

Care Quality Commission

Inspection Evidence Table

King Cross Practice (1-540968292)

Inspection date: 6 February 2019

Date of data download: 19 December 2018

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
<p>The safeguarding lead attended locality safeguarding meetings. Although GPs did not attend case discussion meetings, they provided information and evidence as requested.</p>	
<p>We saw minutes from meetings which demonstrated liaison and information sharing with health visitors, and that records were updated to reflect any discussions.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Y
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Y
<p>Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Y
<p>Staff who required medical indemnity insurance had it in place.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>We checked relevant recruitment documents and found all necessary checks and validations were carried out prior to employment, and when accessing locum support.</p> <p>The practice had begun compiling a list to evidence staff immunisation status. They told us that those who consented to this would receive appropriate immunity checks and / or boosters as necessary.</p>	

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:	Y November 2018
There was a record of equipment calibration. Date of last calibration:	Y May 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y February 2019
There was a log of fire drills. Date of last drill:	Y June 2018
There was a record of fire alarm checks. Date of last check:	Y 6 February 2019
There was a record of fire training for staff. Date of last training:	Y June 2018
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 1 February 2019.
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The fire risk assessment had highlighted that portable heaters, in use for staff comfort, needed signage to remind staff to switch them off at the end of the day. This had been completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y December 2018
Explanation of any answers and additional evidence: Risk assessments had highlighted the risk of unauthorised access to the premises. This had resulted in CCTV cameras (and signage) being installed, and reminders to staff that doors were to be kept locked when not in use. Further actions identified included the acknowledgement that Display Screen Equipment (DSE)	

workstation assessments needed to be carried out for staff. The practice told us they had a scheduled plan to complete these by the end of March 2019.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	January 18
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
<p>Explanation of any answers and additional evidence:</p> <p>The IPC audit had highlighted that the contact numbers for external infection prevention and control support needed to be updated. This had been completed. Staff had access to online infection prevention and control training. In addition, the clinical lead provided annual hand washing training. This had been completed in September 2018.</p> <p>During our visit we saw a sharps bin which was not dated or signed. This was rectified immediately.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in	Y

line with National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recently experienced shortages in key roles for staff at all grades for a number of differing reasons. The practice had utilised internal cover by staff picking up roles and tasks not normally part of their role, for example the operations support manager had undertaken reception support work. The practice accessed locum cover for clinical staff when required. We heard that the practice took appropriate action when locum or permanent staff demonstrated inappropriate behaviours.</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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	1.11	1.09	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.8%	6.5%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
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	Y

Medicines management	Y/N/Partial
outcomes and reduce the risk of adverse events and antimicrobial resistance.	
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had representation on the CCG medicines management forum, as one of the GPs and the lead nurse were members. Support was provided to the practice by CCG pharmacists in relation to optimisation of prescribing patterns, and alerting clinicians to any aberrations.</p> <p>One of the practice nurses was an independent prescriber and received regular supervision and support from the GPs.</p>	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	48
Number of events that required action:	26
Explanation of any answers and additional evidence: We saw that significant events discussion was a standing item on clinical meetings. However, during our discussions with staff, we learned that not all staff were aware of all incidents which had occurred. The practice told us notes from meetings were on the shared drive accessible to all staff who were unable to attend meetings. The practice told us they would remind staff to access these.	

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

Event	Specific action taken
A cervical screening sample was returned by the laboratory as it was not labelled.	Sample taker was reminded to ensure that samples were correctly labelled in all cases. In addition, a new process was introduced which included service advisors ticking to say that the label had been checked and was completed.
Referral information had been aligned to the wrong patient.	Processes changed to ensure that three patient identifiers were checked before aligning documents such as letters and referrals to patients.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Medicines and safety alerts were received by the practice manager and operations support manager. Reports were run when indicated to identify affected patients. Clinical staff were involved in the process when necessary. We saw that medicines issues were discussed as a standing agenda item at clinical meetings. Staff were able to provide examples of recent alerts, and actions taken.	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

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)	1.32	0.76	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified received individualised care to meet their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that changes to care or medicines requirements were completed.
- Staff demonstrated an understanding of the specific needs of older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- Before the inspection we sought feedback from a residential home for older people. They told us the needs of their residents were met by the practice.



