

Care Quality Commission

Inspection Evidence Table

WOODSIDE SURGERY (B84618)

Inspection date: 23 October 2018

Date of data download: 16 October 2018

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

Safe

Rating: Good

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for their role.	Y
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
The practice held face to face multidisciplinary meetings with district nurses and palliative care nurses on	

a six- weekly basis. Due to recent re-configuration of health visiting teams, face to face meetings were not held at the time of our visit. The practice told us they had 'named' health visitors for each of their sites, and that communication was via 'task' systems on the shared clinical record system, or by ad hoc telephone or face to face contact.

Recruitment systems	Y/N/Partial
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.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff were screened for hepatitis B vaccination, and this vaccine was offered when applicable. At the time of our visit staff were not screened for uptake of the measles, mumps and rubella (MMR) and varicella vaccine, in line with Department of Health 'Green Book' recommendations. The practice told us they would review their processes in this respect.</p>	
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Y November 2017
There was a record of equipment calibration. Date of last calibration:	Y November 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Y
Fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Yes April 17
There was a log of fire drills. Date of last drill:	Y June 2018
There was a record of fire alarm checks. Date of last check:	Y 19 October 2018
There was a record of fire training for staff. Date of last training:	Partial Various dates
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y December 2017
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence: Not all staff had completed fire safety training on an annual basis. We saw that one member of staff had not accessed training since 2013, and other staff were over two years out of date for this training, whilst a number of new starters to the practice had not</p>	

accessed the training since starting at the practice. Following our feedback, the practice told us they would address this with immediate effect.	
Health and safety Premises/security risk assessment carried out. Date of last assessment:	Y December 2017
Health and safety risk assessment and actions Date of last assessment:	December 2017.
Explanation of any answers and additional evidence: Risk assessments were undertaken by third party bodies at all three sites. The practice held separate buildings maintenance contracts for all sites, and all identified maintenance issues were addressed as soon as possible. The management team carried out regular informal premises risk assessments/inspections at all three sites.	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Partial
Date of last infection control audit: 20/12/2017	July 2018
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Infection prevention and control audit actions included seeking budget authorisation to fit elbow taps to clinical rooms, and to ensure that purple lidded sharps bins were available in each clinical room.</p> <p>Although the IPC lead had accessed appropriate training; a significant number of other staff were out of date for their annual infection prevention and control update. The practice told us they had access to online training modules; and would ensure that training was completed in a timely manner in the future.</p>	

Risks to patients

Adequate systems to assess, monitor and manage risks to patient safety were not in place in all cases.

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	Y when appropriate.
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinician review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was an induction programme in place. However, feedback we received from staff showed that some staff had not been given basic housekeeping information before being asked to complete a full shift on their first day. Not all staff, temporary or permanent, had been allocated a 'buddy' on appointment. Some staff told us they felt isolated at times.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
The provider 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
<p>Explanation of any answers and additional evidence:</p> <p>There was a system in place to redirect test results to another clinician in the absence of the referring clinician. Not all clinicians were aware of this system. Following our feedback, the practice assured us they would communicate this arrangement clearly to all clinicians, both temporary and permanent.</p> <p>Processes for disseminating clinical guidance, including National Institute of Health and Care Excellence (NICE) guidance were not fully established in all cases. Clinicians told us they accessed the information via their own professional websites.</p>	

Appropriate and safe use of medicines

The provider ensured the 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)	1.14	1.11	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)	5.2%	6.5%	8.7%	No comparison available

Medicines management	Y/N/Partial
The provider 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 (PGDs) or Patient Specific Directions (PSDs).	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
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of	Y

emergency medicines/medical gases.	
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
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All sites held the same stock of emergency medicines.</p> <p>We saw that the emergency medicines stock did not include a medicine required in the event of patient shock following minor surgery, or analgesia other than paracetamol. The practice told us they would complete a risk assessment to justify the rationale for these medicines not being included in their stock.</p> <p>All of the practice nurses were nurse prescribers, so a reduced number of PGDs were required. PSDs were in place for healthcare assistants who administered vaccinations and immunisations.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and 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.	17
Number of events that required action	16
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety.	

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

Event	Specific action taken
Incorrect vaccine was given to a baby	The patient's parent was notified and a full explanation and apology given. Staff were advised to closely follow the up to date vaccination schedule.
Discharge information about a patient was left unchecked by a clinician for several days	All staff were given refresher training in accessing the electronic discharge portal. All clinicians were advised to check this regularly for new discharge information.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understand how to deal with alerts.	Y
Explanation of any answers and additional evidence: Staff were able to describe the process for receiving, disseminating and acting upon Medicines and Healthcare Products Regulatory Agency (MHRA) and other alerts. An example was given of a recent alert. Following our feedback, the practice told us they would add patient safety and medicines alerts as a standing agenda item at their clinical meetings.	

