

# Care Quality Commission

## Inspection Evidence Table

### The Bradford Moor Practice (1-540248976)

Inspection date: 21 November 2018

Date of data download: 19 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and 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
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: N/A	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 31/08/18
There was a record of equipment calibration Date of last calibration:	Yes 31/08/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 17/07/18
Actions were identified and completed.	Yes
Additional observations:	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 31/08/18
Health and safety risk assessment and actions Date of last assessment:	Yes 10/08/18
Additional comments: N/A	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified  Detail: the practice achieved a high level of compliance with IPC with only minor issues identified and acted upon.	Yes Nov 18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: N/A	

Any additional evidence
N/A

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
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.	Yes

## 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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had 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

## 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)	0.87	0.99	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)	2.9%	5.4%	8.7%	Significant Variation (positive)

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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

## 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	Yes
Staff understood how to 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.	9
Number of events that required action	9

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

Event	Specific action taken
A member of staff forgot to pass on a telephone message relating to an abnormal clinical result. The error was discovered following a second call several days later. The patient was immediately reviewed and remedial action taken. An apology was made.	We saw that a review was undertaken and the protocol for the taking and recording of messages was revised. The system was discussed across the staff team and measures put in place to prevent a recurrence.
A needlestick injury was sustained by a clinical member of staff.	We saw that appropriate advice had been taken from the CCG following the incident and the staff member refreshed their training to lessen the likelihood of a recurrence.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: All relevant staff are emailed and a hard copy is distributed and signed off by the lead clinician.	

Any additional evidence
N/A



# 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)	0.62	0.60	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)	62.8%	78.9%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (9)	12.9%	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)	87.5%	81.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (13)	11.0%	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)	70.0%	81.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (15)	17.3%	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)	94.9%	77.4%	76.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (2)	7.9%	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)	94.0%	91.4%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (2)	10.4%	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)	90.5%	84.9%	82.6%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (7)	5.2%	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)	100.0%	92.4%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (1)	9.9%	6.7%	
<b>Any additional evidence or comments</b>				
<p>The provider has devised a diabetes strategy. The actions have included the practice pharmacist completing enhanced training and obtaining a diabetes care diploma. The provider has also developed an in-house diabetes management tool.</p> <p>A CCG health champion visits the practice on a regular basis and the provider showed us plans to develop an in-house dietician led education pack for patients with or at risk of developing diabetes. A women's group and walking group were also in the early stages of implementation to improve health outcomes.</p>				

## 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)	62	64	96.9%	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)	59	61	96.7%	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)	58	61	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	59	61	96.7%	Met 95% WHO based target (significant variation positive)

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)	66.9%	73.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	52.6%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.8%	53.4%	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)	71.4%	69.5%	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)	45.5%	60.7%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments:</b> Uptake for cervical screening has been a priority for the practice and we saw data (unpublished and as yet unverified) that the percentage of eligible women being screened had risen from 50% in April 2016 to 97% in November 2018. The provider had engaged with the local screening coordinator to discuss ideas to improve the uptake of bowel screening.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.0%	93.4%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.6%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	94.0%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.7%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	85.6%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.0% (1)	7.1%	6.6%	
<b>Any additional evidence or comments: N/A</b>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	524.97	-	-
Overall QOF exception reporting (all domains)	6.8%	6.3%	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)	100.0%	95.8%	95.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (2)	0.8%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were appropriate systems for the obtaining of consent and this was recorded on the patient record.

Any additional evidence
N/A

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	75
Number of CQC comments received which were positive about the service	67
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comment cards, patient interviews	Patients consistently told us that clinical staff and receptionists were kind and caring. The only mixed or negative comments we received related to the availability of routine appointments.



## 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
3714	411	105	25.5%	2.83%

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)	75.2%	88.5%	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)	71.3%	87.0%	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)	86.2%	95.3%	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)	58.5%	81.2%	83.8%	Variation (negative)
<b>Any additional evidence or comments: see below</b>				

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

Date of exercise	Summary of results
Summer 2018	<p>The provider had commissioned an independent patient survey that gathered comprehensive data and considered the patient experience across a wide range of topics. The survey asked similar questions to the national GP patient survey, took place over the summer of 2018 and had 45 completed responses. The provider consistently scored well above average in all questions around caring, including whether to recommend the practice to others. The provider achieved a score of 89% against the national average of 82% relating to a question asking if a patient would recommend the practice to others.</p>

Any additional evidence
The provider gathered friends and family test data and scored consistently high levels of satisfaction.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards and Interviews with patients.	Patients told us that they felt involved in decisions about care and treatment.

## 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)	75.8%	91.6%	93.5%	Variation (negative)

### Any additional evidence or comments

In addition to comment cards received during the inspection and our interviews with patients, we saw that the independent patient survey undertaken in the summer of 2018 scored highly in relation to questions about patient involvement. All 45 responses scored the provider as good/very good at listening and advice regarding self-care.

