

# Care Quality Commission

## Inspection Evidence Table

### Sina Health Centre (1-566650779)

Inspection date: 8 January 2019

Date of data download: 02 January 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

**The practice had clear 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>The practice used an alert system on the electronic record to identify children with protection plans</li></ul>	

Safeguarding	Y/N/Partial
<p>in place, children in need or vulnerable adults. This information had not been collated into a physical register. The practice addressed this during the inspection.</p> <ul style="list-style-type: none"> <li>The practice did not hold regular meetings with the health visiting team due to the demands on the service. However, clinicians told us they could contact the health visitors at any time to discuss any concerns and share information. We saw examples where these discussions had taken place.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>At the time of our previous inspection, we found that not all of the required staff recruitment information was available, including a photograph, satisfactory information about any physical or mental health conditions which were relevant to the duties for which the person was employed and full immunisation status. We looked at the file for a newly recruited member of staff and found that the required information had been obtained.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 20/07/2018	Yes
There was a record of equipment calibration. Date of last calibration: 15/11/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: January 2018	Yes
There was a log of fire drills. Date of last drill: 14/06/2018	Yes
There was a record of fire alarm checks. Date of last check: 08/01/2019 / carried out weekly	Yes
There was a record of fire training for staff. Date of last training: Individual dates as part of e-learning	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 30/10/2018 – carried out by NHS Property Services	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff were required to complete on line fire training. However, staff told us they were experiencing difficulties completing this training. The practice was arranging for in house training with an external provider.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 20/03/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/06/2013	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The health and safety risk assessment had not been reviewed and updated since the initial assessment. However, the health and safety policy had been reviewed and updated.</li> </ul>	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	26/10/2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• An external audit had been undertaken by the Infection Protection and Control (IPC) team from the local authority. An action plan had been developed to address the areas identified for improvement.</li><li>• A legionella risk assessment had been carried out in November 2018.</li></ul>	

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

- Reception staff told us that staff rotas had been implemented since the previous inspection. A new member of reception staff had been employed and there were plans to recruit additional staff soon. This had reduced the number of additional hours staff needed to work, enabling more time away from work.
- The GPs had attended training on sepsis and a written protocol with identification and action to be taken was in place. All clinicians had access to a validated sepsis tool through the IT system which automatically activated when certain pieces of information were inputted into the records.
- Sepsis guidance was available for reception staff. Staff spoken with were aware the symptoms to ask to about / observe for and the action to take.

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>•</li> </ul>	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.12	0.99	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	5.4%	5.4%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• At the previous inspection we found that serial numbers of prescriptions were not recorded on receipt at the practice. Action had been taken to address this issue and serial numbers were now recorded.</li> <li>• Since our previous inspection the practice had introduced a clear procedure for the management of clinical correspondence and changes to medicines. The GPs were responsible for recording all changes to medicines on the electronic record and sought advice from the pharmacist as required.</li> <li>• The practice had developed guidelines for staff for repeat prescribing. The prescriptions for certain high-risk medicines (methotrexate and azathioprine) were only issued by the GPs. Prescriptions for other high-risk medicines (lithium, amiodarone and warfarin) could only be issued following authorisation from a GP. Prescriptions for warfarin were only authorised if the latest blood results were available. Any irregular requests (too early or too late) or requests for medicines not recorded in the notes were referred to the on-call GP.</li> <li>• The practice had introduced a questionnaire for patients who presented with a potential urinary tract infection (UTI). The questionnaire asked about symptoms and medical history. If the patient presented with at least one symptom, was diabetic or pregnant, then a urine sample would be tested. This was to differentiate between patients who had a UTI and required antibiotic treatment and those who had other conditions with similar symptoms not requiring antibiotics.</li> </ul>	

## 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Significant events were discussed at either practice meetings or clinical meetings depending on the nature of the incident. All significant events were reviewed annually to identify any trends and any ongoing learning.</li> </ul>	