Effective

Rating: Requires Improvement

At our previous inspection on 22 April 2015 we rated the practice as good for providing effective services. At this inspection we rated the practice as requires improvement for providing effective services overall and across all population groups.

Please note: QOF data relates to 2016/17 unless otherwise indicated

Effective needs assessment, care and treatment

People's needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Processes for updating staff on new clinical guidance, such as NICE (National Institute of Health and Care Excellence) guidance were not fully established in all cases. Clinicians told us they ensured they kept themselves up to date by accessing appropriate professional online forums. Following our feedback, the practice told us they would add clinical guidance updates as a standing agenda item for their clinical meetings.</p>	

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)	1.04	0.77	0.83	No comparison available

Older people

Population group rating: Requires improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Requires Improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and updates as appropriate.
- Staff followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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) <small>(QOF)</small>	74.0%	77.7%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (32)	7.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	76.9%	75.8%	78.1%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (39)	7.2%	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)	82.4%	77.4%	80.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (68)	11.0%	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)	67.2%	70.3%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (17)	6.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.0%	88.1%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.2% (20)	10.2%	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) <small>(QOF)</small>	82.0%	84.1%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (21)	3.5%	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) <small>(QOF)</small>	76.0%	86.6%	88.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	6.7%	8.2%	

Any additional evidence or comments

Families, children and young people

Population group rating: Requires Improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There were arrangements in place to share information with health visitors and other community staff via the shared clinical system.

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) <small>(NHS England)England</small>	113	123	91.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) <small>(NHS England)England</small>	102	110	92.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (to) <small>(NHS England)England</small>	104	110	94.5%	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) <small>(NHS England)</small>	103	110	93.6%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population Group Rating: Requires Improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- The practice's uptake for cervical screening was 74%, which was in line with the local average of 78% and the national average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	73.5%	77.5%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.7%	67.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	59.1%	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)	70.7%	69.5%	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)	46.3%	50.4%	51.6%	No comparison available

Any additional evidence or comments

The exception reporting rate for cervical screening was 19%, which was higher than the local average of 6% and the national average of 7%. We explored this during the inspection. The

practice told us they felt this was due to the demographics of part of the practice population; where health promotion or preventative health measures were less well received. They told us three appointments were offered in all cases, unless patients indicated that they no longer wished to receive appointments for this screening; before being exception reported.

People whose circumstances make them vulnerable

Population group rating: Requires

Improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Requires

Improvement

This population group was rated requires improvement because of practice wide issues which affected all population groups.

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to smoking cessation services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- A weekly Improving Access to Psychological Therapies (IAPT) clinic was held at one of the sites each week.

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)	92.0%	91.5%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (4)	13.5%	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)	87.3%	91.9%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (8)	12.5%	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)	87.9%	82.1%	83.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (2)	6.9%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
Explanation of any answers and additional evidence: The practice participated in the local Clinical Commissioning Group (CCG) medicines optimisation programmes, and monitored their prescribing patterns in line with South West Yorkshire prescribing guidance.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	Data Unavailable	539
Overall QOF exception reporting (all domains)	6.0%	Data Unavailable	5.7%

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Improvement activity
The practice had undertaken a review of those patients who were taking medicines to prevent or slow down bone thinning (osteoporosis) to ensure that 'medicine holidays' were taken in line with up to date guidance.
An efficiency review was undertaken: a skills analysis of non-clinical staff and training needs analysis was carried out. This resulted in staff changing roles in some cases.

Any additional evidence or comments

Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Not all appraisals were up to date at the time of our visit. Following receipt of the draft report, the practice confirmed that all staff appraisals had been completed. There were significant gaps in the uptake of key mandatory training such as fire safety and infection prevention and control. In addition, not all staff received an appropriate induction before being asked to carry out their role. Not all staff had been assigned a 'buddy'. Some staff told us they felt isolated at times. Some staff appraisals were also out of date.</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

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Y

The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems to share information and update patient records in line with shared discussions with members of the multidisciplinary team. The clinical record system was shared with other relevant disciplines, such as district nurses.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to social prescribing services. These included the 'Better Living' team to support patients with weight management or smoking cessation. Smoking cessation was also offered in-house. Support to increase physical activity was offered following referral by a health professional.</p> <p>Substance misuse support was provided by the 'Basement Project'.</p> <p>The mobile bowel screening service visited the practice on an annual basis.</p>	

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)	95.0%	95.1%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (9)	0.7%	0.8%	

Any additional evidence or comments

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Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Verbal consent was documented on the clinical record for procedures such as immunisation and cervical screening. Written consent was sought for surgical procedures. Staff demonstrated their understanding of mental capacity issues when seeking consent. A bespoke consent form had been developed when seeking consent from children, in line with Gillick competency considerations.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	4

