

# Care Quality Commission

## Inspection Evidence Table

### Tudor Medical Centre (1-549969066)

Inspection date: 12 December 2018

Date of data download: 09 December 2018

**Overall rating: add overall rating here**

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.**

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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
Policies were in place 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
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>Safeguarding systems, processes and practices had been developed, implemented and communicated to staff. Policies and procedures had been recently reviewed and reflected current updates such as Female Genital Mutilation (FGM) and Modern Slavery.</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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff files were stored and made available for access both in manual and online files at the inspection. We found that information which included criminal record checks processed by the Disclosure and Barring Service (DBS), references, and work history was not immediately available for locum staff, to confirm safe recruitment practices had been followed. The lead GP ensured that some of the documents were made available at the time of the inspection and the remaining documents were forwarded to the Care Quality Commission (CQC) the next day. The practice had ensured that all nursing staff, had medical indemnity insurance cover through the practice membership scheme.</li> </ul>	

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: 02/08/2018 at Tudor Medical Centre and Wellington Road Surgery practice sites 16/12/2018 at Owen Road Medical Centre and Leicester Street Medical Centre	Yes
There was a record of equipment calibration. Date of last calibration: 14/09/2018 at Wellington Road Surgery; 26/09/2018 at Tudor Medical Centre, Owen Road Medical Centre and Leicester Street Medical Centre.	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: August 2018	Yes
There was a log of fire drills. Date of last drill: 06/12/2018	Yes
There was a record of fire alarm checks. Date of last check: 06/12/2018	Yes
There was a record of fire training for staff. Date of last training: Various dates in 2018.	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 29/06/2018 at Tudor Medical Centre 05/09/2018 at Leicester Street Medical Centre and Wellington Road Surgery 06/09/2018 at Owen Road Medical Centre	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Forty three of 49 staff had completed up to date fire training during 2018. Plans for the remaining six staff to attend fire training sessions were in place.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: September 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Records were available to demonstrate that a legionella risk assessment had been completed Date of assessment: 04/03/2016</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: <ul style="list-style-type: none"> <li>27/07/2017 at Tudor Medical Centre</li> <li>19/01/2018 at Wellington Road Practice</li> <li>28/02/2018 at Leicester Street Medical Centre and Owen Road Medical Centre</li> </ul>	27/07/2017 28/02/2018 28/02/2018
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>The overall infection prevention and audit scores across the practices ranged from 91% to 95%. The audit for Tudor Medical Centre practice site was overdue. The practice was sure that this had been completed and would seek confirmation.</li> <li>The senior nurse was the overall lead for infection control and had oversight of all the practice sites. The lead nurse was supported by the nursing team who were allocated to named practice sites to ensure safe infection control practices were maintained.</li> <li>The lead nurse ensured that monthly hand washing audits were completed for all staff.</li> <li>The practice had contracted the services of an external cleaning service. Records we looked at showed that the company completed audits of the standard of cleaning carried out by their staff. The report included photographs of all areas audited. The last audit was completed on 29/11/2018, achieved an audit score of 98% based on set assessment criteria and included input from practice staff where appropriate. A copy of the report was shared with the practice and feedback invited.</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 in place 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: <ul style="list-style-type: none"> <li>Staff had received training on sepsis appropriate to their role. Posters were displayed in the reception area and in consulting rooms. Reception staff had readily accessible guidance on sepsis detailing the symptoms and observations to be aware of and the action they should take.</li> </ul>	

## 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>There were effective systems in place for sharing information with staff and other agencies about patients ongoing care needs. Relevant information and care plans for patients with complex needs and patients with end of life care needs were shared with out of hours services.</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) NHS Business Service Authority - NHSBSA)	0.69	0.88	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) (NHSBSA)	6.0%	6.2%	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place 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.	Yes
There was a process in place 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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
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 in place for verifying patient identity.	Yes
The practice held most 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

<b>Medicines management</b>	<b>Y/N/Partial</b>
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 were in place 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Fridge temperatures were checked twice a day and recorded to ensure they remained within the recommended range to maintain the stability of medicines required to be stored in a fridge.</li> <li>• The practice did not hold all the recommended emergency medicines and risk assessments were not immediately available to explain the reasons for this decision and minimise possible risks.</li> <li>• The practice had a supply of the majority of emergency medicines. The practice did not have a supply of dexamethasone solution (a medicine for treating croup in children) and had not carried out a risk assessment detailing the rationale for not stocking the medicine.</li> <li>• The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Data available showed that the number of antibiotics prescribed overall by the practice was lower than the local clinical commissioning group and National averages.</li> <li>• The practice did not have a consistent approach in place to ensure that all staff had the appropriate authorisations in place to administer medicines. The practice reviewed this and confirmed that PSDs for medicines which included for example, vitamin B12, would be authorised on an individual patient basis by the GP upon presentation by a healthcare assistant or nurse of a completed PSD document. The completed form would then be scanned and coded to the patient's medical record.</li> </ul>	

