

Care Quality Commission

Inspection Evidence Table

Fitzrovia Medical Centre (1-581328566)

Inspection date: 13 December 2018

Date of data download: 07 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Partial
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.	Partial
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>The adult and child safeguarding policies specified that there was a lead for both. However, there was only a child safeguarding lead in position. The practice advised that it was the responsibility of all members of staff to report adult safeguarding concerns, therefore there was no need for an adult safeguarding lead. After discussion and following the inspection, the practice appointed an adult safeguarding lead.</p>	
<p>The practice chaperone policy stated that all staff would act as chaperones. The first line of chaperoning was undertaken by the nurse or healthcare assistant. All chaperones had received a DBS check. A number of new reception staff had not completed the training so were not permitted to act as chaperones until the training had been completed.</p>	

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

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:	Yes May 18
There was a record of equipment calibration. Date of last calibration:	Yes 2 May 18
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:	Yes June 2017
There was a log of fire drills. Date of last drill:	Yes 10/12/18
There was a record of fire alarm checks. Date of last check:	Yes 10/12/18

There was a record of fire training for staff. Date of last training:	Yes Nov 11
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes June 2017
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: It was noted in the fire risk assessment that the ceiling fire alarms are 10 years out of date. These were being replaced by the practice in January 2019. The practice provided evidence of the order and schedules fitting of these. The practice was aware that the fire risk assessment had not been undertaken within the last 12 months, and fire extinguisher checks similarly, had not been done in the last year. The practice was in the process of organising these.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes December 2017
Explanation of any answers and additional evidence: There was no formal premises risk assessment but the practice carried out a 'walk around' two to three times a week, which included an informal risk assessment of the premises. It was discussed that a more formal premises risk assessment may be needed to keep on top of any risk that could arise.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit:	Y December 2017
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
Explanation of any answers and additional evidence:	

An infection prevention and control audit had been undertaken in 2017 following which any issues identified had been rectified. The newly appointed practice manager and infection prevention and control lead believed that a more recent audit had been completed by the former practice manager, however, they were unable to locate a copy. During the inspection the practice agreed to undertake an infection prevention and control audit to identify any potential risks.

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
<p>Explanation of any answers and additional evidence:</p> <p>The only temporary staff the practice employed were long-term locum GPs. A locum pack was available on the shared computer drive for locums to read before they started sessions.</p>	

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

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)	0.41	0.59	0.94	Significant Variation (positive)
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)	9.8%	11.6%	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.	N/A
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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems 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

Track record on safety and lessons learned and improvements made

The practice have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
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:	1
Number of events that required action:	1
<p>Explanation of any answers and additional evidence:</p> <p>The practice had only recorded one significant event in the last 12 months. The Practice Manager explained that some of the minor incidents may have been missed because of coding issues. During the inspection the practice held a meeting to discuss this matter and a new policy was drafted to ensure that in future all incidents would be identified and recorded.</p>	

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

Event	Specific action taken
Patient issued a prescription without having undergone an up to date monitoring blood test.	The incident was reviewed by the practice in a meeting and a review of the prescribing protocol took place. The practice had introduced tighter monitoring processes and reception staff were reminded about which prescriptions needed to be seen by a doctor before issuing the repeat script.

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> <p>The practice logged all alerts on a spreadsheet and searches are undertaken for any relevant alerts to ensure the practice remain up to date and patients remain safe.</p>	

Effective

Rating: Requires Improvement

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

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)	0.63	1.04	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: Requires Improvement

Findings

The practice was aware of its lower than average QOF performance for patients with long-term conditions, and had prepared an action plan to address these. The plan included:

- Appointing a diabetes lead for the practice and running joint GP and nurse led clinics.
- A GP from the CCG regularly attended to provide additional clinical input the practice to improve the outcomes for patients with diabetes.
- Special diabetes days had been implemented to provide appointments and health promotion for patients with diabetes.

