

Care Quality Commission

Inspection Evidence Table

Dr Veena Sharma (1-520122673)

Inspection date:

19th February 2019

Date of data download:

7th February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
GPs and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All the staff we spoke with knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern. Safeguarding policies and procedures were consistent with local (East Berkshire Clinical Commissioning Group) guidelines and included local authority reporting processes and contact details. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed different staff files and records during our inspection and saw each contained evidence that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, previous experience and registration with the appropriate professional body. Criminal records checks were made through the Disclosure and Barring Service (DBS) for all clinical staff. 	

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: February 2019	Yes
There was a record of equipment calibration. Date of last calibration: April 2018 & May 2018	Yes
There were risk assessments for any storage of hazardous substances for example, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: February 2019	Yes
There was a log of fire drills. Date of last drill: February 2019	Yes
There was a record of fire alarm checks. Date of last check: February 2019	Yes
There was a record of fire training for staff. Date of last training: February 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: May 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The fire risk assessment conducted in May 2018 highlighted nine low level recommendations. We saw these recommendations had been reviewed and following review led to completed actions, for example revised fire safety signage throughout the practice.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice provided GP services from a two-storey converted house. The house had been renovated and refurbished, with supporting risk assessments. The premises were regularly reviewed. One of the reviews was a Disability Discrimination Act audit completed in May 2018 which assessed the premises, environment and service against best-practice standards to benchmark its accessibility to disabled people and people with mobility difficulties. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: October 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"> The audit completed in October 2018 highlighted recommendations regarding hand hygiene within the practice, specifically a recommendation to review the use of the desk-top hand sanitiser product used by staff. During our February 2019 inspection, we saw the concerns had been reviewed and we saw the hand sanitiser products had been removed from the practice. 	

Risks to patients

There were appropriate 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.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Clinicians were supported to make assessments and manage severe infections including sepsis through the computer record system and the embedded clinical algorithm developed by The UK Sepsis Trust. However, practice staff had not received sepsis training. The GP advised this would be completed by all practice staff within a week of our inspection. Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death. 	

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)	1.09	0.91	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)	9.1%	9.0%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	4.69	5.75	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	3.48	1.92	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
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
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Once their induction had been completed, the newly recruited clinical pharmacist (recruited in February 2019) and the GP would work together to manage medicines within the practice. We saw the practice promoted local and national campaigns and commitments in reducing antimicrobial resistance. For example, through good antibacterial prescribing habits including antibiotic related clinical audits and practice wide promotion of antimicrobial resistance campaigns. We saw promotional material was displayed in various languages which aligned to the languages spoken with the practice population (a variety of South Asian languages, Polish and other European languages). 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	18
Number of events that required action:	12
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Significant events were recorded on a computerised log. This log coded individual events, the review/investigation process, findings and subsequent actions. We saw the practice also recorded all cancer diagnoses as a significant event. The GP advised although the detection of cancer was usually outside of the practices immediate remit, the reviews highlighted three separate factors: patient factors (awareness/screening/population risk factors), practice factors (access to appointments/clinical practice/administrative processes) and wider system factors (secondary problems/referral process/access to diagnostics). Given the small team and use of locum GPs, learning from the events was shared informally, whilst all staff had access to the full detailed significant event log. Although shared informally, it was evident through our conversations with staff on the day of the inspection learning was shared. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Delay in an ambulance attending the practice	<p>On review, there had been a significant delay waiting for an ambulance to attend a medical emergency at the practice. Although no learning was required from the practice, an action was agreed to increase the amount of oxygen stored on site, thus reducing the likelihood of running out of oxygen.</p> <p>During our inspection, we saw the practice had doubled the number of oxygen cylinders, from one cylinder to two.</p>

<p>'Did Not Attend' urgent cancer referral</p>	<p>This review was a two part review - the practice reviewed the communication process including if there was anything the practice could have done to ensure the patient attended the appointment.</p> <p>Secondly, the practice reviewed the patient correspondence system and added an additional stage into the process. All missed appointments would be highlighted by the administration team and sent directly to the GP for urgent action and in this scenario a second urgent referral.</p>
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice acted on and learned from local, national and external safety events as well as patient and medicine safety alerts. The clinical pharmacist and GP reviewed the alerts and completed the various patient searches when appropriate.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice received and circulated new local and national guidelines to clinicians, including locum GPs. During our discussions with staff we found a consistent understanding of clinical guidelines. This included use of the local East Berkshire Clinical Commissioning Group (CCG) prescribing guidelines received via subscription to the newsletter. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.07	0.72	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used Anticipatory Care Planning (ACP) and clinical tools 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. We also saw the practice promoted and where appropriate referred patients to a local Slough based service, known as FallsFree4Life which aimed at preventing falls in those aged 60 and over in the Slough area.
- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 50 or over (and who have not attained the age of 75) with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This was higher when compared to the local CCG average (88%) and national average (83%).

