

Care Quality Commission

Inspection Evidence Table

Dr Pervez Sadiq (1-506480318)

Inspection date: 16 January 2019

Date of data download: 07 January 2019

Overall rating: Requires Improvement

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: January 2018	Y
There was a record of equipment calibration. Date of last calibration: April 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 15/2/18	Y
There was a log of fire drills. Date of last drill: November 2018	Y
There was a record of fire alarm checks. Date of last check: 10/1/19	Y
There was a record of fire training for staff. Date of last training: 13/03/2018 – 11/12/2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 17/1/2019	Y
Actions from fire risk assessment were identified and completed.	Partial
The fire risk assessment was not seen on the day of the inspection; however, evidence was sent confirming that the assessment had been completed. The information sent indicated that action plan had been put in place to address any issues identified such as staff propping open fire doors.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 29/10/18	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y

Date of last assessment: 29/10/18	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: September 2018.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Infection prevention and control systems were in place, there was an infection control lead who was responsible for carrying out any recommendations in the infection control audit and a cleaning schedule was in place and followed. However, additional action was needed because the schedule did not include a deep clean of small pieces of diagnostic equipment used by the doctors and nurses during clinics or on home visits. These items were cleaned by the clinician after each use however, a periodical check and deep clean is recommended.	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers and additional evidence:	

Information for dealing with medical emergencies such as cardiac arrest, was on display and staff had completed basic life support training which was up to date. However, receptionists were not aware of the risks of sepsis, had not completed sepsis awareness training and sepsis information posters were not on display in the front office or waiting areas.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

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	1.12	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>	5.3%	8.2%	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

Track record on safety and lessons learned and improvements made

The practice sometimes learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y

There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	4
<p>The practices response to significant events was mixed and, at times, there was insufficient documented evidence to confirm that detailed investigations had been completed. It was not always evident that patients were always responded to appropriately. This was because a specific report detailing the investigation, findings and outcomes for each event had not been compiled.</p> <p>However, meeting notes and discussions with staff confirmed that information was shared. Newly introduced and draft policies and procedures indicated that changes were made to try and address the issues identified.</p> <p>We were informed that individual staff attended courses to update their skills if this was identified as a factor in the event and this was verified by relevant training certificates.</p> <p>The provider stated they gave verbal feedback to patients, however this was not routinely followed up with a written letter of apology or explanation about the cause of the event and the actions taken to improve services.</p>	

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

Event	Specific action taken
Medicines errors	Specific action including seeking independent advice and changes to the process for dealing with prescriptions was seen. Written feedback was not given to any of the stakeholders.
Laboratory results	Specific action was taken and policies and procedures had been updated to address the issues identified during the investigation.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

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.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>The provider depended on the doctors and nurses taking responsibility for their own professional development. We saw that all the GPs and locums were up-to-date with their revalidation and continual professional development.</p> <p>The provider had recently introduced core training which all staff, including locums, were expected to complete.</p> <p>There was a training matrix which recorded all the training completed by staff and it was evident from certificates in staff files that courses had been completed.</p>	

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) <small>(NHSBSA)</small>	0.62	1.19	0.81	No statistical variation

Older people

Population group rating: **GOOD**

Findings

- 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.

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)	70.1%	76.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.1% (6)	12.7%	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)	68.3%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.2% (10)	5.0%	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>	77.2%	78.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (9)	8.1%	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>	71.8%	75.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (11)	5.6%	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>	90.9%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.7% (14)	9.3%	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)	82.4%	83.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (7)	2.5%	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)	90.9%	90.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (3)	5.2%	6.7%	N/A

Any additional evidence or comments

The provider did not have an explanation with regards to the exception rate in this area.

Families, children and young people

Population group rating: GOOD

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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.
- Young people could access services for sexual health and contraception.

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)	39	42	92.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	32	33	97.0%	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)	32	33	97.0%	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)	31	33	93.9%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: GOOD

Findings

- The practice had the meningitis vaccine if requested by a patient 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) (PHE)	72.0%	71.6%	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)	65.1%	64.6%	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)	50.3%	51.0%	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)	73.3%	72.0%	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)	33.3%	46.0%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: add rating here GOOD

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable, however we noted that a quarterly meeting had been missed during 2018 because of lack of attendance. This was discussed with the providers representative who stated that people's needs were discussed individually with the relevant doctors and nurses. This information was documented in individual notes.
- The practice did not have an ongoing register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability, however they could calculate this information when it was needed. There were however mental health and child protection registers.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**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.
- Some staff had received dementia training in the last 12 months.