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

Event	Specific action taken
Lack of action taken following abnormal blood results	<p>Bloods had been taken the day before a four-day bank holiday weekend. The results were reviewed by the GP later during the following week, and found to be abnormal. The patient was contacted to see if any action had been taken or advice given over the bank holiday weekend. No action had been taken so the GP arranged for the patient to be admitted to hospital urgently for treatment.</p> <p>The practice contacted the hospital to raise concerns about the lack of action taken over the bank holiday weekend in response to the abnormal result.</p> <p>Following this incident, the practice decided to advise patients on action to take should they become unwell or their condition deteriorate whilst they were waiting for blood results.</p>
Patient with an enlarged prostate gland	<p>The patient presented with difficulty passing urine and found to have an enlarged prostate gland and diagnosed with benign hypertrophy of the prostate. Six weeks later, the patient presented again with additional symptoms and was found to have a large firm prostate on examination. The GP requested a specific blood test which was raised. The patient was urgently referred to the hospital and diagnosed with prostate</p>



	<p>cancer.</p> <p>The clinicians agreed that if any patient presented with a firm enlarged prostate, then the practice should request specific blood tests to rule out prostate cancer.</p>
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Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Yes
Staff understood how to deal with alerts.		Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>At our previous inspection we found that the practice did not have a system in place to demonstrate that alerts which may affect patient safety had been received, recorded and acted upon. Alerts were disseminated by the practice manager to all clinicians and the practice pharmacist. The practice had introduced a log to record details of the safety alerts received and the action taken. The alerts and actions were countersigned by all three GPs. The pharmacist supported the practice by running searches for patients on any specific medicine as identified in the alerts.</li> <li>The practice had responded to specific safety alerts by devising practice protocols. The practice had introduced a protocol for the management of hyperkalaemia (high potassium level in the blood) and a flow chart for the response to bleeds from life threatening arteriovenous fistulas and grafts.</li> </ul>		

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.28	0.75	0.81	Variation (positive)

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. <a href="#">Each GP reviewed their own discharge letters and reviewed patients where appropriate.</a></li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li><a href="#">The practice nurse carried out home visits to housebound patients for immunisations.</a></li> </ul>

## People with long-term conditions

## Population group rating: Good

### 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, the GP worked with other health and care professionals to deliver a coordinated package of care. [The practice nurses visited house bound patients at home to carry out their annual review.](#)
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- [The majority of the practice's performance on quality indicators for long term conditions were in line with or above local and national averages. However, the exception reporting rates for the indicators for diabetes and patients with chronic obstructive pulmonary disease were above the local and national averages. Staff told us that clinicians were responsible for exception reporting. The practice nurses told us that if patients were under the care of the specialist nurses or hospital consultants, they were often exception reported although they continued to be invited for their annual review at the practice.](#)
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The health care assistant offered advice and support with smoking cessation and weight management. Patients were also signposted to local services such as support groups for lifestyle advice and support with diet, exercise and smoking.

Diabetes Indicators	Practice	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)	89.1%	78.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	22.6% (89)	11.3%	13.2%	N/A
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)	83.7%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.5% (49)	6.3%	9.8%	N/A

	Practice	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) <small>(QOF)</small>	85.8%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.6% (77)	9.5%	13.5%	N/A

Other long-term conditions	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) <small>(QOF)</small>	79.5%	77.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (21)	2.5%	7.7%	N/A
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) <small>(QOF)</small>	93.0%	91.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.3% (33)	8.5%	11.5%	N/A

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)	85.8%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (19)	2.8%	4.2%	N/A
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)	81.6%	90.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (3)	4.8%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Two of out of the four childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The other two indicators were over 90%. One of the practice nurses had the lead role for childhood immunisations and followed up children who did not attend their immunisation appointments. The nurse told us if an appointment for primary immunisations was missed, they contacted the parent by telephone the same day to rebook the appointment.
- 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 and would liaise with health visitors when necessary.
- The practice held weekly immunisation clinics although appointments could also be made at other times. The midwife visited the practice weekly and the health visitors held monthly clinics.
- Young people could access services for sexual health and contraception. The practice provided emergency contraception, chlamydia screening and free condoms.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	83	84	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	81	84	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	79	84	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	78	84	92.9%	Met 90% minimum (no variation)

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- 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 and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	77.4%	71.8%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.0%	67.9%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.0%	49.1%	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. (01/04/2017 to 31/03/2018) (PHE)	85.0%	74.8%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	34.6%	44.9%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme. Reminder letters were sent to patients who did not attend, and those patients were who anxious or required longer appointments.
- The practice's uptake for breast and bowel cancer screening was above the national average.