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. This included use of the Berkshire East diabetes care and pre-diabetes optimisation programmes.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. This included a review of inhaler technique and where appropriate step up medicine.
- 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 and opportunistic lifestyle advice.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. We saw clinical audits which recorded and reviewed these assessments.

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) <small>(QOF)</small>	73.1%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.5% (18)	14.1%	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) <small>(QOF)</small>	82.4%	81.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.5% (31)	7.7%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.4%	79.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (26)	11.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.3%	76.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (4)	3.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.3%	92.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	7.8%	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) <small>(QOF)</small>	81.8%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.5% (29)	3.6%	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) <small>(QOF)</small>	91.2%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.6% (2)	6.2%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were mixed, three of the four child immunisations were improving but still below the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance this included postnatal blood tests for women who had gestational diabetes.
- 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, this included chlamydia screening.

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)	85	87	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	80	94	85.1% - (see point 1 below)	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)	78	94	83.0% - (see point 2 below)	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)	80	94	85.1% - (see point 3 below)	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice was aware of the low immunisation uptake, specifically for the three immunisations for children aged two. The practice highlighted this as one of their challenges within the transient patient population. The practice advised that many patients had health care including immunisations in different countries and immunisation data from different countries could not be included in the NHS England data collection. The practice also commented that for some communities, there were cultural differences regarding attitudes to vaccinations. Despite these challenges, during the inspection the practice described the actions they had taken to improve the child immunisation uptake rates. This included weekly, monthly and three-monthly recalls/reminders, opportunistic immunisations and a designated weekly baby clinic.</p> <p>The February 2019 inspection coincided with the weekly baby clinic. One of the patients we spoke with advised they were continually encouraged by the GP and practice nurses throughout their pregnancy and post-pregnancy to complete the course of child immunisations.</p> <p>Using information collected from December 2018, we saw improvements had been made. For example:</p> <ul style="list-style-type: none"> Point 1 - 90% percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection. This was an increase of 5%. 				

- Point 2 – 92% of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC). This was an increase of 9%.
- Point 3 – 89% of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR). This was an increase of 4%.

Furthermore, as a long-standing GP in the area for over 36 years, the Senior GP had completed a video message in the different South Asian languages spoken in the Slough community explaining the importance of child immunisations. This awareness campaign was used in the practice and was due to be shared with other local practices with a similar ethnic diversity.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. One of the patients we spoke with acknowledged a recent health assessment, which identified a rare presentation of an asymptomatic (producing or showing no symptoms) cancer and subsequent referral to a cancer specialist.
- We saw the practice used a local service and referred (where appropriate) Asian male patients aged 30 to 39 to a specific Asian health check clinic which included a diabetes assessment. The practice told us patients with a South Asian background, were more likely than people from other communities in the UK to have certain health conditions. This aligned to NICE recommendations that all South Asian people aged 25 and older should be encouraged to have a risk assessment for diabetes.
- Although uptake was low, patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	66.1%	71.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	58.4%	70.5%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	37.6%	51.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	83.3%	79.2%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	25.0%	48.3%	51.9%	No statistical variation

Any additional evidence or comments

The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening; however, data from Public Health England reflected partial success in patients attending screening programmes.

During the inspection, the practice presented evidence of challenges within the patient population which affected patient participation and attendance at screening programmes. For example:

- The ethnic diversity within the patient population included a high number of patients who were in the area for a short period of time. The practice's transient patient population, who were often outside of area for long periods, had an impact on screening and recall programmes.

The practice was aware their uptake for cancer screening was below the national targets, including the cervical screening coverage target (above 80%) and we saw took various actions to increase uptake. This included:

- The Senior GP had signed up to become a cancer champion.
- All practice staff promoted and encourage participation in cancer screening programmes.

- The practice used a hand stamp which promoted cancer screening programmes on all suitable patient literature, for example prescriptions and other patient correspondence.
- Reminders were sent to eligible patients. The reminders also included promotion of cervical screening availability at the Extended Primary Care Service within the Slough area and an increased focus on the recall programme using mobile technology.
- We also saw the practice intended to use the next practice newsletter to promote cancer screening, this included clear information about different programmes.