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

#### **The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	20
Number of events that required action:	20
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The minutes of meetings and discussions with staff demonstrated that significant events were discussed at clinical and practice meetings and through one to one discussions where appropriate.</li> <li>• Significant events were recorded and discussion, action to be taken and by whom. Learning shared with staff and other stakeholders was also recorded.</li> </ul>	

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

Event	Specific action taken
Cancer diagnosis not coded in patient records.	<ul style="list-style-type: none"> <li>A letter detailing a patient diagnosis of cancer was received at the practice and filed in the patient records. The diagnosis was not read coded (a coded list of clinical terms) to ensure clinicians would be immediately aware of the seriousness of the condition. This was later identified by another member of staff who added the read code. The importance of appropriate read coding before filing clinical letters discussed with all staff and random checks put in place.</li> </ul>
Patient given wrong flu vaccine.	<ul style="list-style-type: none"> <li>The practice had set up a walk in 'Flu Clinic Day' for patients aged 18 to 64 years. Patients attending this clinic would receive the quadrivalent vaccine (a vaccine designed to protect against four different flu viruses). Patients outside of this age range would be offered the trivalent vaccine (a vaccine designed to protect against three flu viruses). A patient aged over 65 years had attended the practice for an appointment with a GP. They were directed to the flu clinic in error by reception staff.</li> </ul> <p>Reception staff had not checked and confirmed the patient's personal details which included their age. The staff member administering the vaccines had also not checked the patient's details and the patient was injected with quadrivalent vaccine instead of trivalent. The patient was seen by a GP and the error was explained and they were offered the correct vaccine which they declined. The incident was notified to and escalated to the relevant stakeholders. Discussions were held with staff to reinforce the importance of confirming patient details when checking in patients.</p>

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>The practice maintained a log of medicine alerts received. Information checked, showed summarised details for eight medicine alerts received, action required and taken by whom and the date completed. This included carrying out a search of the patient record system. Patients affected were identified and contacted to attend an appointment or sent an advice letter. with the opportunity to contact the practice if they had concerns or wanted to speak to someone.</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
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)	0.58	0.81	0.81	No statistical variation

## 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>Older patients who were house-bound received an additional annual visit preceding the Winter months combined with an optional flu vaccination and health check.</li> <li>The practice had reviewed patients prescribed hypnotics and taken action to support good prescribing practices in line with local and national guidance. Data available showed that the number of hypnotics prescribed overall by the practice was lower than the local clinical commissioning group and National averages.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the practice had two diabetes specialist nurses who managed the care and treatment of patients with diabetes at the practice. Additionally, two of the GPs, the pharmacist and one of the senior nurses had a specialist interest in diabetes and held the relevant qualifications which allowed them to initiate specific medicines.
- 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.
- The practice had employed a practice nurse whose main role was to support the practice in meeting the holistic health and social care needs of housebound patients.

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)	80.0%	77.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.0% (241)	13.4%	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)	71.6%	76.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.2% (152)	8.8%	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) (QoF)	79.8%	77.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.7% (204)	12.5%	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) (QOF)	78.2%	77.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	13.5% (117)	7.0%	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) (QOF)	91.0%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	20.9% (41)	10.9%	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)	80.6%	80.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	8.6% (176)	4.4%	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)	83.2%	87.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (11)	6.7%	6.7%	N/A

### Any additional evidence or comments

- The practice exception reporting rates were higher than the local Clinical Commissioning Group (CCG) and England averages for long term conditions. This included for example, patients with diabetes and asthma. The practice demonstrated their awareness of the areas of high exception reporting. The GPs and nursing staff told us that a recall system was followed to ensure all patients who failed to attend appointments were contacted and sent three reminder letters.
- The practice had identified specific patient groups who regularly failed to attend appointments. For example, the practice had a high proportion of migrant patients, who at times were difficult to reach. The practice had secured close working relations with the local migrant centre to encourage patients to attend their appointments.
- The practice ensured patients had access to interpreter services and information on care and treatment was translated into a format and language patients could read or have read for them. This helped them to understand their condition and treatment.