Examples of feedback received

Source	Feedback
Comment card	“totally committed and patient focused”
Comment card	“good, but the opening times of three half days a week is not good enough”
Comment card	“staff are very caring. Appointment times are not good due to working hours”

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
9103	350	91	26%	1%

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)	77.1%	90.7%	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)	81.0%	89.9%	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)	89.5%	96.3%	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)	74.1%	87.3%	83.8%	Comparable with other practices

Any additional evidence or comments

The practice was aware of their lower than average score in relation to patients who said the last healthcare professional they saw or spoke with was good at listening to them. They told us that in February 2018 they had changed to one single telephone line for patients to access appointments, and thought this may be partly attributable to this result. They told us they had plans to utilise the Patient Participation Group to carry out an internal patient survey in the future.

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

Date of exercise	Summary of results
Ongoing	'Survey monkey' feedback tool was available on the practice website. Feedback was reviewed and evaluated by the practice.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	“Happy overall with the practice, although a doctor is not always on site and the practice is only open half the week.”

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)	84.9%	93.6%	93.5%	Comparable with other practices

Any additional evidence or comments

Question	Y/N/Partial
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 other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Information could be printed off in larger font if required. A patient signing in screen allowed patients to choose their language of preference.	

Carers	Narrative
45 carers had been identified. This represented 1% of the practice population.	A carer's pack was given to those identified as carrying out a caring role. This included information in relation to local support services, as well as financial and other support accessible to carers. An annual seasonal flu immunisation was offered. Account was taken of individual carers' needs, such as whether they preferred to be seen in a quiet room.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
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
Explanation of any answers and additional evidence:	

	Narrative
	Accommodation could be made available at each of the three practice sites if patients requested additional privacy at the reception area, or if they appeared distressed.

Source	Feedback
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Comment cards	"I have been treated with dignity and respect throughout my visits"

Responsive

Rating: Good

Responding to and meeting people's needs

The practice took account of people's needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Partial
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recently overhauled their approach to appointments. All requests for same day appointments were called back by an Advanced Nurse Practitioner, who allocated them an appointment with an appropriate clinician or provided other advice. Due to resource challenges the practice had recently taken the decision to reduce the opening hours of two of their sites. This meant that patients living close to those sites had to travel to the main site when their branch site was closed. Patients told us this was difficult for some who were reliant on public transport.</p>	

Practice Opening Times	
Woodside Surgery	8am to 6.30pm Monday to Friday
Mixenden Stones Surgery	8am to 1pm Tuesday, Thursday and Friday; 1.30pm to 6.30pm Monday and Wednesday
Shelf Health Centre	8am to 1pm Monday, Wednesday and Friday' 1.30pm to 6.30pm Tuesday and Thursday

Appointments available:	
Monday to Friday	Morning and afternoon appointments were offered. Home visits were carried out over lunchtime or in the evening.
Improved access scheme	Appointments were available through the locality hub at a nearby location Monday to Friday 6.30pm to 8pm, Saturday and Sunday 10am to 2pm.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9103	350	91	26%	1%

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)	85.9%	94.5%	94.8%	Variation (negative)

Any additional evidence or comments

The practice told us they were aware of their below average response to this question from the national patient survey. They told us it may partly be attributable to the recent changes in opening times at two of their sites. They told us they planned to carry out an internal patient survey with support from the patient participation group.

Older people

Population group rating: Good

Findings

- Older people were supported in whatever setting they lived, whether it was at home or in a supported living scheme or care home.
- Home visits or urgent appointments were available when needed.
- We received feedback from a residential home for older people before our inspection. They told us it was not always possible to get an appointment on the day they needed one. The practice told us their new appointment system would ensure that this was no longer the case.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet specific patient needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with more complex medical needs. Staff told us patient records were updated following any such liaison.

Families, children and young people

Population group rating: Good

Findings

- The practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children on the child protection register, those who had a high number of accident and emergency attendances, or those who failed to be presented for appointments.
- Priority was given to parents of children calling to request appointments or advice.
- Although face-to-face meetings with health visitors were not held, each site had a 'named' health visitor with whom they liaised via the shared clinical record system or on an ad hoc basis in person or on the telephone.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Access to online services was available. The practice had registered 10% of their practice population for this service. A notice in the patient waiting area promoted this service.
- All requests for same day appointments were logged and calls were returned by an Advanced Nurse Practitioner. This could be at the patient's place of work, to assess symptoms and determine the most appropriate course of action.
- Appointments were available at a nearby venue via the improved access scheme between 6.30pm and 8pm on weekdays; and between 10am and 2pm on weekends.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A carers' register was in place. This identified young carers as well as adult carers.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff we spoke with showed a good understanding of how to support patients with mental health needs and those patients living with dementia. Referrals were made to appropriate services when a diagnosis of dementia or other mental health condition was made or suspected.
- Improving access to psychological therapies (IAPT) clinics were held at one of the practice sites each week.
- A counsellor attended one of the practice sites each week for those patients experiencing emotional difficulties.