The practice presented live data (February 2019) from the patient record system which indicated 75% of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. This was a 9% increase on the data collected between April 2017 and March 2018.

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.
- There were 29 patients on the Learning Disabilities register; of the 29 patients 23 were eligible for an annual health check. We saw all 23 (100%) had been invited for a health check and 21 of the 23 (91%) had attended a health check, and the remaining two patients had been contacted on further occasions inviting them to attend.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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. The practice used literature provided by the CCG including 'my physical health explained' and 'my medication passport' to this cohort of patients.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- The practice worked with CCG medicines team and supported a STOMP (Stopping over medication of people with a learning disability, autism or both) audit, completed in January 2019. STOMP is a health campaign to stop the over-use of psychotropic medication to manage people's behaviour. We saw the findings and actions from the audit had been completed, specifically three patients had been referred to specialist services for an antipsychotic review.
- 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 to local memory services for diagnosis.

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)	100.0%	93.5%	89.5%	Variation (positive)
Exception rate (number of exceptions).	6.8% (3)	8.1%	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)	90.2%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (3)	6.5%	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)	84.6%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	18.8% (3)	4.9%	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)	552.3	549.5	537.5
Overall QOF percentage	98.8%	98.4%	96.1%
Overall QOF exception reporting (all domains)	5.1%	5.5%	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

- Osteoporosis audits

One of the GPs completed a series of osteoporosis audits each year (osteoporosis is a condition that weakens bones, making them fragile and more likely to break). The most recent audit from August 2018 identified the practice had improved the outcomes for patients with osteoporosis and was in line with national guidance regarding a medicine break. These patients were reviewed to see if this treatment needs restarting. This audit correlated to improved QOF data for osteoporosis related indicators.

- Atrial Fibrillation audit

Each year the practice completed an audit which validated and ensured the register of all Atrial Fibrillation patients was correct (Atrial Fibrillation is a heart condition that causes irregular and often abnormally fast heart rate). The audit was also used to calculate the potential risk of a stroke based on an approved tool.

The findings from the audit indicated a significant peak in Atrial Fibrillation diagnoses over the previous three years, the practice maintained a high-risk calculation rate (100%) over the three years and all patients previously identified as needing a review have had a review and discussion with a GP. The audit also demonstrated an improved number of at risk patients on the correct therapy which was maintained over the years (96% in 2016, 100% in 2017 and 2018). To further identify undiagnosed patients, the practice opportunistically recorded pulse checks.

Any additional evidence or comments

- Each year the practice implemented a plan and programme of quality improvement activities, most of this activity was captured through clinical audits. We saw programmes also included quality improvement activities for prescribing to be completed by the Clinical Pharmacist who had recently started at the practice.

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.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Non applicable (see below)
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 and pharmacists.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the time of the inspection, the practice did not employ any health care assistants (HCA). However, it was noted that during an appraisal one of the reception/admin team expressed an interest in extending their role. The practice was supporting this and was reviewing potential training to become a phlebotomist and then training to become a HCA which would include completion of the Care Certificate. 	

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, flu campaign and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw the practice supported the local Slough Foodbank and was a registered voucher holder thus supporting patients and their families with additional support. We saw the practice actively promoted and referred to this service.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.8%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (5)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During our discussions with clinicians they confirmed when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (They were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). 	

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 CQC comments cards received.	35
Number of CQC comments received which were positive about the service.	35
Number of comments received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient feedback – 35 CQC comment cards and six patient interviews	<p>Written and verbal feedback highlighted patients were treated with kindness and respect and that the GPs and nurses were caring and compassionate. They said the reception staff were helpful despite the practice being busy.</p> <p>Several patients praised the long-standing care and support the Senior GP had provided to their families over a number of years.</p>
NHS Friends and Family Test results	<p>The practice monitored patient feedback that was collected via the NHS Friends and Family Test results.</p> <ul style="list-style-type: none"> Using results from January 2019, December 2018, November 2018 and October 2018, 91% of respondents (56 responses) would recommend (extremely likely or likely) the practice to friends or family.

NHS Choices website	<p>Feedback left on NHS Choices website was very positive. At the time of our February 2019 inspection, there had been four NHS Choices ratings and three reviews. Overall, the average rating was four stars out of five stars. The three most recent ratings were all five-star ratings and reviews.</p> <p>We saw all reviews and ratings, had been responded to by the practice.</p>
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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
5,750	418	76	18.2%	1.32%

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)	80.2%	86.4%	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)	77.3%	85.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.9%	95.0%	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)	77.3%	80.4%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> An annual patient survey alongside other sources of feedback was used to create an annual action plan to further improve the patient experience. For example, in April 2018 members from the Patient Participation Group completed a week-long patient survey. The results had been reviewed and used to form an action plan. One of the actions was additions to the clinical team, specifically the recruitment of a Clinical Pharmacist, we saw this action had been completed and the Clinical Pharmacist commenced employment in February 2019.