#### People whose circumstances make them vulnerable

Population group rating: **Good**

#### 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 carried out joint reviews with the specialist nurse for patients with a learning disability.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Good**

**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 'stop smoking' 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.
- The practice had a nominated dementia champion. Patients diagnosed with dementia and/or their carer were given an information pack, which provided leaflets about the condition and support available. Information was also available in the waiting room. Regular meetings were held at the practice.
- The practice's performance on the three quality indicators for patients experiencing poor mental health was in line with or above local and national averages.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.7%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.3% (4)	7.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	10.7% (3)	4.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	81.6%	82.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (3)	6.0%	6.6%	N/A

### 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.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	531.2	537.5
Overall QOF exception reporting (all domains)	6.8%	5.2%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

The practice had undertaken an audit to identify patients prescribed a specific group of medicines
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(gliptins) used to treat diabetes. Best practice guidance indicated that this type of medicine should only be used if a beneficial metabolic response had been observed within six months of initiation and the most cost-effective medicine should be prescribed. The first audit cycle had identified 50 eligible patients on one type of gliptin. Of these, nine patients were suitable for a straight swap to the more cost-effective type of gliptin following a face to face review with the pharmacist. A further three patients were also suitable but required dosage adjustments following a review with the GP. A further 11 patients needed to be reviewed by the GPs for the continued need for a gliptin as a beneficial metabolic response had not been observed. The practice was in the process of reviewing and switching medicines and second audit cycle was planned for March 2019.

#### **Any additional evidence or comments**

The practice had undertaken a range of audits in recent years. A recent audit demonstrated improved safety and efficiency in the management of diabetic patients. The practice acknowledged that the results were below the local target but were improving.

## Effective staffing

**The practice was able to demonstrate that staff had 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Since our previous inspection the practice had introduced a structured induction programme for new staff. We saw that this had been completed by a newly employed member of staff.</li> <li>• Staff were provided with training opportunities, both external and via e-learning (on-line). However, the training matrix indicated that some training was overdue.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or	Yes

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

## 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 need 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Smoking 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) <small>(QOF)</small>	97.9%	97.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (4)	0.3%	0.8%	N/A

## Consent to care and treatment

**The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice staff documented consent within their electronic systems and with written consent forms for joint injections.</li><li>• Staff we met had a clear understanding and awareness of capacity, best interest decisions and of Gillick competencies. Practice guidelines and policy were in place to support staff.</li></ul>	

## 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.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	34
Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Interview with patients	We spoke with two patients during the inspection. They told us that staff treated them with kindness and respect.
CQC comment Cards	Thirty-four comment cards were completed by patients. All of the comment cards contained positive comments about the caring service provided. Staff were described as caring, kind and respectful. Three particular members of staff were mentioned in respect of the support they had given to individuals and 'going the extra mile'.
NHS Choices	Four comments had been posted on NHS Choices since March 2018. The practice had responded to both positive and negative comments. Three patients rated their positive experience as five star. These patients reported positively on the staff and the care and treatment they had received. One patient rated their experience as one star. This patient commented that the GP they saw was not one of the usual GPs. They were not happy with the diagnosis they were given so they sought a second opinion at the walk-in centre.
Healthwatch Walsall Enter and View Visit Report September 2018	Ten patients were spoken with during the Enter and View visit. The majority of patients who had interacted with the GPs, practice nurses and reception staff commented that they were very good in terms of friendliness, helpfulness and informative.

