

# Care Quality Commission

## Inspection Evidence Table

### WARWICK ROAD SURGERY (A82015)

Inspection date: 24 September 2018

Date of data download: 14 September 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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

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

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 24/6/2018
There was a record of equipment calibration Date of last calibration:	Y 24/6/2018
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 14/9/2018
Actions were identified and completed.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 27/7/2018
Health and safety risk assessment and actions Date of last assessment:	Y 27/7/2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y 9/8/2018 Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## 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)	1.07	1.09	0.95	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	5.8%	8.0%	8.7%	No comparison available

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	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

### 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.	11
Number of events that required action	11

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

Event	Specific action taken
Delay in prescription being issued	System changed to result in more frequent checks on prescription requests. Apology given to patient. System was evaluated to ensure it was working and no further delays had been reported.
Delay in actioning blood results	Training was given to ensure staff were using EMIS to send tasks to all clinicians rather than sending them via email.

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>Safety alerts come into the practice via two routes – practice manager and data manager at the provider. Both the practice manager and data manager read these and email them to clinicians. Read receipts are requested for the emails. The alerts are then discussed at team meetings and the actions are documented in the minutes.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.32	0.51	0.83	No comparison available

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.7%	83.6%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.6% (67)	15.3%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.0%	83.2%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (48)	8.5%	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)	89.8%	82.8%	80.1%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (69)	17.0%	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)	95.9%	77.9%	76.4%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	44.4% (136)	9.6%	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)	97.6%	93.1%	90.4%	No comparison available
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (32)	11.8%	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)	92.5%	86.2%	83.4%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	4.0% (37)	3.0%	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%	87.3%	88.4%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	16.9% (15)	10.4%	8.2%

**Any additional evidence or comments**

Overall the practice exception reporting rate was above to local and national averages at 15.7% (CCG average 9.5%, national average 9.6%). However, this data refers to a time before the current provider took over. The practice and the provider were aware of the high exception reporting rate and were able to tell us the steps they were taking to reduce it, including continuing to invite patients to review after they had been unable to contact them three times. Under the previous provider, patients were no longer invited to review after three failed attempts. We saw data that showed that in 2017/2018 the exception reporting rate had dropped to 14% and that it was expected to be lower in 2018/19 (the first full year that the new provider had been in place).

**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 influenzae type b (Hib) (i.e. three doses of DTaP/IPV/Hib) ( to ) NHS England)England)	88	91	96.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for	63	69	91.3%	Met 90% minimum (no variation)



Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) ( to ) (NHS England)England				
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) ( to ) (NHS England)England	63	69	91.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) ( to ) (NHS England)	63	69	91.3%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	66.2%	77.6%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.8%	76.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	47.7%	61.3%	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)	86.7%	78.9%	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%	51.1%	51.6%	No comparison available
<b>Any additional evidence or comments</b>				
<p>The practice was taking reasonable steps to try and improve uptake of their cervical screening. Sample takers had received initial training and updates every three years and their results were monitored. Women were offered appointments at different times of the week and a female sample taker was available. Written invitations and reminders were sent. Patients who did not attend were followed up with a telephone call. Non-attenders were also flagged on their electronic patient record so screening could be discussed opportunistically. The practice was using National Screening Programme material to encourage hard to reach women to attend.</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)	100.0%	93.1%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (12)	11.0%	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)	98.5%	93.4%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (17)	10.4%	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)	87.5%	82.6%	83.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (4)	4.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	Data Unavailable	539
Overall QOF exception reporting	11.0%	Data Unavailable	5.7%

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.1%	95.8%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (19)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A comprehensive protocol was in place covering all aspects of consent issues likely to arise in general practice. Where appropriate, patients were asked to sign a consent form to confirm they were happy to go ahead with a procedure.

# Caring

## Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
For example, comments cards, patient interviews	On the day of inspection patients told us they were treated with kindness, respect and compassion by staff at the practice. We were told by some patients that they felt the practice was moving in the right direction and that care had improved in the past two years.

## 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
5,545	313	103	32.9%	1.9%

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)	89.5%	90.0%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern	87.2%	88.9%	87.4%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				
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)	95.8%	96.5%	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)	84.7%	83.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
July 2018	From 88 patients, 99% said they were treated with dignity and respect by the GPs, 95% were happy with the "patient experience" and 85% said they would recommend the practice to friends and family.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients, patient comment cards.	Patients we spoke to told us they felt listened to by clinical staff and that they had been involved in decisions about their care.

### 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)	93.8%	94.7%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
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	49 patients, 0.9% of list.
How the practice supports carers	Carers were included on the "Important Patients Register" which was discussed at clinical meetings. There was a carers champion who could signpost carers to relevant agencies. There was a large display in the waiting area containing information about services to support carers in the local area.
How the practice supports recently bereaved patients	The practice had a bereavement champion whose role was to be a single point of contact at the practice for bereaved patients. They were able to direct patients to services who could support them. Patients were sent a card and, if applicable, offered an appointment with a GP following a bereavement.

### 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	Telephones were answered at the back of the reception area to be as far away from the waiting area as possible. There was a separate room available where patients could speak to staff privately if required.