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)	95.0%	91.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	16.7% (4)	8.7%	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%	93.0%	90.0%	Variation (positive)
Exception rate (number of exceptions).	25.0% (6)	7.7%	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)	72.7%	81.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	21.4% (3)	7.3%	6.6%	N/A

Any additional evidence or comments

The provider was unable to explain any of the instances of higher than average exception ratings.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity, however the effectiveness and appropriateness of some of the care provided was monitored.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	543.5	535.4	537.5
Overall QOF exception reporting (all domains)	4.7%	5.2%	5.8%

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

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

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|---|
| <ul style="list-style-type: none">• An audit to check whether antibiotic prescribing aligned with the local guidance and recommendations was carried out. The audit was run January 2017 and then January 2018. The data indicated that significant improvements were achieved because of changes made in response to the findings. |
| <ul style="list-style-type: none">• An audit to check compliance with NICE guidance for reviewing all patients newly diagnosed with hypertension. The audit was run April 2018 and January 2019. The result indicated that compliance with NICE guidance increased. |

Any additional evidence or comments
The practice completed audits on an adhoc basis and a comprehensive audit schedule was not in place.

Effective staffing

The practice was able to demonstrate that some 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial
The provider supported staff to attend courses of their choice, however staff compliance with the training plan was not monitored.	
The provider could describe action taken in response to poor or variable performance. However, there was no documented evidence to confirm appropriate action had been taken and an appropriate performance procedure followed.	

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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between	Y

services.	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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>	99.7%	96.6%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.4% (3)	0.5%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

The practice was able to demonstrate that it 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	N
Explanation of any answers and additional evidence: Record checks did not include checking whether consent was recorded and sought appropriately.	

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards

Total comments cards received.	41
Number of CQC comments received which were positive about the service.	40
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Healthwatch Knowsley	Information provided additional positive feedback from patients.

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
2881	411	95	23.1%	3.30%

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)	86.8%	89.2%	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)	88.8%	87.7%	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)	93.6%	94.3%	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)	94.0%	87.2%	83.8%	No statistical variation

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

Any additional evidence
The practice participated in the Friends and Family questionnaire scheme. Between July 2018 and December 2018, most patients said they would recommend the practice to their friends and family members.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	Three members of the patient participation group (PPG) were interviewed. Their feedback indicated that they were kept informed about the plans for the practice and were given opportunities to influence what happened at the practice. The PPG members also said they were given information about health promotion and local plans which could be shared with the wider community through their involvement with other community groups.

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)	97.6%	93.5%	93.5%	No statistical variation

Any additional evidence or comments

In response to feedback from patients the provider had introduced an electronic system so patients could book their own appointments.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	N
Information about support groups was available on the practice website.	N
<p>Leaflets in the practice were only available in English, however the provider was aware that patient leaflets were available on line.</p> <p>Practice website – the practice has its own website which the practice pays for and Knowsley & St Helens Health Informatics Service update the information on the instructions of the practice. There was no information about support groups on this website.</p>	

Carers	Narrative
Percentage and number of carers identified.	68 which is approximately 2.5% of the patients list.
How the practice supported carers.	A member of staff has been designated a lead for carers and completed carers awareness training and attends update courses.
How the practice supported recently bereaved patients.	Patients are referred to the bereavement counselling service and on occasion a member of the clinical team will contact the family.

Privacy and dignity

The practice respected / did not always respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Require Improvement

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs with the exception of dealing with complaints and concerns.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm; 6.30 to 8pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 12mid-day and 3.30pm to 6pm
Tuesday	9am to 12mid-day and 3.30pm to 6pm
Wednesday	9am to 12mid-day; 3.30pm to 5.30pm; 6.30 to 8pm
Thursday	9am to 12mid-day and 3.30pm to 6pm
Friday	9am to 12mid-day and 3.30pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2881	411	95	23.1%	3.30%

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)	94.7%	95.2%	94.8%	No statistical variation

Any additional evidence or comments

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Older people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> 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. In recognition of the religious and cultural observances of some patients, arrangements could be made to ensure needs were responded to quickly, outside of normal working hours, to provide the necessary death certification to enable a prompt burial as required.

People with long-term conditions

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> The practice attempted to ensure 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.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Nurse appointments were available until the early evening each day so school age children did not need to miss school.
- 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 and looked after children. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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.
- The practice was open until 8pm on Wednesdays and until 6.30pm on other weekdays.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice could identify patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It was reported that the practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Requires Improvement

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.
- Training in dealing with mental health needs and working with people with dementia was provided.

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y
The provider stated appointments were never cancelled.	