In addition, it was undertaking a range of actions to continue to improve its performance, including:

- As well as a regular recall process, the practice manager proactively reviewed the doctor's daily list to ensure that all patients that required hypertension checks received an updated review.
- Asthma and COPD reviews were being carried out by the nurse in specific clinics.
- 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)	72.4%	78.9%	78.8%	No statistical variation

Exception rate (number of exceptions).	7.9% (23)	10.6%	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)	54.5%	75.6%	77.7%	Variation (negative)
Exception rate (number of exceptions).	12.4% (36)	9.4%	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)	71.5%	78.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.1% (38)	10.3%	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)	60.3%	77.9%	76.0%	Variation (negative)
Exception rate (number of exceptions).	10.8% (24)	7.6%	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) (QOF)	75.9%	88.8%	89.7%	Variation (negative)
Exception rate (number of exceptions).	14.7% (10)	12.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	68.5%	79.4%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	6.2% (36)	3.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	88.9%	87.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (3)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> • The practice was aware that its performance for Childhood immunisation uptake was lower than the World Health Organisation (WHO) targets. It was working to improve uptake via improvements to its patient recall system. The practice had identified that: <ul style="list-style-type: none"> ○ some patients were taking their children to their country of origin for the vaccination ○ some parents were refusing the vaccination as a result of personal beliefs and cultural reasons. ○ The practice population included a group of wealthy patients who preferred to make use of private medical services. • 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)	51	60	85.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	35	43	81.4%	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)	38	43	88.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps	35	43	81.4%	Below 90% minimum

and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				(variation negative)
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Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings
<p>The practice was aware that the take up of its cancer screening programmes was below local and national averages. It had identified some issues that contributed to this:</p> <ul style="list-style-type: none"> • some parents to participate in screening for cultural reasons. • The practice population included a group of wealthy patients who preferred to make use of private medical services. • Many patients returned to their home country for screening, such as cervical screening tests. <p>It was taking action to improve uptake:</p> <ul style="list-style-type: none"> • The practice was working with a local trust to provide a walk-in service and help raise the uptake for cervical screening. • the practice sent out reminders and text messages • it placed a note on eligible patients records when a test was due. This created an alert on the computer system to prompt staff to offer an appointment when the patient contacted the practice. • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. • Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	45.7%	53.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	59.9%	55.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last	34.4%	36.9%	54.6%	N/A

30 months (2.5 year coverage, %)(PHE)				
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)	23.5%	62.2%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.1%	51.6%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- The practice was aware of its lower than average QOF performance for patients experiencing poor mental health, it had produced an action plan to address these including calling all patients in for review in January 2019.
- Patients with drug and alcohol issues were referred to in-house drugs and alcohol workers for advice and support.
- 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.

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)	25.3%	81.2%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	8.8% (8)	9.7%	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)	44.7%	87.8%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	6.6% (6)	7.6%	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)	92.9%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	26.3% (5)	7.5%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	459.7	-	537.5
Overall QOF exception reporting (all domains)	5.5%	6.7%	5.8%

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

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

The practice carried out a number of clinical audits which included an audit of clinical smear tests. The total smears taken were looked at in 2017 and 2018 to find the inadequacy rate. In 2017 the total inadequacy rate was 5.8% which was above the national standard of 4%. An action plan to lower this figure was put in place and when re assessed in 2018 the total inadequacy rate had dropped to 1.4% which was below the national standard. The practice planned to continue to audit this on a yearly basis. The practice had also undertaken audits of antimicrobial prescribing and had seen improvements in this area.

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

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QoF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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)	92.0%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (9)	1.2%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

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

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	4

Source	Feedback
CQC Comment Cards and interviews with patients on the day of inspection	Patients stated that it was a good, friendly and reliable service. They are always treated with kindness and respect. Patients said that they were involved in the decisions about their care and treatment. A common trend in the comments that were negative were in regard to obtaining an appointment through the telephone system.

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
7727	423	82	19.4%	1.06%

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)	84.7%	84.3%	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)	80.1%	83.3%	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)	98.5%	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)	72.1%	79.3%	83.8%	No statistical variation

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

Any additional evidence

The practice was involved in the NHS Friends and family test. This provided generally positive responses to service provision but the issue of having to wait for appointments was raised which the practice was addressing.

The practice had recently signed up to an automatic text service that was sent out to patients following a consultation to rate their GP visit. The practice was awaiting the first set of results for this service.

A suggestion box was also available in reception for patients to give feedback.

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

Source	Feedback
Interviews with patients.	Patients stated that they were happy with the service provided by the GP and nurse and always felt involved in the decisions about their treatment. They stated that the staff acted in the best interest of the patients.

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	94.4%	90.1%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice provided practice and health promotion leaflets in English, Bengali and Arabic. A Bengali link worker was used by the practice to provide support for patients from that community.	