## 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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7278	297	111	37.4%	1.53%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	85.9%	87.0%	89.0%	No statistical variation
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)	83.4%	85.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.2%	95.3%	95.6%	No statistical variation
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)	89.8%	81.8%	83.8%	No statistical variation



### Any additional evidence or comments

The practice had reviewed the results from the National GP survey published in August 2018. Eight areas for improvement had been identified, three of which were where the results were below the clinical commissioning group (CCG) and national averages. These areas related to patient satisfaction around the choice, type and times of appointment availability. Reception staff had been advised to inform patients about choice and time of appointment and GP, and also the availability of early morning appointments with the practice nurse and evening appointments with GPs. The results of the other four areas were in line with the clinical commissioning group and national averages. These areas related to patient satisfaction with the consultation, including sufficient time, involvement in decisions, and the clinicians listening to and demonstrating care and concern. The clinicians had been reminded to be mindful of these areas during consultations with patients. The practice planned to discuss these findings at the next practice meeting and with the patient participation group (PPG) at their next meeting scheduled in January 2019.

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

### Any additional evidence

Members of the PPG told us they had supported the practice with surveys in the past. They had been asked during late 2018 if they would assist the practice again but had requested that the survey be put on hold until early 2019 due to other commitments.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	We spoke with two patients during the inspection. They informed us the GPs and nurses fully engaged them in their treatment and care decisions. Both spoke highly of the staff and their professionalism.
CQC comment Cards	Positive comments included time taken to explain long term medical conditions, GPs always very thorough and all questions and queries answered. However, one person commented that they felt that sometimes the GPs do not always listen.

Healthwatch Walsall	Healthwatch Walsall had received negative comments from two patients. The comments suggested a lack of consultation and miscommunication or understanding between the GP and patient.
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## 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)	92.3%	91.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had developed information packs for patients living with dementia and their carers. This information was also available in other languages.	

Carers	Narrative
Percentage and number of carers identified.	The practice population on the day of the inspection was 7496. The practice had 108 registered carers. This represented 1.4% of the practice population.
How the practice supported carers.	Carers were coded on the electronic notes and offered a health check and an annual flu vaccination. Carers had direct access to GPs when they needed advice, support or appointments. Information about support organisations for carers was displayed in the waiting room.
How the practice supported recently bereaved patients.	The practice sent a bereavement pack to the family, which contained a card and an information booklet. Patients were signposted to counselling services as required.

## 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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: There was a privacy notice on the reception desk requesting that patients stand back from the desk behind the line for privacy.	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available: GPs	
Monday	8am to 11am / 3.30pm to 6pm
Tuesday	8am to 11am / 3.30pm to 6pm
Wednesday	8am to 11am / 4pm to 6pm
Thursday	8am to 11am / 4pm to 6pm
Friday	8am to 11am / 4pm to 6pm
Appointments available: Practice Nurses	
Monday	7.30 am to 2pm
Tuesday	7.30 am to 2pm / 3pm to 6pm
Wednesday	7.30 am to 2pm
Thursday	7.30 am to 2pm / 3pm to 6pm
Friday	7.30 am to 1pm / 1pm to 6pm
Appointments available: Health Care Assistant	
Monday	12 noon to 6pm
Tuesday	9.30am to 2pm

Wednesday	12 noon to 6pm
Thursday	9.30am to 1pm
Friday	9.30am to 2pm

- Appointments were also available with the GPs between 6.30pm and 7.15pm on Monday, Tuesday and Wednesday evenings.
- The practice used a telephone messaging service between 1pm and 2pm and 6pm and 6.30pm every weekday.

### **Extended GP Access Service**

Patients also had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.

