

Care Quality Commission

Inspection Evidence Table

Theatre Royal Surgery (1-542659691)

Inspection date: 30 October 2018

Date of data download: 09 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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:	

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: December 2017	Y
There was a record of equipment calibration Date of last calibration: December 2017	Y
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: January 2018	Y
Actions were identified and completed: - Fire alarm needed outside staff room Action: Battery alarm installed initially as a temporary measure; now a hard-wired alarm is in place.	Y
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: September 2018	Y
Health and safety risk assessment and actions Date of last assessment: 2018	Y
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: August 2018 The practice acted on any issues identified</p> <p>Detail: We saw evidence the practice had completed actions relating to the infection control audit. For example, the audit highlighted that some areas required cleaning to remove dirt and dust and shelves appeared clutter. There was documented evidence this had been completed and on the day of the inspection we observed that this had been completed.</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Y
<p>Explanation of any answers:</p>	

Any additional evidence

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)	0.90	0.98	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)	12.2%	12.1%	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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	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
Explanation of any answers:	

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.	14
Number of events that required action	14

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

Event	Specific action taken
A patient received correspondence relating to another patient	The patient was contacted and advised of the error with an apology given. The administration error leading to the event was identified and staff were provided with further guidance.
A patient was uncontactable following a positive test result	Additional information was put on the patient form advising patients to contact the surgery for the results.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Safety alerts were received into the practice, logged, distributed amongst relevant staff and actions taken and recorded where appropriate.	

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)	1.23	1.15	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 (01/04/2017 to 31/03/2018) (QOF)	86.6%	78.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.4% (124)	17.2%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	84.7%	79.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (31)	9.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	84.1%	80.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (102)	17.2%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	80.8%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (11)	7.2%	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 (01/04/2017 to 31/03/2018) (QOF)	91.3%	88.5%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (12)	14.3%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	86.2%	84.8%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (24)	3.9%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	86.6%	87.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (12)	6.1%	6.7%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	83	83	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	79	82	96.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	79	82	96.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	80	82	97.6%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	75.2%	76.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.9%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	66.3%	64.2%	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)	68.1%	69.2%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	37.7%	45.9%	51.6%	Comparable with other practices
Any additional evidence or comments				

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 (01/04/2017 to 31/03/2018) (QOF)	89.7%	92.9%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.4% (7)	17.0%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	89.7%	92.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.4% (7)	14.8%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	80.4%	84.1%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (7)	9.4%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	5.7%	5.9%	5.8%

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 (01/04/2017 to 31/03/2018) (QOF)	Y

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 (01/04/2017 to 31/03/2018) (QOF)	94.1%	95.7%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (13)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored the process for seeking consent appropriately. We saw evidence that consent had been obtained in the records we viewed.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient consultations	Patients we spoke with were complimentary in relation to how staff at the practice treat patients.
Comment cards	Patient comment cards received reflected positive comments and examples of how staff have treated patients at the practice.
NHS Choices	The practice achieved three and a half stars out of five based on three reviews on NHS Choices. There were complimentary comments in relation to staff attitude and kindness.

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
8957	230	108	47%	1.21%

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)	85.5%	90.3%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	79.7%	88.4%	87.4%	Comparable with other practices
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)	94.0%	95.8%	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)	75.2%	84.3%	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
March 2018	<p>The practice had completed a patient survey in March 2018 which was completed by approximately 138 patients. Whilst the questions did not directly correlate with the National GP Patient Survey, the practice felt it showed some improvement in relation to patient access. However, it did show that some improvement was still required.</p> <p>The practice discussed the in-house survey and GP Patient Survey 2018 during an all staff meeting in September and further actions were agreed to attempt to improve patient satisfaction in relation to access.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient consultations, comment cards	Patients we spoke with and patient comment cards received were complimentary about being involved in decisions about care and treatment. Patients commented that in general clinical staff at the practice were good at involving them and listening to their concerns.

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)	91.3%	94.2%	93.5%	Comparable with 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.	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 571 carers and provided support to them. This was approximately 6.4% of the practice population. This was achieved by a proactive full practice approach in identifying carers and providing support to them.
How the practice supports carers	The practice provided carers with a comprehensive pack of information including social care information, local support networks and groups. The practice also offered joint appointments with the cared for patients, health checks and flu jabs.
How the practice supports recently bereaved patients	GPs would visit recently bereaved patients at home and offer support as necessary.

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	<p>When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. We observed notices in the reception area that notified patients of this opportunity.</p> <p>The practice reception area was difficult to maintain confidentiality for patients due to the size and layout of the room. However, we observed a member of the reception team handling a patient's confidential concerns in a proactive and positive manner and ensuring the patient's privacy and dignity was maintained.</p>

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
Patients	Patients we spoke with advised that staff were aware of confidentiality and would assist them if required.
Staff	Staff told us when patients wanted to discuss sensitive issues, or appeared distressed, they would offer them a private area to discuss their needs.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7am to 8pm
Tuesday	7am to 8pm
Wednesday	7am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Appointments available
Appointments were available during the practice opening times. The practice offered both face to face and telephone appointments.
Extended hours opening
Extended hours appointments were available on Monday, Tuesday and Wednesday each week. Additional weekend appointments were available through a local group of practices.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y

If yes, describe how this was done
All home visits were clinically triaged and the practice had access to a visiting nurse who was able to conduct home visits. If the nurse believed the visits a GP's opinion, a GP from the practice would visit the patient.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8971	230	108	47%	1.20%

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)	91.7%	95.4%	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)	60.9%	70.7%	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)	52.9%	67.3%	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)	49.9%	62.4%	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)	63.9%	74.8%	74.4%	Comparable with other practices

Any additional evidence or comments

The practice was aware of the lower than average GP Patient survey data, in addition to patient feedback in relation to accessing the practice and the previous CQC report which highlighted concerns in relation to patient satisfaction in accessing the practice.

