

# Care Quality Commission

## Inspection Evidence Table

### The Clapham Family Practice (1-548164953)

Inspection date: 6 November 2018

Date of data download: 12 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:	Y February 2018
There was a record of equipment calibration Date of last calibration:	Y February 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y September 2018
Actions were identified and completed.	Y
Additional observations:	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y August 2018
Health and safety risk assessment and actions Date of last assessment:	Y August 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had developed an action plan and action points were either delivered or there were dates detailing when actions would be taken.</p>	<p>Y</p> <p>August 2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>N</p>
<p>Explanation of any answers:</p> <p>Sharps bins at the practice were not securely affixed, although the practice reported that the landlord of the building had refused permission for them to do so. None of the rooms that we looked in had purple topped sharps bins in place which are required for the disposal of sharps and medicines with cyto-toxic or cyto-static contents.</p>	

Any additional evidence
<p>N/A</p>

## Risks to patients

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

## Information to deliver safe care and treatment

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

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.70	0.63	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)	10.0%	8.5%	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.	N
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.	See below
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
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>The practice did not record serial numbers of prescription stationary so use of the stationary could not be fully monitored. On the day of the inspection the practice had a repeat prescription process of placing prescriptions in slots on the GPs door so that they could be signed. This was not secure as details of patients, their address and medicines that they were taken were accessible to passing patients, and the prescription may have been misused. The practice changed this process following feedback from the inspection team on the day of the inspection.</p> <p>The practice had robust systems in place at the main site. However, we saw that this was not the case in the branch site which the practice had taken on 12 weeks before the inspection. We reviewed two cases where patients had been prescribed lithium. In one case, a patient had been provided with a further prescription in the past twelve weeks although the requisite tests had not been completed since February 2018. In a second case, the practice had received blood test with adverse findings on 2<sup>nd</sup> October, but no action had been taken until 6<sup>th</sup> November. The practice commenced an audit of patients of high risk medications at the branch site following the inspection.</p> <p>Both sites kept injectable diazepam in emergency medicines boxes. As a controlled drug this should have been kept securely and monitored in line with guidance for the storage of controlled drugs. The practice stated that they would no longer store this medicine and would dispose of it securely.</p>	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	3
Number of events that required action	3

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
It was found that a patient had a Secondary Care Clinic letter scanned onto their notes in error at the main site. The relative of the patient enquired as to why their relative had been prescribed a new medicine and referred for further tests.	The patient the clinic letter pertained to was seen, prescribed the appropriate medications and her Medical Records updated. An audit of the filing system was commenced to identify if there were any common themes to flag, including if any member of the Administrative Team required further training and support to ensure that an event such as this is avoided in the future. The patient concerned, and their relative were seen by a doctor four days after the incident. A full explanation of the events leading up to the Significant Event were made clear to both the patient and their relative.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The system in place for safety alerts ensures that all clinicians were made aware and relevant actions were taken with regard to medicines and treatment.</p>	

Any additional evidence



N/A
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# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.47	0.46	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)	81.5%	74.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.5% (113)	10.0%	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)	71.1%	75.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (28)	7.7%	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)	74.1%	78.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2% (51)	10.0%	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)	71.7%	78.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (20)	2.3%	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)	90.7%	92.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (5)	5.8%	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)	77.9%	80.4%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (39)	4.1%	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)	90.0%	88.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (9)	7.4%	6.7%	
Any additional evidence or comments				
The exception rating for management of atrial fibrillation was high, but it only related to a small number of patients.				

## 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)	140	158	88.6%	Below 90% minimum (variation negative)
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)	159	180	88.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	159	180	88.3%	Below 90% minimum (variation negative)
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)	157	180	87.2%	Below 90% minimum (variation negative)
<b>Any additional evidence or comments</b>				
The practice were aware that it was below 90%, they had recall systems in place to assist in improving this.				

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)	64.1%	66.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.3%	59.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	42.1%	41.2%	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)	72.7%	75.2%	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)	40.0%	56.5%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				

## 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) <small>(QOF)</small>	91.8%	92.5%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (12)	5.7%	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) <small>(QOF)</small>	90.8%	90.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (8)	5.0%	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) <small>(QOF)</small>	74.3%	82.1%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (7)	4.2%	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)	4.5%	5.0%	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)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.5%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (12)	0.7%	0.8%	

The QOF figures for the practice include the main site only, as at the time of the last QOF the branch was not a part of the practice. The other site had scored much lower in QOF in the last year with 71%. Scores for long term conditions and the management of issues relating to poor mental health at the branch site were substantially below the national average. The practice had incorporated these 3,000 patients into its own existing list of approximately 19,000, and had established the same system of protocols and processes that were in place at the main site. Although the practice had been managing the branch site for a relatively short time (approximately 12 weeks), the practice could demonstrate that they were in the process of addressing the previous poor performance. However, some issues (such as the management of patients on lithium) were yet to be addressed in full.