Extra GP appointments were available between:

- 6.30pm – 9pm weekdays (all four hubs)
- 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice)
- 11am – 1.30pm Bank Holidays (all four hubs)

Appointments could be booked by calling 01922 501999 during the following times:

- 8am – 9pm weekdays
- 10am – 3pm weekends
- 11am – 1.30pm bank holidays

NHS 111 were also able to book appointments for patients.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7278	297	111	37.4%	1.53%

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)	94.9%	94.4%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided in-house electrocardiogram (ECG) which is a simple test that can be used to check the heart's rhythm and electrical activity.
- The practice provided in house Spirometry. (Spirometry is a simple test used to help diagnose and monitor certain lung conditions).
- The practice offered insulin initiation for patients who needed to commence insulin therapy.

## Families, children and young people

Population group rating: Good

### Findings

- Appointments with the practice nurse were available from 7.30am Monday to Friday, and with the GPs between 6.30pm and 7.15pm on Monday, Tuesday and Wednesday.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 15 years were offered a same day appointment when necessary.
- 

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations, extended hours appointments, on line services and access to the extended hours hub for evening and weekend appointments.
- Appointments with the practice nurse were available from 7.30am Monday to Friday, and with the GPs between 6.30pm and 7.15pm on Monday, Tuesday and Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, through the Extended GP Access Service. Appointments were available between 6.30pm and 9pm on weekdays, between 10am and 3pm on Saturday and Sunday, and 11am and 1.30pm on bank holidays.

## 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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Same day appointments were available for patients assessed as vulnerable and those with palliative care needs.
- The practice was undertaking work to tackle loneliness. A meeting had been organised at the end of January 2019 for people who considered themselves lonely or socially isolated. It was hoped that this meeting would become a regular occurrence.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice worked closely with the community mental health nurse, who held weekly clinics at the practice. Clinicians met twice a year with the consultant psychiatrist to review patients care.



## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

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)	87.6%	n/a	70.3%	-
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)	70.6%	67.3%	68.6%	No statistical variation
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)	55.3%	65.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	63.9%	71.2%	74.4%	No statistical variation

### Any additional evidence or comments

The practice had developed an action plan in response to the national patient survey. There were plans to discuss the action plan at the next practice meeting and patient participation meeting.

Source	Feedback
Interview with patients	We spoke with two patients during the inspection. They told us they were able to get urgent appointments when needed and routine appointments were usually available within one or two weeks, which they considered reasonable.

CQC comment cards	Five comment cards made reference to appointments. One person commented that they had been given an urgent appointment within two hours of calling the practice. Four people commented about the wait for a routine appointment which could be up to two weeks.
Healthwatch Walsall Enter and View Visit Report September 2018	Ten patients were spoken with during the Enter and View visit. Eight patients commented that the practice opening hours suited their needs, although two patients said the opening hours didn't suit their requirements. With regard to appointments, eight patients found it very easy or easy to book an appointment and one patient found it difficult to book an appointment.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Information about how to make a complaint was displayed in the waiting area and on the website. Complaints leaflets and forms were readily available.</li> <li>We saw that complaints were routinely discussed with all staff at practice meetings. Complaints were reviewed annually to identify any trends and any ongoing learning.</li> <li>We saw that one complaint had also been investigated through the significant event process.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
A referral was not made following the receipt of the results of required tests.	The practice did not have a system in place to alert GPs to make a referral following receipt of results of tests carried out by the district nurses for house bound patients. Following investigation of the complaint, the administrative team now maintained a register of housebound patients, including those who need a referral to be made following the receipt of results so the GP could be alerted.

<p>A patient did not receive a hospital appointment following an urgent referral made by the practice.</p>	<p>The patient contacted the practice as they had not received an appointment within two weeks of the referral. The hospital was contacted and a referral had not been received as it had been faxed from the practice, and referrals were no longer accepted by fax. The patient was given an urgent appointment.</p> <p>This issue was raised with the clinical commissioning group (CCG) as the change in procedure had not been communicated to GP practices. The CCG investigated the issue and the change was communicated to all practices in Walsall.</p> <p>However, the complaint highlighted that practice staff had not followed up the referral with the hospital when it was made. Staff were reminded that when an urgent referral was made, they needed to check that it had been received by the hospital.</p>
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## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes*
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• All staff were invited to the monthly practice meetings and encouraged to contribute their views and suggestions.</li><li>• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.</li><li>• Staff were encouraged to discuss any issues or complex cases and to offer and receive peer support.</li><li>• There were clear lines of responsibility within the management team and between the clinicians.</li><li>• The partners told us that at present a succession plan was not required, as none of the partners planned on leaving or retiring in the near future.</li></ul>	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had developed strategic priorities for 2018-19. These included clinical innovation and better use of technology; active involvement of patients in setting standards and goals; promote holistic care with special emphasis on patients with long term conditions; providing a sustainable workforce with high morale and commitment to deliver high quality care and</li></ul>	