**Findings**

- Childhood immunisation uptake rates were not all in line with the World Health Organisation (WHO) targets. The practice was aware of this and had systems in place to address it.
- 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 liaised with health visitors when necessary.
- Children under 5 years of age with acute illnesses were offered same day access.
- Young people could access services for sexual health and contraception. Patients were offered chlamydia screening on request and provided with advice on how to obtain full sexual screening confidentially.
- The practice provided a full family planning service with Specialist GPs.

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)	203	222	91.4%	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)	199	225	88.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	197	225	87.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	197	225	87.6%	Below 90% minimum (variation negative)

**Any additional evidence or comments**

- Staff were aware that the uptake of childhood immunisations at the practice needed to improve. The practice had identified that some of the reasons for this was due to a transient population of migrants who were temporarily housed in the area. The staff worked closely with health visitors and the child health team to minimise the number of children who did not attend for immunisations. There was a proactive recall and follow up process in place.

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

Population group rating: Good

### Findings

- New patients aged 18 years and older were offered a new patient health check.
- 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.
- The practice was the first in Wolverhampton to offer 'Online Triage' to its patients. Patients had access to health care advice via the practice website. The online triage provided self-help and advice on help concerns and the opportunity to contact a GP online for health advice. This helped working age patients avoid the need to take time off work to attend an appointment. The impact of this on the service had not yet been reviewed.

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) (01/04/2016 to 31/03/2017) (Public Health England)	59.8%	68.0%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.1%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	40.5%	47.0%	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. (PHE)	70.4%	76.6%	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)	26.7%	40.5%	51.6%	No statistical variation

### Any additional evidence or comments

- The practice's uptake for cervical screening was 60%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had discussed how improvements could be made. There was a call and recall system in place and the practice actively followed up women who failed to attend their appointment. The practice worked with patients to educate and encourage attendance at cancer screening programmes. Staff opportunistically, offered the procedure to female patients when they attended the practice.

## 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.
- All patients living in vulnerable circumstances including homeless people and those with a learning disability could register with the practice.
- 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. One of the GPs had a specialist interest in alcohol and substance misuse.
- The practice maintained a register of patients with a learning disability. Patients were offered a regular review with a GP.

## 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.
- All staff had received dementia training in the last 12 months.
- All staff had received Mental Capacity Act training.
- Patients presenting with poor mental health were referred to local mental health support services, 'Healthy Minds'.

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)	93.4%	89.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	17.1% (25)	11.2%	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)	91.3%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	21.2% (31)	8.1%	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)	91.7%	80.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.7% (7)	8.2%	6.6%	N/A

### Any additional evidence or comments

- The practice was aware that its exception reporting rate was higher than the local and national averages. The practice was piloting a multidisciplinary approach to discuss patients with poor mental health who were difficult to manage and patients who did not engage. The community mental health team were invited to attend. The practice had seen a reduction in the number of times a patient had attended emergency services.

## 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)	548.9	538	537
Overall QOF exception reporting (all domains)	8.5%	6.0%	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

<p>A review was undertaken of patients prescribed long term nitrofurantoin (an antibiotic used as prophylaxis of recurrent urinary tract infections). This was in response to a safety alert involving long term treatment of this medicine. The search identified that three of the ten blood tests had been completed in the three months prior to the audit search. The outcome of the audit showed that the practice had not ensured the monitoring of patients on long term nitrofurantoin complied with best practice guidance. The practice implemented a formal process to monitor patients taking long term Nitrofurantoin, this included a review of patients showing resistance. Plans were in place to repeat the audit in 12 months.</p>
<p>The practice aimed to establish whether appropriate systems were in place to effectively and safely monitor patients prescribed anticoagulants (medicines used to reduce the clotting time of blood). The practice implemented a Warfarin patient safety audit tool. One hundred and four patients were identified as taking Warfarin. Records showed that none of these patients had the outcome of a specific blood test completed or the results recorded. A second cycle audit was repeated six months later. This showed 68 patients had their records updated and demonstrated that blood tests had been completed, the results obtained and recorded. The audit further identified that some patients were no longer registered at the practice and others were newly registered. The outcome of this audit showed a reduction in the number of patients who did not show that blood tests had been completed or results recorded. Plans were in place to follow up the 36 patients identified. The practice audit programme showed that this audit would be completed every six months.</p>

### Any additional evidence or comments

- The practice had carried out ten audits over the past year, 2018. These were mainly related to medicine practices and ensuring medicine alert recommendations were being followed. Six of the audits had a second cycle completed and improvement in patient care was noted.

