reviewed and updated its policy and procedure regarding guidance for staff should a patient have an adverse reaction to a medicine. We saw that this had been discussed in a team meeting and learning shared.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The practice received alert emails, which were then disseminated via email to all relevant persons within the practice. These were then printed off and signed by staff once they had read and understood the alert. The practice was able to demonstrate that they had performed patient searches and had taken action where relevant. The practice also demonstrated that the alerts were discussed in team and multi-disciplinary team (MDT) meetings to share any learning from these when necessary.</p>	

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.97	0.78	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	69.8%	80.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (18)	11.4%	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)	79.7%	77.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (21)	8.4%	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)	73.2%	80.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (42)	9.2%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	71.5%	77.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (5)	4.0%	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)	95.0%	92.6%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (2)	7.2%	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)	82.4%	83.5%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (18)	3.8%	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)	81.0%	88.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (5)	11.9%	8.2%	
Any additional evidence or comments *The practice was unable to demonstrate that they were aware of their higher than local and national average prescribing of hypnotics. However, they told us that they would make it a priority going forward to ensure that these were more closely monitored. The practice explained that they had recently implemented a repeat prescribing policy which meant that prescription items like these could not be re-ordered without seeing a GP. *The practice was aware of their lower than local and national average performance for the indicator relating to diabetes management and told us that this was due to the cultural demographics of the practice population. However, they also explained that they actively promoted good diabetes management. We saw posters in the waiting area relating to diabetes clinics and advice from community support groups and for educational purposes. The practice had also appointed a practice nurse to lead on diabetes reviews However, the practice was not yet able to demonstrate improved outcomes for diabetes.				

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	110	121	90.9%	Met 90% minimum (no variation)

doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	121	127	95.3%	Met 95% WHO based target (significant variation positive)
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)	119	127	93.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	121	127	95.3%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

*The practice demonstrated that childhood immunisations were carried out opportunistically, that open clinics were held on day a week and that failed attendance was discussed at multi-disciplinary team (MDT) meetings and with the health visitor regularly by the practice's safeguarding lead.

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)	66.4%	68.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	55.9%	65.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (PHE)	21.9%	44.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	68.8%	76.3%	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)	55.6%	49.8%	51.6%	Comparable with other practices
Any additional evidence or comments *The practice were not aware of their lower than average cancer screening according to public health England (PHE), data provided by the practice shows that their quality outlook framework (QOF) performance for cervical screening was 80%. The practice was able to demonstrate that they were				

proactively promoting cancer screening. For example, they had posters in different languages in the waiting areas and held open clinics for women to attend for cervical screening each week. The practice explained that the cultural dynamics of their population group contributed to the lower than average scores, particularly regarding cervical and bowel screening. The practice also explained that they had struggled to recruit female GPs to perform cervical screening, but had recruited a female nurse, who specialised in cervical screening.

*Data provided by the practice showed that there were 2316 patients that were eligible to receive the 40-74 health checks and 2162 of those patients had received this health check on the day of the inspection. This had been over a five-year period and constitutes 94% of this eligible group.

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)	86.0%	92.0%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (3)	7.3%	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)	92.2%	92.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	5.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	89.5%	85.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (2)	4.4%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532	544	539
Overall QOF exception reporting (all domains)	2.5%	6.1%	5.7%

Any additional evidence
<p>*We saw that one area of exception reporting was higher than local and national averages regarding cardiovascular disease prevention. The practice's exception reporting was 50%, compared with the local and national averages of 25%. The practice demonstrated that only clinicians exception reported patients in line with the practice's policy and did so appropriately. They explained that the higher exception percentage related to lower numbers of patients involved.</p> <p>*The practice demonstrated that it had provided 57 of the 60 health checks to eligible learning-disabled patients.</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)	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)	98.4%	95.8%	95.3%	Comparable with other practices
QOF Exceptions	<div>Practice Exception rate (number of exceptions)</div> <div>1.0% (14)</div>	<div>CCG Exception rate</div> <div>0.5%</div>	<div>England Exception rate</div> <div>0.8%</div>	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained verbal or written consent from patients. Clinical staff that we spoke with were aware of the mental capacity act (MCA) and the requirements to assess capacity where appropriate.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards.	Of the 27 comment cards we received on the day of the inspection, 14 commented specifically on kindness, respect and compassion, 13 were positive and one was less positive.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8203	424	69	16.3%	0.84%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	72.4%	87.8%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	67.1%	86.1%	87.4%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.3%	95.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	68.6%	81.1%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
August 2017 – November 2017	*Although the practice's performance in some areas of the national GP patient survey were lower than local and national averages, there was an indication of some improvement. The practice had performed their own survey conducted from August to November 2017, involving 181 patient returns, which indicated that patient satisfaction was at 86% overall. Although this data was for a period before the latest 2018 national GP patient survey, the practice demonstrated that they had performed this survey yearly and told us they would continue to do so.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Of the nine patient interviews we conducted on the day of the inspection, we found that all nine patients were positive relating to how involved they felt in the care and treatment they received from the practice.
CQC Comment cards	Of the 27 comment cards we received on the day of the inspection, 13 commented specifically on involvement in decisions about care and treatment and were positive.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	86.3%	92.8%	93.5%	Comparable with other practices