Timely access to the service

People were not always able to access care and treatment in a timely way.

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)	86.7%	76.1%	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)	64.9%	73.0%	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)	61.7%	67.8%	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)	64.5%	78.0%	74.4%	Comparable with other practices

Any additional evidence or comments

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Mixed feedback was placed on NHS choices. The practice responded to all comments, positive or negative
Comment cards	11 comment cards cited the reduced opening hours of the two branch sites as making it difficult to access convenient appointments.

Listening and learning from concerns and complaints

Complaints and concerns were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	16
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

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement	Y
Explanation of any answers and additional evidence: A complaints leaflet was available at each of the three sites. Following our feedback, the practice told us they would improve patient awareness of how to make a complaint by placing posters at all three sites.	

Well-led

Rating: Good

Leadership capacity and capability

Leaders had the capacity and skills to delivery high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Leaders were able to describe current challenges facing the practice. These included significant resource and financial challenges. There were plans in place to implement a range of actions, including ongoing recruitment of clinical staff and accessing efficiency incentive funds through prescribing efficiencies.</p> <p>There had been a recent re-design of the management structure, with succession planning in mind, as well as developing lead roles for key personnel.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The name 'Caritas' is Latin for 'Caring with knowledge'. The practice told us their vision was to enrich lives through interdependent working. They had a mission statement, which was to "provide exemplary healthcare and education solutions for the enrichment of our communities".</p> <p>Although staff had not been formally involved in developing the vision and values of the practice, they were aware of these; and their role in fulfilling them.</p>	

Culture

The practice had a culture of high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was an emphasis on the safety and well-being of staff.	Y
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
<p>Leaders told us they strove to provide a supportive environment to all staff. They told us they had an open door policy. A 'Freedom to Speak Up' representative had been nominated from within the management team.</p> <p>They told us they supported staff in several ways, such as paying subscriptions to 'Simply Health' which provided access to services such as optician and dental treatment. Occupational health services were available, and adjustments were made to accommodate staff who had or developed additional needs, such as requiring specialist seating or other support. There were staff social events including a fully funded Christmas meal.</p>	

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

Source	Feedback
Staff member	You can always go to a staff member with anything and they are always there to help.
Staff member	Staff at all levels listen and help whenever required.
Staff member	I think we really care about the patients

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence: Governance structure and roles and responsibilities were clearly detailed. The practice engaged third party buildings maintenance companies, and monitored their actions.</p>	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
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There were assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out some quality improvement activity, including medicines optimisation activities. At the time of our inspection we did not see any completed two-cycle audits.</p> <p>The leadership team had recently attended a CCG led risk management session, during which the business continuity plan (BCP) was covered. Their BCP included arrangements for managing major incidents.</p>	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities include making statutory notifications understand what this entails.	Y
Explanation of any answers and additional evidence: The practice maintained oversight of their key performance indicators, such as prescribing and referring indicators and Quality and Outcomes Framework (QOF) indicators. They demonstrated an awareness of statutory requirements in relation to Duty of Candour (DoC) requirements.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Staff views were sought and listened to through staff meetings and informal feedback. The practice responded to all feedback on NHS Choices, and discussed this internally when appropriate. The practice was aware that patients were unhappy with the recent decision to reduce the opening hours of the two branch sites. They acknowledged that patient engagement exercises prior to this decision had not been adequate. The practice participated in North Halifax locality partnership, which comprised five practices in all. The locality partnership was collaborating on developing shared clinical pathways, and developing a shared BCP. They were also part of Calderdale Group Practices; one of 11 practices who were collaborating on pooling resources to tender for services such as cleaning and telephony services.	

Feedback from Patient Participation Group

Feedback
PPG member: the practice feeds back on internal issues which have occurred, such as complaints. Acknowledge that adequate notice of the proposed reduction in opening hours of two of the sites was not given to the PPG. Overall the practice is brilliant.

Any additional evidence

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Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
Continuous learning and improvement was encouraged	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice was an accredited Advanced Training Practice, and accommodated a varied range of undergraduate and postgraduate nursing training, as well as training for a range of other post graduate clinicians.	

Examples of continuous learning and improvement

The practice had recently changed their telephone access arrangements to the practice. All incoming calls were handled by a call handling team at the main site. Once call backs had been carried out any appointments were booked into colour coded appointment slots to prevent confusion as to which site the appointment was booked.

The practice participated in the North Halifax locality partnership, as well as Calderdale Group Practice. They collaborated with these in order to optimise available resources and plan and streamline care appropriate to the local population.

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](#)).