People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered an 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 the appropriate training and updating.
- The GP who had provided a lead for diabetic care had recently left the practice. However, remaining GPs were in the process of developing and enhancing their knowledge to meet this identified gap. The practice nurse was able to offer level three diabetic services (treating patients whose condition was managed by injectable treatments), with support from the diabetic specialist support teams.
- 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 risk of stroke 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) <small>(QOF)</small>	71.8%	76.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.4% (38)	8.2%	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>	65.9%	75.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.9% (40)	7.2%	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)	69.8%	77.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.0% (72)	11.8%	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)	64.5%	74.1%	76.0%	Variation (negative)
Exception rate (number of exceptions).	5.6% (29)	5.5%	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)	68.7%	85.6%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	10.5% (21)	9.6%	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)	78.9%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (21)	3.1%	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)	85.5%	88.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (11)	6.0%	6.7%	N/A

Any additional evidence or comments

During the inspection we discussed the lower than average outcomes in relation to some monitoring measures for asthma and COPD. We were told the nurse who previously had taken the lead in relation to respiratory conditions had recently left the practice. At the time of our visit the practice was in the process of training a recently recruited practice nurse to take on the lead in this area.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets. The Department of Health (DOH) had visited the practice in previous years to help understand how the practice had achieved the high uptake.
- 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 were signposted to local services to access support for sexual health and contraception advice.
- Six-week baby checks and post-natal checks were carried out on new mothers. This included an assessment of their emotional as well as physical well-being.

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)	87	94	92.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	70	74	94.6%	Met 90% minimum (no variation)
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)	70	74	94.6%	Met 90% minimum (no variation)
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)	69	74	93.2%	Met 90% minimum (no variation)

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.
- The practice sent a 65th birthday card to all patients when they reached this age, reminding them of their eligibility for the pneumococcal vaccine.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG	England	England
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		average	average	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)	78.0%	77.5%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.8%	67.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.8%	59.1%	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. (PHE)	79.5%	69.5%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	39.5%	49.2%	51.9%	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 those with a learning disability. They told us homeless people were able to use the practice address as their home address for registration purposes.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified victims of sexual trafficking and had signposted to the appropriate support services available locally.
- Before the inspection we sought feedback from a residential home for learning disabled adults. They told us the practice offered appropriate support to their residents.

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 individualised care and support. Lifestyle support services, in relation to smoking cessation or weight management were available locally.
- There was a system for following up patients with severe or enduring mental health conditions 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 access to the mental health crisis team.
- 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.

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)	97.9%	88.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.7% (7)	12.9%	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)	94.1%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (4)	11.9%	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)	80.8%	80.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.9% (7)	6.7%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	524	526	526
Overall QOF exception reporting (all domains)	5.0%	4.7%	5.8%

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

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

- Shared care amber drugs and warfarin audit and re-audit demonstrated that the appropriate recalls were in place, although following the audit the practice developed a protocol to ensure that service advisors documented patients' INR result before warfarin prescriptions were issued.
- A review of carpal tunnel referrals was also carried out. Following this review the practice could demonstrate that splinting was tried as the first line of treatment before specialist referral was carried out.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A planned schedule was in place to complete all staff appraisals by March 2019. The practice manager was seeking strategic objectives from the partners to enable these to be filtered down and incorporated as part of staff objective setting. Although the practice manager had not completed a formal, documented appraisal for two years, monthly one to one meetings with a GP partner were held, and these provided an opportunity to discuss future development needs.</p> <p>Staff were given allocated time within their rota within which to complete mandatory training.</p> <p>At the time of our visit one member of staff was undertaking a health care assistant course at a local, accredited centre. The training would include the Care Certificate requirements.</p>	

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	Y

where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not offer in-house smoking cessation support; however, a number of local pharmacies offered this service, and staff signposted patients to these services as appropriate.</p>	

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)	94.2%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (11)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The patient electronic record enabled staff to indicate where consent had been sought and given for procedures such as immunisation and cervical screening. Written consent was obtained for more invasive procedures such as minor surgery or intrauterine device fitting.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: We were provided with a number of examples to demonstrate where staff had gone 'over and above' to help meet patients' needs. In preparation for our visit, the practice manager had asked staff to provide written evidence of how they felt they provided the best care for patients. Examples included liaising with the district nursing team to carry out a dressing on a patient with limited mobility when heavy snow had been forecast, and telephoning patients with their test results to ensure that, when antibiotics were required, the course could begin as soon as possible.	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Staff are caring and I'm always treated with consideration.
Comment card	The staff are lovely and always helpful and caring.
Comment card	Most doctors have been understanding and respectful. One doctor was quite dismissive.