**Consent to care and treatment**

Description of how the practice monitors that consent is sought appropriately
The practice had policies in place for the management of consent, and all clinical staff were aware of Gillick competencies and Fraser guidelines.

Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	16
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment cards	Patients said that they were well cared for by staff at the service and that they felt involved in decisions regarding their care. Several cards detailed individualised care which patients commented was beyond their expectations.

## 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
21936	425	80	18.8%	0.36%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.7%	88.6%	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)	89.5%	86.6%	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)	93.5%	94.3%	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)	84.6%	84.0%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				

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

Any additional evidence
<p>The practice did not carry out its own survey, but it did develop an action plan based on patient feedback from the national patients' survey.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The three patients that we spoke to all provided positive feedback. They said they were happy with the care that had been provided and felt staff would go over and above what would be expected of them to assist. They also reported they were treated with dignity and compassion.

## 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)	95.3%	92.5%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b>				

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	1.1%, 121 patients
How the practice supports carers	Carers are signposted to locally organised support groups, and are provided with flu vaccinations and annual reviews from the healthcare assistant.
How the practice supports recently bereaved patients	Patients are offered appointments with a GP following a bereavement.

Any additional evidence

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The majority of calls were taken at a desk away from the front desk. The reception desk was large and conversations at the reception desk could not be overheard.

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times – Main site	
Day	Time
Monday	8:00am – 8:00pm
Tuesday	8:00am – 8:30pm
Wednesday	8:00am – 8:00pm
Thursday	8:00am – 8:30pm
Friday	8:00am – 7:00pm
Saturday	9:00am – 12:00pm

Extended hours opening	
Monday	6:30pm – 8:00pm
Tuesday	6:30pm – 8:30pm
Wednesday	6:30pm – 8:00pm
Thursday	6:30pm – 8:30pm
Friday	6:30pm – 7:00pm
Saturday	9:00am – 12:00pm

Practice Opening Times – Branch site	
Day	Time
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm

Extended hours opening	
N/A	

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 calls were passed to the duty doctor for triage, and they would call the patient to determine if a home visit was required.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21936	425	80	18.8%	0.36%

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)	94.8%	94.2%	94.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				

## 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)	77.5%	76.3%	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)	77.2%	71.5%	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)	66.9%	68.1%	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)	71.3%	73.5%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Patients who provided feedback	Patients that we spoke to on the day of the inspection and those that completed comment cards said that they the appointment system worked well.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	See below
<b>Additional comments:</b>	
All complaints were managed in line with the providers own policy. Parliamentary ombudsman details were provided in all letters, but no referrals had been made.	

Example of how quality has improved in response to complaints
The complaints were case specific and did not require significant changes to protocols and policies.

Any additional evidence

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Staff told us that leaders in the practice involved them in decisions, and all staff in the practice were clear about their roles and the policies and procedures which guided the way they worked.

## Vision and strategy

Practice Vision and values
The provider had clear vision and values. In taking the practice forward it was clear how these vision and values had contributed to how the practice was being managed.

## Culture

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

Source	Feedback
Staff interviewed	Staff (including those who had joined at the branch site) told us that they felt the culture of the practice was positive. They told us managers were available and supportive, and that they had built confidence to take on new roles within the practice.

Any additional evidence
The practice had developed an action plan to address previous poor performance at the branch surgery that they had taken on.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	The practice had a full range of policies and procedures which met national and local guidelines. All staff were aware of these.	
Other examples	The practice had a system of audits and quality improvement in place.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Any additional evidence
Meetings at the practice were minuted.

## 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
Observations during the inspection	The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. The practice did not have a formalised risk register at the time of the inspection, but implemented one in the week following the inspection.

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 PPG reported that the practice was very receptive to their suggestions, and had put some suggestions in place such as adding a queue demarcation area at reception. They also reported that the practice rarely shared their plans for the practice with the group.

## Continuous improvement and innovation

Any additional evidence
The practice had an action plan in place to improve the management of patients at their new branch site. The practice had only taken on the site 12 weeks prior to the inspection, so it was not yet possible to determine if they had been successful at actioning this.

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

**Glossary of terms used in the data.**

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