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

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)	89.6%	92.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Any additional evidence or comments	
<p>The practice had access to online and telephone translation services and team members within each team, reception, nursing and GP team, spoke a variety of languages spoken within the Slough community. Patient feedback collected in the April 2018 survey highlighted multilingual staff was important to patients, this was taken into consideration during the recruitment of new members of staff.</p>	

Carers	Narrative
Percentage and number of carers identified.	<p>In February 2019, the practice patient population list was 5,750.</p> <p>The practice had identified 86 patients, who were also a carer; this amounted to 1.5% of the practice list.</p>
How the practice supported carers.	<p>The practice identified carers at the point of registration and on an on-going basis through clinical consultations. The practice had previously worked with the local Healthwatch to assist the practice in identifying and supporting carers locally. Although the number of identified carers was still low, we saw data the number of carers was increasing each year.</p> <p>The practice website had a specific section which contained information including contact details for national carers' groups. The practice told us how they supported carers which included the provision of flexible, extended appointments.</p>
How the practice supported recently bereaved patients.	<p>Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>We were also told the practice provided emergency contact details and the necessary death certification to enable prompt burial in line with families' wishes and religious practices when bereavement occurred.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice was aware that the open plan design of the entrance, reception and waiting area could create a concern regarding confidentiality at the reception desk. As a result, the practice advised on techniques used for confidential and sensitive issues to be discussed with the reception team or GP.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The majority of services were provided from the rooms on the ground floor. However, some services were provided from the first floor and there was no lift to improve access for people with disabilities and mobility difficulties. We saw the practice had reviewed the concern and agreed a process to manage the situation. For example, appointments for known patients with mobility difficulties were arranged in rooms on the ground floor. This was confirmed through our observations made during our inspection. We also saw that the entrance, reception area, waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams. However, the practice encouraged patients with prams to store them in a purpose-built pram/bike storage at the back of the practice. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-7pm (extended hours between 6.30pm and 7pm)
Tuesday	8am-6.30pm
Wednesday	8am-7.30pm (extended hours between 6.30pm and 7.30pm)
Thursday	8am-7pm (extended hours between 6.30pm and 7pm)
Friday	8am-6.30pm

Additional information

Patients at the practice could access further extended access appointments at a location within the Slough area. These extended access appointments were booked via the patient's registered practice and offered a variety of appointments including up until 8pm Monday to Friday and 9am until 1pm on Saturdays, Sunday and Bank Holidays.

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)	87.7%	94.1%	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. The practice was also a member practice of the Slough Health Alliance Provider Enterprise which included access to a paramedic visiting service for housebound patients and a musculoskeletal practitioner for assessment and management of musculoskeletal conditions commonly found in older people.
- In recognition of the religious and cultural observances of some patients within the Slough community, 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

- Where necessary, patients with multiple conditions had their needs reviewed in one appointment. This included a medicine review with the Clinical Pharmacist.
- 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

- 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.
- Where appropriate, parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments were available outside of school hours and baby changing facilities were available.
- The practice followed up on new births, facilitated registration and postnatal checks on the same day for patient convenience.

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 provided early evening appointments on Monday, Wednesday and Thursday evenings. Pre-bookable appointments were also available to all patients at an additional location within Slough, as the practice was a member of a GP federation.
- Although the number of users was low, online access for appointments, repeat prescriptions and test results was 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 and those with a learning disability. This register enabled the practice to arrange longer appointments and short notice appointments when necessary.
- 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 provided GP services to a small proportion of patients in a local independent care setting (approximately 20 registered patients). Before the inspection, we spoke to the service, they advised the practice had recently become less responsive to their residents and cited sporadic visits and confusion over GP visits.

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

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of local and national support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

	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)	73.1%	N/A	70.3%	No statistical variation
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)	69.0%	62.8%	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)	68.7%	61.3%	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)	77.8%	70.8%	74.4%	No statistical variation

Any additional evidence or comments
On review, the practice was above local averages and in line with national averages for patient satisfaction regarding access and appointments. This aligned to the results from the in-house survey completed in April 2018.