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
7968	277	100	36.1%	1.26%

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)	90.1%	91.4%	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)	95.0%	90.6%	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)	92.9%	96.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	91.0%	88.1%	83.8%	No statistical variation

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

Any additional evidence
The practice carried out regular Friends and Family Test surveys. In addition, they did an annual internal patient survey. The most recent one was carried out between September and November 2018.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	(1) Feel treated with dignity and respect. (2) Been happy with practice, we've been coming since the practice first opened.

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)	93.4%	94.1%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of their responsibilities and obligations in relation to Accessible Standards Information. Patients were asked to identify any specific communication preferences or needs they had, at the time of registration, and on an ongoing basis.</p>	

Carers	Narrative
Percentage and number of carers identified.	316 patients (4% of practice population).
How the practice supported carers.	A Carers' pack was provided. In addition, clinicians signposted carers to relevant support services. An annual health check and seasonal flu was also offered.
How the practice supported recently bereaved patients.	The GP who had the most contact with the family made contact as appropriate. Appointments were made available if further support was needed, and staff were able to signpost people on to local bereavement support services when required.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The reception desk had a high and low-level counter to accommodate patients who used a wheelchair. A queuing system was in place at the reception desk, with signage which requested patients to stand back to help maintain patient confidentiality. In addition, ambient music was played in the patient waiting area to further enhance confidentiality.</p>	

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 12.30pm; 1.30 to 6.30pm (staff training 12.30pm to 1.30pm)
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday to Friday	Morning session: 8.30am to 11.30am; Afternoon session: 2pm to 5.30pm.
	Any home visits which were required were carried out over the lunchtime period. In addition, the duty doctor held space available in the afternoon for any home visits which were picked up late.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7968	277	100	36.1%	1.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.3%	94.9%	94.8%	No statistical variation

Older people

Population group rating: **Good**

Findings

- Older patients were supported by the practice in whatever setting they lived.
- We heard of several examples where the practice had demonstrated responsiveness to the needs of older patients. Home visits were available for consultations or other procedures, such as joint injections, when required.
- The practice held a contract, additional to their contract to provide general practice services to their patients. This was to provide intermediate care support to frail patients from a nearby residential home for older people. Patients registered at the practice, as well as those registered at other practices, were able to access this service.
- Before the inspection we sought feedback from a residential home for older people. They told us the practice responded promptly to any changing needs of their residents.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered an annual, holistic review of their condition.
- The practice was able to provide level three diabetic support to those patients whose condition was stable, and who managed their condition with injectable treatments.
- The practice held regular multidisciplinary meetings, to include district nurses and community matrons. This enabled a shared plan of care to be developed for those patients with complex problems.
- 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

- Children who failed to be presented for routine or non-routine appointments were followed up by the practice. Regular liaison with health visiting teams enabled all staff to share information and maintain up to date records of family circumstances.
- Parents or guardians calling with concerns about a child were given priority access to appointments.
- Post- natal checks were offered for new mothers. This included an assessment of their emotional well-being, as well as their physical recovery and future contraceptive needs.
- New birth congratulations cards were sent upon receiving a birth notification.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had previously offered extended opening hours early morning and late afternoon. They told us these appointments had not been utilised by working age people, and therefore the practice had reverted to core hours.
- Feedback from patients in relation to access was positive. We heard that the practice was flexible in relation to offering appointments with clinicians.
- The practice offered online access which enabled patients to book or cancel appointments, or order repeat medicines.
- Extended hours appointments were available at a nearby site, as part of the GP federation 'hub' on Monday to Friday 6.30pm to 8pm, and from 10am to 2pm on weekends and bank holidays.

**People whose circumstances make them vulnerable
group rating: Good**

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, longer appointments were available.
- Double appointments were offered when patients required the assistance of an interpreter when English was not their first language.
- The practice had links with a nearby women's refuge. Women resident in the unit who had experienced domestic violence were registered as temporary patients at the practice.
- The practice had identified patients who had been victims of sex trafficking, and signposted them to local support services.