The provider also held a fun day event in August 2018 that promoted health promotion and encouraged patients to be more aware of their health. As a result of testing and screening opportunities at the event, several patients were diagnosed with diabetes and appropriately supported.

Question	Y/N
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 easy read format.	On request
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The provider had identified 111 patients as carers and recorded them on their register. This was equal to 3% of the practice population.
How the practice supports carers	The provider actively encouraged carers to have the flu immunisation and also provided access to workers from the carers resource project. Longer appointments were offered to carers in order to have a holistic assessment of their needs.
How the practice supports recently bereaved patients	The practice has close relationships with many of their patients and offer direct support in times of bereavement.

Any additional evidence
N/A

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	We observed that receptionists used discretion in managing confidentiality at the reception desk and when answering the telephone.

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
Comment cards and patient interviews	We received consistent feedback that patients were treated with respect and dignity.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 7.30pm
Tuesday	8am to 7.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 12.30pm
Friday	8am to 6.30pm

Appointments available	
	Throughout the day
Extended hours opening	
	Monday and Tuesday, access to extended hours hub also available seven days a week.

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	Yes
If yes, describe how this was done	
All requests for home visits were reviewed by the lead GP. Vulnerable patients, including those receiving end of life care were regularly visited at home by the lead GP.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3714	411	105	25.5%	2.83%

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)	84.1%	94.6%	94.8%	Comparable with other practices
<b>Any additional evidence or comments: N/A</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)	41.6%	59.9%	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)	45.6%	62.8%	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)	54.2%	61.0%	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)	51.9%	69.6%	74.4%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>We saw that, in response to feedback, an action plan had been developed. The number of appointments available for online booking had increased and this facility had been publicised to patients. In addition, the telephone system had been upgraded to increase capacity and reduce waiting times for patients. The improvements in the patient experience were reflected in the positive scores seen in the most recent patient survey commissioned by the provider.</p>				

### Examples of feedback received from patients:

Source	Feedback
Comment cards	A small number of patients told us that it was still sometimes difficult to get through on the telephone and to arrange a convenient routine appointment. However, the majority of patients told us that the service was accessible or was improving.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>We reviewed both complaints and found that they had been appropriately managed. The complaints had not led to any specific learning for the practice. However, one of the complaints related to the availability of appointments, which is an issue of ongoing review by the provider.</p>	

Example of how quality has improved in response to complaints
<p>The provider continues to review patient satisfaction in relation to the availability of routine appointments. We saw that the practice offers a courteous response to patients and has an effective triage system in place to ensure that patients in need are not turned away.</p>

Any additional evidence
N/A



# Well-led

## Leadership capacity and capability

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

The provider demonstrated effective leadership by setting high standards across the practice. Staff were encouraged to bring their own ideas and engage with their patients to improve care outcomes.

### Any additional evidence

N/A

## Vision and strategy

### Practice Vision and values

The practice had a clear ethos of providing compassionate high-quality care. Patients were treated with respect and we saw that Dr Hakeem and his team would do their best to support vulnerable patients in a flexible and responsive way. This was echoed in the patient feedback we received during the inspection.

## Culture

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

All of the staff we spoke with and observed were kind, well-informed and enthusiastic to improve patient outcomes. For example, in the uptake of cervical screening.

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

Source	Feedback
Staff members	Staff we spoke with expressed their loyalty to the practice and described how the lead GP and the practice manager led by example. They told us they were very proud to be part of a small and committed team delivering care to a highly deprived patient population. They told us that they felt supported personally and in pursuing their own professional development.

### Any additional evidence

N/A

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw a range of appropriate polices that were regularly reviewed.
Other examples	Regular meetings were held across the clinical and non- clinical teams and these were comprehensively recorded and actions followed up.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
N/A

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and Safety	We saw comprehensive risk management activity.
Fire Safety	We saw comprehensive risk management activity.
Safeguarding	We saw compliance with training and good awareness across the team.

Any additional evidence
N/A

## Appropriate and accurate information

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

Any additional evidence
N/A

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

### Feedback from Patient Participation Group;

Feedback
We met with the patient group representative who confirmed that the provider listened to all suggestions from the patient group and described the provider as very caring and respectful. The patient group worked closely with the practice to identify opportunities to combat loneliness and address health issues. For example, with the establishment of the Men's Health group.

Any additional evidence
N/A

## Continuous improvement and innovation

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

Audit area	Improvement
Diabetes	Following review of patients on oral medication for the management of diabetes, the provider had devised a strategy for diabetes management. This has included enhanced training for the clinical pharmacist. Progress on diabetes management is being monitored by the provider on a regular basis.
The use of ACE inhibitors	Full cycle audits have demonstrated an improvement in the number of patients attending for clinical review to monitor their health whilst taking certain heart related medications.

Any additional evidence
N/A

### Notes: CQC GP Insight

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

across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

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