expanding the range of services provided with more onsite diagnostics.

- The practice had expanded the range of services through the introduction of 24 hour blood pressure monitoring, and the introduction of an automatic blood pressure recording facility in the reception area.

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> <li>• Staff were aware of their whistleblowing policy and told us they would raise any concerns if necessary.</li> </ul>	

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

Source	Feedback
Interviews with staff	<p>Staff told us they enjoyed working at the practice and spoke highly of the culture. They reported they felt respected and valued.</p> <p>A newly appointed member of staff told us they had been well supported during their induction and they felt able to ask for help and assistance as required.</p>
Patient Participation Group (PPG)	<p>The PPG enabled the practice to discuss developments with patient representatives and to receive feedback to support changes within the service.</p> <p>The PPG had supported the practice to obtain patient views by handing out friends and family comment cards to patients in the waiting room and through the development of the patient satisfaction survey</p>

## 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 which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• All staff attended the monthly practice meetings, which was the forum at which significant events analyses, complaints and performance were discussed.</li><li>• Communication was effective and organised through structured, minuted meetings.</li><li>• The GPs had lead managerial and clinical roles within the practice. They also operated in house GP to GP referrals for conditions such as cardiology, insulin initiation, orthopaedics and palliative care.</li></ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice undertook a range of audits. A number of the audits linked to use of certain medicines.</li><li>• The practice monitored the number of appointments lost through non-attendance and displayed this information in the reception area.</li><li>• The monthly results from the friends and family test were displayed in the waiting area.</li><li>• Performance was a standing agenda item at practice meetings.</li></ul>	

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

## 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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

## Feedback from Patient Participation Group.

Feedback
<p>We met with two members of the patient participation group. PPG meetings were held every two months and attended by representatives from the practice. The PPG reported that the practice listened to views whether positive or negative and made changes wherever possible. They had supported the practice to obtain patient views by handing out friends and family forms, through the development of the patient satisfaction survey and discussion of the action plan in relation to the national GP survey.</p> <p>They also told us that the practice had organised two walk-in sessions for flu vaccinations, which had been efficiently organised and managed.</p>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

## Examples of continuous learning and improvement

- The practice continued to support patients living with dementia and their carers through the support meetings and the information pack. The dementia champion had organised a social event which included a talk on Parkinson's disease. A meeting had been organised at the end of January 2019 for people who considered themselves lonely or socially isolated. It was hoped that this meeting would become a regular occurrence.
- Following a suggestion by a member of staff, the practice had introduced an automatic BP recording facility in reception, which patients were encouraged to use and give their results to the reception staff. The results were reviewed by one of the practice nurses and recorded in the patient record. The practice nurse told us they would contact the patient to make an appointment if their reading was outside of the normal range. The machine had been in place around four weeks and had already identified one patient with raised blood pressure.
- The practice planned to introduce text messaging in the near future. It was hoped that this would help to reduce the number of lost appointments through non-attendance by patients.
- Reception staff told us that the introduction of the telephone messaging service between 1pm and 2pm had enabled them to manage their workload more effectively.
- The practice had introduced a questionnaire for patients who presented with a potential urinary tract infection (UTI), in order to ensure antibiotics were prescribed appropriately.



## 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 no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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.
- 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 uses a rules based approach for scoring, due to the distribution of the data

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:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.