**People experiencing poor mental health (including people with dementia)
Population group rating: Good**

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice referred patients to additional support services for mental health; for example, "Insight" support service or the mental health crisis team.
- Staff we spoke with showed an understanding of how to support patients with mental health needs and those patients and their relatives, living with dementia.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Most requests for home visits were required before 10.30am. The duty doctor assessed all requests and assigned them to the appropriate staff member. The duty doctor also had additional space in their afternoon session to carry out other, urgent or late requests for home visits.	

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)	77.7%	76.2%	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)	81.6%	73.6%	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)	69.3%	68.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	71.9%	78.9%	74.4%	No statistical variation

Source	Feedback
Healthwatch Calderdale	(1) Really good practice. (2) I have always had a really good experience making an appointment.
Comment cards	(1) The receptionist is pleasant and we don't have to wait long for appointments

	(2) The only thing they need to improve is appointments as they are hard to get.
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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.	16
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed communication with patients following complaints. We saw the practice provided a thorough assessment and analysis of the complaint, and provided a detailed response which included any actions the practice had taken as a result of the complaint.</p> <p>The practice collated verbal, as well as written complaints.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about the thoroughness of a long-term condition review.	The consultation notes were examined, and the clinician concerned was interviewed. A full explanation and apology was given to the patient, citing extenuating circumstances before the appointment, and also that the written consultation did not fully match the patient's recollection.
Complaint was received that not all repeat medicines which had been requested, had been dispensed.	An apology was offered to the patient, and the repeat medicines template was updated to include all medicines on repeat. In addition, staff were advised to cross reference all requests for repeat medicines with the patient's home screen to avoid omissions.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence:	
Following a period in the previous year when a number of staff in key roles were absent or left their posts, the practice had facilitated a team building session for all staff, where staff were encouraged to share their concerns and feelings, and to help rebuild a cohesive team to progress into the future for the practice.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice had developed their vision and values in consultation with staff. Staff members were encouraged to be 'WellPROUD':	
To take responsibility for my own Wellbeing and care about my colleagues' wellbeing.	
Professional – to act in a professional manner at all times.	
Respectful – to respect all members of the team and listen to and value the opinions of others.	
Outstanding – to give my best when dealing with patients and colleagues.	
Unique – to treat patients and colleagues as individuals.	
Development – to recognise my limitations and actively seek to develop my skills and knowledge.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was an emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: We were given examples of how behaviours and/or performance which had been below an acceptable standard had been handled in a sensitive but appropriate manner.	

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

Source	Feedback
Staff member	I feel every member of the practice team is involved in sharing opinions, view and ideas.
Staff member	Everyone feels at ease around one another.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: An external contractor had been commissioned to update all policies and procedures. We saw a draft version of the updated staff handbook to ensure that all information contained within it was up to date and relevant. Staff contracts were also being reviewed. The practice planned to hold consultations with staff on all changes.	

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.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a reciprocal arrangement in place with four local practices should the practice encounter any issues which prevented the service from running from their own site.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of an Information Governance (IG) toolkit assessment, the practice had highlighted the risk of unauthorised persons accessing confidential areas unattended. The practice had therefore installed CCTV cameras, with the necessary signage, to monitor visitor activity. In addition, staff were instructed to always lock doors when rooms were left unattended. At the time of our visit we saw that this practice was being adhered to.</p> <p>The practice participated in local improvement activity, benchmarked against other practices, as part of the Commissioning Engagement Scheme (CES) in the CCG, in relation to such indicators as hospital</p>	

admissions, prescribing indicators and referrals.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: There was an active patient participation group in the practice, who were involved in helping plan services to meet patients' needs. Staff told us they had a voice in the practice, informally on a one to one basis, or via team meetings or other team building events.	

Feedback from Patient Participation Group.

Feedback
There is two-way feedback with the practice. We are told of internal issues such as complaints and patient comments, and we are able to make suggestions to improve. For example, we suggested making the reception desk more accessible for patients who used wheelchairs, and the practice listened to us.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Significant events were a standing agenda item on clinical meetings. An annual significant events summary log was discussed and shared with all staff members.	

Examples of continuous learning and improvement

The practice was participating in the NHS England 'Releasing Time to Care' initiative. We saw that a staff workshop had been facilitated, looking at the type of appointments which were required by patients, and mapping these against the skill mix of available staff. This was intended to release time, despite staffing pressures, to provide optimal care for patients.

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.