The practice told us they were having difficulties in recruiting more clinical staff, which the practice reported was having an impact on their abilities to offer more timely appointments to patients. However, the practice had taken a number of actions to try to improve patient satisfaction; the practice had completed an appointment audit, provided extended opening hours, implemented a queuing system on

Indicator	Practice	CCG average	England average	England comparison
<p>the telephone lines and provided further training for existing staff. Some of these actions the practice had taken were implemented shortly before our inspection and there was therefore limited evidence of any positive impact of these changes.</p> <p>The practice had completed a patient survey in March 2018 which was completed by approximately 138 patients. Whilst the questions did not directly correlate with the National GP Patient Survey, the practice felt it showed some improvement in relation to patient access. However, it did show that some improvement was still required.</p> <p>The practice discussed the in-house survey and GP Patient Survey 2018 during an all staff meeting in September and further actions were agreed to attempt to improve patient satisfaction in relation to access.</p>				

Examples of feedback received from patients:

Source	Feedback
Patient consultations	Patients we spoke with reported it was inconvenient that the practice did not offer pre-bookable face-to-face appointments longer than one day in advance; unless a clinician provided the patient with a slip for a follow-up appointment. The practice commenced six hours per week of pre-bookable appointments from August 2018, however, due to the short period of time this had been in place there was no evidence of the impact on patient satisfaction.
Comment cards	Two of the patient comment cards received contained negative comments in relation to accessing appointments at the practice.
NHS Choices	The practice achieved three and a half stars out of five based on three reviews on NHS Choices. One of the three reviews on NHS Choices contained negative comments in relation to accessing the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
In the complaints we examined, we saw the practice had acknowledged, investigated and responded to the complaints in a satisfactory manner. Where there was learning identified from a complaint, this was disseminated to the practice team and actions were taken.	

Any additional evidence

Well-led

Leadership capacity and capability

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

Staff we spoke with identified that the management team were keen to support them with their personal development; there was a regular communication from management to the team and the management team were visible and available to all members of staff.

We saw evidence of regular supervision and appraisals with staff, audits and appropriate policies and procedures to support good leadership, capacity and capability.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice had the following aims and objectives:

- To continually strive to provide patient-centred care using good communications and clear well documented and well-informed decision making.
- To provide our patients with a high standard of personalised care and treatment.
- To be courteous, approachable, compassionate, friendly and supportive.
- Where appropriate, to involve other professionals in the care of our patients.
- To ensure that all members of our team are treated with respect and have the right skills and training to enable them to carry out their duties competently.
- To create an educational environment where the entire team promotes and shares learning.
- To ensure that every individual is treated fairly and without discrimination.
- To regularly review, audit and monitor our clinical treatment, working practices, systems and protocols to identify training needs or amendments.
- To endeavour to play an active role in the wider healthcare of our locality, by proactively meeting with other healthcare professionals and engaging in constructive dialog and projects.

Culture

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

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice and felt well supported by the practice management team.
- During the inspection we noted there were positive relationships between staff and teams. Some members of staff we spoke with had worked at the practice for a number of years and commented on how they enjoyed working at the practice.
- The practice focused on the needs of patients. The practice was aware of recruitment difficulties, however, the practice had considered this and were responding to it to ensure the effect on patient care was minimised.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and gave us examples where this had occurred.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff we spoke with told us they were encouraged and supported to develop further and complete external training to enhance their roles.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff told us they felt they were treated equally.

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

Source	Feedback
Staff	<p>Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice and felt well supported by the practice management team.</p> <p>Some members of staff we spoke with had worked at the practice for a number of years and commented on how they enjoyed working at the practice.</p>

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	For example, infection control policy, safeguarding policy, statement of purpose. From the sample of policies we reviewed, we could see updates and reviews had taken place where appropriate.
Significant events and complaints	The outcomes of complaints and significant events were discussed in clinical, all staff meetings and training days.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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 risk assessment action plan	Completed all actions in a timely manner.
Clinical audits completed	The audits evidenced that actions have been taken where issues have been identified.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a very small number of patients who were listed as a virtual patient participation group, although there was no evidence of any engagement or activities taking place.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
An audit to establish if patients taking a high-risk medicine (Methotrexate) were prescribed and monitored as per current clinical guidance.	<p>The practice found on the first cycle of the audit there were variations and inconsistencies in the recording on patient's records. For example, some patients did not have a notification on their patient record to highlight they were taking a high-risk medicine. The practice provided guidance to clinical staff on the standards expected and changes were made to existing patient records.</p> <p>On the second cycle of the audit, the practice achieved a 100% compliance rate.</p>

Any additional evidence

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](#)).