Any additional evidence or comments;

*In 2016, 2017 and in 2018, the practice developed an action plan in response to the national GP patient survey.

In 2016, the practice installed a new telephone line, increasing their lines from two to four. The practice increased the number of staff answering telephones and ensured staff had customer service training. The practice also acknowledged that appointments would be flexible going forward.

In 2017, the practice completed their own patient survey, in order to increase the amount of patients surveyed regarding patient satisfaction.

In response to the 2018 national GP patient survey, the practice has begun an active process of encouraging patients to register for online services to ensure increase accessibility. The practice is also increasing their involvement in the federation including offering extended hub appointments at local practices within the federation. They have also engaged with future plans to increase patient satisfaction, including online consultations and the use of a smartphone app, developed by the federation.

*The practice told us that they were extending the length of their appointments to 15 minutes to ensure that they could spend more time with patients and help them to feel more involved with their care and treatment. Although 13 out of the 27 comment cards we received were already positive regarding this, the practice's attitude reflected that improvements could always be made and they demonstrated that they had a focus on continuous improvement.

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	The practice had identified 140 carers from their patient population, which constitutes 2% of their patient list.
How the practice supports carers	The practice signposted carers to various community support groups and those run by the local authority. It also provided health checks and flu vaccinations for carers annually.
How the practice supports recently	The practice demonstrated that they had developed a bereavement protocol to guide staff on how to address and support patients through bereavement. The practice told us that due to most patients being long standing, the GP's had

bereaved patients	built relationships with them and were able to offer personal support such as sharing their telephone numbers, personal condolences by telephone or letters. They also referred these patients to appropriate counselling services. Records we saw confirmed this.
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Any additional evidence

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	The reception desk was placed away from the main seating area, to give patients some privacy when discussing personal matters, but staff told us they offered patients private rooms if they wanted to discuss anything or seemed distressed.

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

Examples of specific feedback received:

Source	Feedback
Practice policy	The practice demonstrated that they had developed and shared a privacy and dignity policy with all staff and discussed this at staff meetings.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	The practice has appointment times available from 9 am until 1 pm and then from 4.30 pm until 6.30 pm each weekday. The practice told us that clinicians are available and on site between 1 pm and 4.30 pm.
Extended hours opening	
	The practice offered patients extended hours each weekday at the practice from 6.60 pm until 7 pm. They also offer appointments each weekday evening and at weekends from 8 am until 8pm at local hubs through membership of the federation.

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	
The receptionists received home visit requests from patients and entered these on the computer system along with a reason for the request. The GP then called these patients to triage them and attended the patient's home if necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8203	424	69	16.3%	0.84%

Indicator	Practice	CCG average	England average	England comparison
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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.4%	94.5%	94.8%	Comparable with other practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	49.4%	59.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	52.1%	62.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.7%	62.5%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.0%	69.7%	74.4%	Comparable with other practices
Any additional evidence or comments *The practice's performance on the national GP patient survey relating to access, remained lower than local and national average. However, there had been some indication of improvement since our last inspection and the practice had done work to ensure that access improved. For example, they had installed a new telephone system, meaning that no patients got the engaged tone and instead, were placed into a queue. They also demonstrated that they had taken action to ensure staff were answering telephones in a timely fashion. The practice demonstrated a high level of monitoring of telephone call activity from patients and showed that actions had been taken to ensure this continued to improve, including discussing it at team meetings regularly. Data provided by the practice's own survey demonstrated that patient satisfaction was at 86% overall.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Of the two comments on NHS choices in the last 12 months, both commented negatively about access.
CQC Comment cards	Of the 27 comment cards we received on the day of the inspection, ten were specific about access to the practice. Six were positive and four were less positive.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
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:	
*The practice told us that they asked all patients who wished to make a non-clinical related complaint to speak to the practice manager who tried to resolve the complaint on the day. The practice could not demonstrate that they had the opportunity to learn from all complaints as these verbal complaints were not always recorded. The practice's complaints leaflet contained all the appropriate information in line with guidance relating to escalating their complaint if they wished. All complaints that were documented, were discussed in team meetings where relevant.	