Carers	Narrative
Percentage and number of carers identified.	94 patients had been identified as carers (1% of patient list)
How the practice supported carers.	Carers are supported through the NHS health check, annual flu jab and proactive health assessments. The practice also refers carers to other organisations and social services as appropriate.
How the practice supported recently bereaved patients.	Bereaved patients are invited in for a consultation with the doctor. If the patient is well known at the practice a card will be sent from the surgery.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 8.15pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 8.00pm
Friday	8.30am – 8.15pm
Appointments available:	
Monday	9.00am – 1.00pm and 2.00pm – 8.15pm
Tuesday	9.00am – 1.00pm and 2.00pm – 6.30pm
Wednesday	9.00am – 1.00pm and 2.00pm – 6.30pm
Thursday	9.00am – 1.00pm and 2.00pm – 8.00pm
Friday	9.00am – 1.00pm and 2.00pm – 8.15pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7727	423	82	19.4%	1.06%

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)	97.4%	92.0%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Walk-in flu clinics were available for older people.
- The practice provided an in-house phlebotomy service.
- 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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment if appropriate.
- 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. These professionals attended the regular multi-disciplinary team meetings.
- 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

- Additional nurse appointments were available until 8pm on a Thursday for school age children so that they 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could book a same day appointment with the practice nurse.
- Email consultations were available.

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 was open until 8.15pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available to patients at the practice on Saturday and Sunday between 10am and 1pm through the GP federation.
- Consultations through email were available.

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, travellers, asylum seekers 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.
- A link worker was available for patients from the Bengali community.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice ran a mental health care plan clinic.
- An in-house drugs and alcohol clinic was available.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had a GP with a special interest in Mental health.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients can request a home visit but must call the practice before 10.30am so a doctor can prioritise the need for the visit. If a patient calls after this time, the request will go to duty doctor who would go out. Home visits are classed as urgent and the doctor will triage the need for the home visit or offer an alternative.</p>	

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)	79.6%	83.2%	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)	51.2%	66.9%	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)	54.7%	63.8%	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)	57.5%	70.6%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware of some patient dissatisfaction in regard to the appointment system and had put in place a plan to address this which included opening longer in the evenings for working patients and ensuring more staff were available to answer telephones at peak times.

Source	Feedback
CQC patient feedback cards	Some patients stated that it could be difficult to make an appointment by telephone and they could be waiting on the telephone for long periods of time. The practice was aware of this and had put in measures to address the concerns.

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.	11
Number of complaints we examined.	11
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Complaints are received by the designated complaints manager who will investigate all complaints. We saw evidence that the complaints and outcomes were shared with staff in meetings to provide learning and continuous improvement.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about the delay in a referral.	The matter was discussed in the practice meeting and an audit of referral processes carried out to help streamline the system. A written response was provided to the patient.
Alleged rude behaviour by staff members.	Feedback given to staff member involved and issues discussed within the practice meeting.

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

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:	
The practice management had undertaken a SWOT (strength, weakness, opportunities and threats) analysis of the practice to identify all areas that affected the practice and had begun to put plans in place to address these. This included areas such as ensuring there was a stable team following a number of people leaving over the past couple of years and how they could address this.	

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

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

Source	Feedback
Staff interviews	Staff said that there was a very friendly atmosphere to work in and everyone worked well as a team. The management were approachable and supportive.

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.	Partial
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Governance leads were in place except for child safeguarding. This was discussed with the practice at the time of inspection and a lead was appointed.</p> <p>Governance was discussed in team meetings so that all staff were aware of what was happening at a management level and their part in the process.</p> <p>The premises risk assessment needed formalising and infection prevention and control was in need of updating. The practice had recently appointed a new practice manager who was in the process of addressing this and updating as appropriate.</p>	

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:	
The practice was aware that it was not identifying and recording all potential significant events and incidents. A review of the policy had taken place following the inspection to ensure that all events were being recorded and assessed.	

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The views of staff and stakeholders were considered for the initiation of the SWOT analysis. Views of staff were considered during team meetings.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation group were kept informed of what was happening within the practice and were asked for suggestions on how the practice could improve, including: the development of a practice newsletter to keep all patients informed of any changes that were taking place; and changing the appointment system to incorporate a waiting list system if an appointment was not available for a number of weeks.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • Staff received individualised training opportunities which were discussed at their appraisals. • The practice was expanding training for medical students. • The practice worked in partnership with other organisations to help those caught up in people trafficking.

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.

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.