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)	92.5%	N/A	70.3%	Variation (positive)
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)	71.2%	68.2%	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)	67.3%	65.8%	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)	80.9%	72.0%	74.4%	No statistical variation

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	N
There was evidence that complaints were used to drive continuous improvement.	N
<p>There was a complaints policy in place providing staff with information about dealing with complaints, however there was no information in the waiting area alerting patients to the practices complaint policy and a concern, complaint, compliment leaflet was not provided. The provider indicated that a folder was kept behind the reception desk and so patients would have to request a complaints form.</p> <p>The provider did not record the detail of conversations and actions taken to support and work through a complaint if the complaint was received verbally. In addition, the provider did not identify when a complaint or concern was significant enough to require written and detailed feedback. There was no evidence to confirm patients had been informed of the investigation, findings and changes in relation to their complaints. Records held by the provider did not indicate that patients were informed about the steps they could take if they were dissatisfied with the handing of a complaint. There was no evidence that patients were signposted to the parliamentary ombudsmen if they wanted to take their concerns further.</p> <p>These findings meant the provider was non-compliant with the Health and Social care act 2008 regulation 16 Receiving and acting on complaints. This means the practice will be rated as requires improvement in the responsive domain.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Misinformation	Verbal feedback and guidance given no contemporaneous notes were recorded and no letter of explanation was provided to the complainant.
Prescription concerns	Verbal feedback and guidance given no contemporaneous notes were recorded and no letter of explanation was provided to the complainant.

Well-led

Rating: Requires Improvement

Leadership capacity and capability

The practice was rated requires improvement in well-led because systems and processes in place were not well established and did not ensure systems were always operated effectively to ensure compliance with the systems.

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
The practice has a long established practice manager. The practice manager is also a nurse and works three nursing sessions per week for the practice and is supported in this role by an advanced nurse practitioner and a healthcare assistant. During these nursing sessions the practice manager is available should any managerial queries arise. The practice manager described the succession plan, however, this was not documented. Action taken to promote a smooth succession in managerial and clinical areas included: <ul style="list-style-type: none">identifying staff with potential;providing opportunities to develop managerial skills and relevant training in preparation for taking on additional responsibilities;updating the job description for management staff to ensure they are aware of their additional responsibilities anda workforce review which resulted in the practice employing a salaried GP and additional administrative staff.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and	Y

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Partial
The practice had a number of strategies relating to providing sustainable care which included working closely with other local GP practices. Notes and meeting records indicated that the strategy was discussed at management meetings. The strategy was not written in a single document that could be reviewed and returned to periodically.	

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.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Partial
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Policies and procedures were in place to deal with behaviours inconsistent with the values but action taken to deal with these behaviours were not always formalised. A system for dealing with duty of candour was in place, however this was not initiated when a potential duty of candour event occurred.	

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

Source	Feedback
Staff interview and observation	The staff were happy to work at the practice. Staff knew how to access policies and procedures, they indicated there was an open-door policy for both the clinicians and management. Staff felt listened to and said they were treated well. Staff indicated on line training was available which they could access when they wanted. Staff also said they felt they received sufficient support and supervision to complete their roles.

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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Some systems were audited for example record keeping, however, a comprehensive audit and review plan for the service had not been developed.	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	N
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Clinical and internal audits had been completed but these were not pre-planned and a systematic programme had not been developed.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
The management team was aware of their responsibility for notifications relating to diseases and infections and health and safety incidents.	

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Meeting notes did not provide detailed information; however, it was evident that all staff attended meetings and their views and responsibilities in relation to completing plans was documented.	

Feedback from Patient Participation Group.

Feedback
Members of the group said they felt listened as a group and involved in the practice. The provider or their representative attended all the meetings. The group felt up to date with latest developments and could inform the practice about concerns at a local level. The group were pleased that an electronic system was now used to remind about appointment and this could also be used to cancel appointments. The group stated they imagined that this had reduced the number of missed appointments. The actual figures had not yet been made available to them.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
The provider described the systems in place to share and promote learning, however the systems were not always monitored to ensure these were used.	
We noted that learning from incidents was inconsistent and not always used to initiate a sustained change, for example through reviewing and updating the relevant policy and procedures, or providing relevant training or updates, or seeking professional advice, such as medicines management, if a trend was identified. This did happen most of the times but not always.	

Examples of continuous learning and improvement

In response to the previous CQC inspection the provider had:

- introduced a comprehensive locum induction pack which was stored on the desktop of computers in the consulting rooms;
- synchronised equipment checks and calibration to ensure the dates were not missed;
- updated job descriptions;
- reviewed and revised the safeguarding policy and procedure so that staff knew how to recognise the various symptoms and exactly what to do if they suspected a child protection or vulnerable adult concern.

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. This indicator does not have a CCG 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:
<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.