Example of how quality has improved in response to complaints
The practice told us that staff customer service skills had improved as a result of complaints as the management team reviewed telephone calls and conversations held with patients. They identified learning points and provided guidance to staff accordingly through appraisals and team meetings. The practice challenged behaviour that was not in line with their guidance and policy. Patient feedback we received through CQC comment cards confirmed that staff communication and manner had improved.

Any additional evidence

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice had demonstrated that they had analysed the ethnicity, religion, culture and language of their patient population so that they could more accurately provide for the needs of their patients.

Any additional evidence

Vision and strategy

Practice Vision and values
<p>The practice provided us with their vision and values;</p> <ol style="list-style-type: none">1. To provide safe and effective quality care to our patients in a safe environment.2. Deal with all patients with dignity, respect and complete confidentiality irrespective of their ethnic background, religious beliefs and sexual orientation.3. To educate our patients in their own language by providing leaflets in different languages, to help manage their own conditions.4. To respect the patient choice and involve them in the treatment and referral pathways.5. working in collaboration with other disciplines i.e. district nurses, health visitors, community matron, secondary care to improve patient's quality of care.6. To ensure that all staff are appropriately equipped and trained to deliver safe and effective treatment.7. To ensure that premises are of high standard in terms of infection control and health and safety by conducting regular risk assessments and audits.8. To maintain a skilled workforce through continuous training and learning.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The practice provided yearly bonuses for staff to ensure that staff wellbeing was maintained. The practice also purchased lunch for staff regularly and staff reported that they had evenings out together on special occasions.

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

Source	Feedback
Staff interviews	Staff reported that the practice was caring and a great place to work, they also said that they would be happy for their loved ones to be cared for by the practice.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	The practice had a suite of policies available to staff on the computer shared drive. For example, they had a whistleblowing policy and a safeguarding policy. The staff we spoke with were aware of the content of the policies and where to find them.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Any additional evidence
<p>*Out of the five staff files we viewed we found that one, new member of staff did not have safeguarding training. The practice told us that all staff had training at the same time, once a year and the new starter would be included in this when next it came around. However, they were unable to demonstrate that they had considered the risk of this gap in training in the interim period.</p> <p>*The practice demonstrated that it had access to the appropriate emergency medicines in line with guidance, but could not fully demonstrate an overall system to ensure that stock levels and dates were checked. These checks were done by individual staff members responsible for the rooms in which the emergency medicines were kept, but no consistent approach was apparent.</p> <p>*The practice was able to show infection control systems and processes, including cleaning schedules, but was unable to demonstrate an overall system with regards to oversight of cleaning. All areas that we reviewed however, were clean and tidy.</p>

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Prescriptions traceability	The practice showed us that prescription security was appropriate, that they had policies in place and that all consulting rooms were locked. All prescriptions were removed from consulting rooms at night and locked away. However, the practice was unable to demonstrate that they could trace prescriptions from consulting rooms, should they go missing outside of authorised usage or disposal.
Waste bins	The practice had appropriate waste disposal policies and facilities and although they could show that yellow clinical waste bins were locked, they could not demonstrate that these were fully secure and inaccessible to the general public.
Legionella	The practice identified and took action to mitigate legionella risk, including having water tested annually. They demonstrated that they displayed a water safety certificate.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
Of the nine patients we spoke with on the day of the inspection, all nine were positive about the practice in terms of access, how involved they felt in their care and treatment, the level of kindness and dignity they received from the practice and the attitude of staff.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Pre-diabetes audit	The practice was unable to demonstrate that this audit had led to any improvements as numbers of pre-diabetic patients had increased from 228 patients in 2016, to 232 patients in 2017 and 238 patients in 2018. All patients were referred to lifestyle clinics and provided with educational information but feedback to the practice from the patients was that the course was too long (6 weeks) and they lacked motivation to continue. The practice told us that they would continue to ensure that this was a priority going forward.
Blood pressure medicine audit	The practice demonstrated that this audit had led to them ensuring that all patients on a specific medicine had received appropriate blood tests and were safe to continue using the medicine.

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

practices 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](#)).