Source	Feedback
Patient feedback – 35 CQC comment cards, six patient interviews, NHS Friends and Family Test results and NHS Choices	<p>Patient feedback (written and verbal) highlighted access was good. During the inspection, patients who we spoke with complimented the appointment system, advising it worked for their family, other patients commented the access to the service was good and helped co-ordinate the care of their long-term conditions. However, some patients advised there was sometimes a slight wait and some appointments were behind schedule.</p> <p>This positive feedback aligned to NHS Friends and Family Test results, GP national patient survey results and reviews on the NHS Choices website.</p>

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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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> <p>We saw that information was available to help patients understand the complaints system, with notices in the waiting room and details on the practice website. However, patient satisfaction was positive. As a result, the number of complaints was low, for example in the last 12 months, there had been one complaint, which comprised of two different elements.</p>	

Example of learning from complaints.

Complaint	Specific action taken
Broken piece of equipment required for a specialist procedure, resulting in a delay and rescheduled appointment.	<p>The practice replaced the piece of equipment and purchased two items to ensure if a similar problem happened again, there would be an in-house replacement and no delay or re-scheduled appointment.</p> <p>This complaint also highlighted patient dis-satisfaction with the attitude and immediate response from the member of staff. This had been addressed with the member of staff.</p>

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Informal discussions regarding succession planning had commenced. The practice advised, the immediate plan regarding leadership was the appointment of a practice manager. Until a practice manager had been appointed, the Senior GP had reduced the number of clinical sessions and increased their protected time to sustain the operational management of the practice. The Senior GP had support from the clinical commissioning group (CCG), a practice manager consultant, external human resources support and existing practice staff. Furthermore, the Clinical Pharmacist and the three locum GPs had all increased their sessions to support the Senior GP.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <p>The practice had a clear vision which was promoted and endorsed by the practice team. The vision aligned to seven different values, one of the values celebrated the longstanding relationships between the practice, patients and their families (Dr Veena Sharma had been at the practice for over 35 years). Another value acknowledged the diversity in the patient population.</p>	

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"> We saw the staff kitchen area contained whistleblowing information including contact information for the local Freedom to Speak Up Guardian. A Freedom to Speak Up Guardian advises on best practice to encourage and enable staff to speak up safely within their own workplace. 	

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

Source	Feedback
Staff feedback	<p>Staff stated they felt respected, supported and valued. They told us that despite a challenging three years and numerous changes within the management team they happy and were proud to work in the practice. Several members of staff had returned from other roles to re-join the practice team.</p> <p>They also advised they felt vast improvements had been made. Staff also told us that since the previous inspections in November 2015, August 2016 and April 2017 all staff were involved in discussions about how to run and develop the practice, the Senior GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Staff were aware of areas where practice performance was below average or required improvement and worked as a team to identify these risks, implement change, and measure performance. For example, the practice worked together to improve clinical performance for childhood immunisations and national cancer screening programmes.	

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.	Partial

Additional information

The practice provided GP services to a small proportion of patients in a local independent care setting (approximately 20 registered patients). Before the inspection, we spoke to the service, they advised the practice had recently become less responsive to their residents and cited sporadic visits and confusion over GP visits.

Patient Participation Group (PPG) Feedback

We spoke with four members of the Patient Participation Group (PPG). There were currently six 'core' members who met on a regular basis. These meetings were attended by a designated GP and usually additional practice staff. However, given the recent changes in the management of the practice, these meetings had become less frequent.

The members described the strong relationship between the practice and PPG, and how the practice encouraged, respected and valued their involvement. They advised the relationship was proactive and was used to discuss issues of importance to patients and share these with the practice team. The meetings provided an environment for discussions and agreements about the practice and services provided and members were encouraged to contribute their views and suggestions.

The members we spoke with were highly satisfied with the care provided by the GPs, nurses and practice staff.

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

Examples of continuous learning and improvement

We saw the practice supported various CCG projects and pilots which demonstrated innovation and improvement, for example:

- The practice was also a member practice of the Slough Health Alliance Provider Enterprise which included access to a paramedic visiting service for housebound patients and a musculoskeletal practitioner for assessment and management of musculoskeletal conditions commonly found in older people.
- The Senior GP had completed a video message in the different South Asian languages spoken in the Slough community explaining the importance of child immunisations. This awareness campaign was used in the practice and was due to be shared with other local practices with a similar ethnic diversity. This was due to be reviewed to see if other health promotional messages could be delivered in a similar format.
- The practice signed up to the local 'Winter Pressure' scheme, this resulted in the provision of 16 extra appointments available each week from January 2019 until April 2019.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.