## 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.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	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:	

## 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) <small>(QOF)</small>	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 organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	



## Helping patients to live healthier lives

### Staff were 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) (QoF)	96.1%	96.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.7% (56)	0.5%	0.8%	N/A

Any additional evidence or comments

## 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 had formal systems in place to ensure appropriate procedures were followed to obtain consent. Written consent was obtained for patients undergoing minor operations and recorded in patient's records. Audits were completed to ensure consent obtained were in line with legislation and guidance.</li></ul>	

# Caring

Kindness, respect and compassion

# Rating: Good

**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: The practice had both male and female Doctors to allow for patient preference and observation of cultural sensitivities.	

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
CQC Comment cards	We received 34 completed CQC comment cards. Twenty nine of the comments made were positive. Patients described excellent services and staff. They were happy with the service. Patients described the staff as helpful, gave them time and listened. Five comment cards gave mixed feedback. These raised concerns about car parking, difficulties in getting appointments and staff attitude with particular reference to reception staff.
Interviews with patients	We spoke with three patients during the inspection. They told us that staff treated them with kindness and respect. Patients said they had access to a range of services.
NHS UK (Choices)	Ten patients had posted feedback comments on NHS Choices for the period September 2017 and December 2018. The practice had responded to the feedback and offered patients the opportunity to contact the practice to discuss the issues raised. Eight of the ten patients provided negative feedback. They raised concerns about staff attitude, poor communication and appointments. The remaining two patients commented positively about appointments, knowledgeable staff and said they received good advice.
Friends & Family	The practice received 1057 completed forms for the month of October 2018. Patient responses showed: <ul style="list-style-type: none"> <li>• 33% were extremely likely to recommend the practice,</li> <li>• 33% were likely to recommend the practice,</li> <li>• 7% were neither likely or unlikely to recommend the practice</li> <li>• 23% would not recommend the practice</li> <li>• 4% were unlikely or extremely unlikely to recommend the practice.</li> </ul>

## 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
17524	419	99	24%	0.56%

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)	81.6%	85.4%	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)	75.3%	83.1%	87.4%	Variation (negative)
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)	95.5%	93.6%	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)	68.0%	79.5%	83.8%	No statistical variation

### Any additional evidence or comments

The practice had reviewed the National GP survey results from 2018 across all four practice sites and identified that most patients were satisfied that health professionals treated them with care and concern. However, some responses varied slightly. The outcome of the survey had been discussed at practice meetings. Posters showing action to be taken was displayed on noticeboards in the patient waiting areas.

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

### Any additional evidence

- The outcome of the survey had been discussed at practice meetings. Posters titled 'You said...We did...' showing action to be taken were displayed on noticeboards in the patient waiting areas.

## 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: <ul style="list-style-type: none"> <li>Patients were supported to access social prescribing services to support their social and mental wellbeing.</li> </ul>	

Source	Feedback
Interviews with patients.	Comments received from patients at the inspection were in line with the national GP survey results.
CQC Comment cards	Patients commented that they received good communication about their treatment, the GP was caring, listened well and gave good advice about care and that staff listened and tried to help them to understand any treatment discussed.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	84.5%	89.5%	93.5%	Variation (negative)

## Any additional evidence or comments

- The practice had discussed the involvement of patients in their care and treatment at practice meetings. The skill mix of practice clinical staff had been reviewed and changes made to ensure the number of staff available were sufficient to meet patients' needs across all four sites. This meant additional and longer appointment slots were available to patients providing more time for discussions to take place.

## Interpretation services

	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:	

Carers	Narrative
Percentage and number of carers identified.	The practice provided a service to a population of 17,524 patients at the time of the inspection. There were 209 patients registered as carers at the practice. This represented just over 1.2% of the practice population. Carers had access to posters on how to register as a carer with the practice and additional information was available about the support and services available to them.
How the practice supported carers.	<ul style="list-style-type: none"> <li>• Annual health checks.</li> <li>• Annual flu vaccine.</li> <li>• Signposted to support services within the community.</li> </ul>
How the practice supported recently bereaved patients.	The practice contacted bereaved patients and offered an appointment at the practice if they wanted to discuss their needs. Patients were signposted to support services in the community.