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

# Responsive

## Responding to and meeting people's needs

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

Extended hours opening	
From October 1 <sup>st</sup> 2018, "extended access" appointments will be offered with a GP or nurse practitioner (NP) through local out of hours provider.	<p>Weekdays from 6.30pm to 10pm (GP)</p> <p>Saturdays from 8.30am to 1.30pm (GP) and 1.30pm to 5.30pm (NP)</p> <p>Sundays from 8.30am to 5.30pm (NP)</p>

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	
Requests for a home visit are placed on the triage list for the duty GP to call. If the need for a home visit is urgent the duty GP will do it, otherwise routine home visits are carried out by the GP not on duty.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,545	313	103	32.9%	1.9%

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)	97.7%	95.8%	94.8%	Comparable with other practices

## 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)	76.0%	71.7%	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)	75.8%	67.6%	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)	72.6%	65.9%	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)	81.7%	75.1%	74.4%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices, patient comment cards, patient interviews, practice survey	Patients told us they could get an appointment when required. They told us they felt the appointment system had improved since the new provider had taken over.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8



Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice manager acted as the lead complaints, but these could be escalated to the regional manager if required. Complaints were also raised as significant events and discussed at clinical meetings if appropriate.	

<b>Example of how quality has improved in response to complaints</b>
The practice felt that the way clinicians communicated with patients had improved as a result of complaints.

<b>Any additional evidence</b>
<p>The practice had updated the appointment system following feedback from patients and from the patient participation group. Appointments were blocked out for anyone who needed to be seen urgently. The practice had an "Under 12" policy whereby anyone under the age of five years old was seen by a GP the same day, and children aged 6 and over were offered an appointment within 24 hours.</p> <p>We checked the appointment system in real time at 12.10pm. The next urgent appointment was available at 4.50pm. The next routine appointment was seven days from the day of inspection (October 1) at 8.40am.</p> <p>The practice had developed an Early Years Factsheet for new parents, which included information about breastfeeding and safe sleeping for babies. This was sent to new parents following the birth of their baby along with an appointment time for the baby's six-week health check and immunisations.</p> <p>Hour-long appointments were available for the review of patients with long-term conditions.</p>

# Well-led

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. There was a regional manager who supported the practice and who attended each month or as required.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. They were working with the local integrated care community to appoint a frailty coordinator and frailty nurse to help care for older people in the area and reduce hospital admissions.
- Patients we spoke to told us they felt the practice had improved since the new provider had taken over. For example, they told us they felt it was now easier to access appointments.

## Vision and strategy

### Practice Vision and values

There was a Patient Charter which included the values of improving services for patients and staff. The vision of the practice was to add more services to bring it in line with other practices in the provider group. We saw evidence on the day of inspection that this was happening.

## Culture

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

- There was a strong emphasis on the safety and well-being of all staff. The provider had their own occupational health team to look after the health of their staff. Staff who met KPIs were rewarded with additional annual leave. They also operated an “Employee of the Month” scheme and held a staff awards ceremony each year.
- Staff said they felt respected, supported and valued. They were proud to work in the practice. Staff we spoke to told us they felt well-supported both during and since the change to a new provider.
- The practice focused on the needs of patients.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals or supervision in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

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

Source	Feedback
Staff interviews	Staff feedback about working at the practice was generally good, though some staff felt that the workload was currently quite high. However, the management at the practice were aware of this and the reasons why, and we saw evidence on the day of inspection that they were taking steps to try and address this. Staff were positive about the staff rewards and incentives, and they told us that managers were open and approachable.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a full range of practice-specific policies which were available on the practice intranet, while the most used ones were available in paper copies in each room in the practice.
Other examples	There was a comprehensive locum pack for temporary staff working at the practice. As well as the practice level staff, the provider had additional staff who were able to support the practice, such as the regional manager, data manager and clinical director.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## 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
Fire	Full fire risk assessment of the building had been carried out, equipment was regularly checked and maintained, and a recent fire drill had been carried out.
Infection control	There was a lead member of staff for infection control who undertook an annual infection control audit, as well as more regular checks. All staff had had training in infection control.
Significant events	The provider had good oversight of significant events at the practice. They were all discussed at provider level and there was an annual review of significant events across all the provider sites to look for trends.

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
The practice had set up a patient participation group (PPG) since the new provider took over. We spoke to one member of the PPG who told the practice was open and honest with them and was open to feedback. The practice appointment system had been changed following feedback from the PPG.

## Continuous improvement and innovation

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

Audit area	Improvement
Exception reporting	Change to recall system so patients continue to be recalled for review and not excepted after three failed attempts to invite them to review. This showed a decrease in exception reporting in 2017/18 from the previous year.
Anticoagulation audit	100% of patients had a reason for being prescribed the medication and an International Normalisation Rate (INR) result documented in their record in both the first and second cycles of the audit.
Antibiotics audit	100% of patients were prescribed antibiotics appropriately. Of the 212 antibiotic prescriptions reviewed, only eight were in the category known to contribute to clostridium difficile infection, but all eight of these were appropriately prescribed and monitored.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#)).