## 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.	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: <ul style="list-style-type: none"> <li>• Patients could check themselves in for their appointment via the electronic system and it was accessible in different languages.</li> </ul>	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs/ Services did not 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: The practice offered extended hours for early appointments from 7am Thursdays and 9am to 1pm on alternate Saturdays with a practice nurse, advance nurse practitioner or a GP to accommodate patients who find it difficult to take time off from work but need health support.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.30am – 6.30pm
Tuesday	08.30am – 6.30pm
Wednesday	08.30am – 6.30pm
Thursday	08.30am – 6.30pm
Friday	08.30am – 6.30pm
Appointments available	
Patients were offered double appointments where needed for example, patients with complex conditions, multiple illnesses and vulnerable patients.	
Weekday	Thursday 7am
Alternate Saturday	9am – 1pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17524	419	99	24%	0.56%

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)	95.0%	93.3%	94.8%	No statistical variation

### Any additional evidence or comments

## 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed at 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: Good

#### Findings

- Pregnant women were referred promptly to the antenatal clinic, which operated weekly at the practice and were led by a local team of midwives.
- Post-natal checks (mother and baby) were conducted at six weeks with a GP.
- Weekly child health surveillance baby clinics were held to monitor the wellbeing of children under five years of age. This provided parents with the opportunity to discuss any concerns or obtain general advice on breast feeding and immunisations. The clinic was supported by a GP, practice nurse, administration staff and health visitors.



- Children under five years of age with acute illnesses are offered same day access and offered “emergency” slots or ‘squeezed in’ regardless of capacity.
- 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 were offered a same day appointment when necessary.
- Breast feeding and baby changing facilities are provided at the Practice.

## **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.
- The Practice used a text messaging facility called ‘ChainSMS’ to notify patients of appointments.
- The practice was open at 7am on a Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a group of GP practices that worked together to provide clinics at weekends. Appointments were available on alternate Saturday’s between the hours of 9am and 1pm.
- Patients were able to book appointments and request repeat prescriptions online, 24 hours a day.

## **People whose circumstances make them vulnerable**

### **Population group rating: Good**

#### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice referred patients who abused substances that had an adverse effect on their health and wellbeing to local support services. For example, ‘Recovery Near You’ a drug and alcohol recovery service.

**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.
- The practice carried out annual reviews of patients on its mental health and dementia registers. These were led by the GPs and practice nurses.
- The practice referred patients to the local mental health team under a shared care protocol.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Practice staff were trained in Dementia awareness and are 'Dementia Friends'. The practice business consultant was a Dementia Champion and delivered training courses.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

### People were/ were not 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

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)	60.3%	65.8%	70.3%	N/A
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)	48.5%	64.4%	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)	63.8%	65.2%	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)	55.5%	69.7%	74.4%	No statistical variation

#### Any additional evidence or comments

- Patients expressed concerns about poor access to make appointments and long waiting times at appointments. The provider was aware of this and had looked at ways to increase the number of appointments for patients. Extended hours appointments were available. The practice had reviewed staffing levels and employed additional staff, which included urgent care practitioners and a clinical pharmacist. This significantly increased the number of new appointments available by approximately 450 per week.

Source	Feedback
CQC Comment cards	<ul style="list-style-type: none"> <li>Four of the comment cards expressed concerns about making appointments, commenting that it was sometimes difficult to get through to the practice by phone to make an appointment and having to wait up to three weeks for an appointment. The practice had acted to address this.</li> </ul>
For example, NHS Choices	<ul style="list-style-type: none"> <li>Ten patients had provided feedback on the NHS UK users website. Patients had concerns about the length of time taken to get through to the practice, experienced long waits at their appointments.</li> </ul>

## 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.	9
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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Access to information about how to complain was readily available to patients. Notices were displayed in the waiting area and patients had ease of access to complaints leaflets and forms both at the practice and on the practice website.</li> <li>• Staff told us that verbal complaints were recorded and addressed at the time of receipt where appropriate. The complaints log showed that informal verbal complaints were recorded and discussed.</li> <li>• The minutes of meeting we looked at showed that all complaints, which included verbal, written and those referred to NHS England were discussed and learning identified shared with staff and implemented.</li> </ul>	

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

Complaint	Specific action taken
Complaint received raising concerns about the way a patient from the migrant community was treated by doctors and nurses at the practice	<ul style="list-style-type: none"> <li>• The complaint was raised by the Refugee and Migrant Centre on behalf of the patient. An investigation was carried and statements were requested from each clinician involved in the patient's consultation. A written apology was sent to the patient with the support of the centre. The outcome was discussed with the clinicians and an appropriate treatment plan agreed to ensure that the patient's needs would be met.</li> </ul>
Patient complained to NHS England regarding the service they received at one of the practice sites.	<ul style="list-style-type: none"> <li>• The practice carried out an investigation. A letter of apology was sent to the patient for any comments made by the GP during consultation that caused offence. The patient was provided with an explanation of the treatment started to ensure health needs would be appropriately managed. The practice also reviewed its process for referring patients to A&amp;E. Discussions were held with clinicians about being sensitive in their approach and how they communicate with patients to ensure that comments made cannot be misinterpreted by patients.</li> </ul>

## 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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The provider had developed a framework from which to monitor its operational infrastructure, organisational capacity and capability to meet the needs of its registered population and had considered the aims and objectives of the wider health economy.</li><li>• The practice had merged with three other practices over the past two to three years. There was evidence of the staff teams coming together through working across the five sites, staff meetings and ensured policies and procedures were relevant appropriate across all sites. Tudor Medical Centre is the main location.</li><li>• The lead GP and management team were visible at the practice and staff told us that the management team were approachable and easily accessible throughout the working week.</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 in place 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: <p>The provider had developed aims and objectives from which to monitor its vision, values and strategy to meet the needs of its registered population. The provider aimed to ensure:</p> <ul style="list-style-type: none"><li>• A high level of clinical care was provided to its patients.</li><li>• A holistic and patient centred service</li><li>• The delivery of evidence based care.</li><li>• Proactively seeking opportunities to develop their services</li><li>• Having an effective and well-integrated organisation that operates efficiently</li><li>• Attracting, retaining and developing staff</li><li>• Reviewing and monitoring patient feedback</li><li>• Maintaining a shared learning culture</li></ul>	

## 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>• Staff stated that they were supported to achieve the practice goals.</li> <li>• GPs and staff commented on the governance processes, such as patient safety alerts and complaints, which were not just shared within the practice but with the other practices and external stakeholders were appropriate, so all could learn from these events.</li> <li>• Patients were supported by the practice to access appropriate services to meet social, physical and health needs. The practice referred patients to the social prescribing team which incorporated areas such as housing, benefits and patient specific signposting to other services including third sector agencies.</li> </ul>	

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

Source	Feedback
Interviews with staff	<ul style="list-style-type: none"> <li>• Staff told us that all staff worked well as a team and described the practice as a 'good sense of family'. Staff said they were supported by the management team and nursing staff said GPs had an open door policy if they wanted to discuss the treatment of any patient. All staff told us that the ethos at the practice was centred around the patient and a caring service was offered.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	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>• Policies and procedures were up to date. All staff had ease of access to a suite of policies and procedures which were used across all practice sites. These included: infection prevention and control, waste management and prescription security.</li> <li>• Multidisciplinary team meetings were held monthly to discuss patients who received end of life care. These meetings were attended by clinical staff and invitations to attend were extended to community staff such as community matron, district nurses, health visitors, mental health team and social services where appropriate.</li> <li>• Practice meetings were held weekly, topics discussed included clinical audit, NICE guidance, risks to the service, risk assessments, information guidance and health and safety.</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 in place which were regularly reviewed and improved.	Yes
There were processes in place 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 had a programme of clinical and operational audit review.</li> <li>• The practice had formal systems in place to review the performance of all staff including those working in advanced clinical roles.</li> </ul>	

**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.	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 / did not involve 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: <ul style="list-style-type: none"> <li>The practice had reviewed and acted upon the national GP survey results. The practice also acted on the feedback received from patients who had completed the friends and family survey.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>The practice did not have an active Patient Participation Group (PPG) and was working with Wolverhampton Healthwatch to look at how best to invite and include the patient voice on the services provided by the practice.</li> </ul>

### Any additional evidence

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## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice was a training practice for GP registrars and medical students.</li> <li>Clinicians were encouraged to attend training and educational sessions provided internally and within the locality.</li> <li>Significant events were discussed and recorded on a log, and was shared in a timely manner with staff.</li> <li>The practice had a programme of clinical and internal review.</li> </ul>	

### Examples of continuous learning and improvement

The practice had commenced regular formal 'Tudor Primary Care Multi-Disciplinary Team' (MDT) meetings in September 2018. The Community MDT coordinator reported that the meetings were well received and, professionals felt that the value of the meeting were worth the time put aside to attend. Positive changes improvements included an integrated, person centred and coordinated approach to patient care.



## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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.

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.