

Care Quality Commission

Inspection Evidence Table

Dr Susan Elizabeth Honey (1-498627774)

Inspection date: 28 February 2019

Date of data download: 27 February 2019

Overall rating: Good

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
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
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
Explanation of any answers and additional evidence: The Royal College of Paediatrics and Child Health issued updated guidance in January 2019 which set out the appropriate level of training in safeguarding children required for different members of staff, which included the recommendation that practice nurses be trained to level 3. At the time of the inspection the practice nurse had been trained to safeguarding children level 2. The practice told us they were working towards compliance.	

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) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 28.01.2019	Yes
There was a record of equipment calibration. Date of last calibration: 22.11.2018	Yes
There were risk assessments for any storage of hazardous substances for example, the storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: April 2018	Yes
There was a record of fire alarm system maintenance. Date of last check: 04.10.2018	Yes
There was a log of fire drills. Date of last drill: Annually	Yes
There was a record of fire alarm checks. Date of last check: 21.02.19	Yes
There was a record of fire training for staff. Date of last training: 04.11.2018 (in-house training)	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 01.10.2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was evidence that an electrical fixed installation report had been undertaken. • The practice told us fire evacuation drills were undertaken annually by the landlord. We saw that a drill had been scheduled for 4 March 2019. After the inspection the practice sent confirmation that this had taken place. • Those staff who had been unable to attend the in-house fire awareness training had undertaken fire awareness training on-line via the practice's mandatory training portal. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 30.07.2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30.07.2018	Yes
Explanation of any answers and additional evidence: We saw staff had received health and safety training as part of the mandatory training schedule.	

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.	Partial
Date of last infection prevention and control (IPC) audit:	March 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 recently recruited practice nurse had been nominated as the IPC lead but had not undertaken any enhanced training to support them in the extended role. All consultation rooms had been refurbished following the findings of an IPC audit in October 2017 which included the replacement of handwashing sinks and the removal of carpets in consultation rooms which were replaced with impervious flooring. On the day of the inspection, we observed that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the range of medicines administered at the practice. The practice told us they would request the appropriate sharps bins from its clinical waste supplier. A Legionella risk assessment had been undertaken on 22 February 2018 and we saw evidence that monthly water temperature testing and flushing of water outlets identified as infrequently used was carried out. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a sepsis policy in place and we saw posters throughout the practice on sepsis awareness. • All staff had received sepsis awareness training and staff we spoke with confirmed this. 	

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.39	0.56	0.94	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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)	12.4%	11.5%	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)	4.79	5.72	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)	0.75	1.41	2.22	Significant Variation (positive)

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).	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
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Partial

Medicines management	Y/N/Partial
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 Public Health England (PHE) guidance to ensure they remained safe and effective.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found the practice did not have dexamethasone (used to treat croup in children), soluble prednisolone (used to treat acute severe asthma) and chlorphenamine (used for anaphylaxis or acute angio-oedema) as part of its emergency medicines stock. The practice had not undertaken a formal risk assessment to demonstrate the rationale for its decision. The practice considered our findings and on the day of the inspection ordered the medicines. Immediately after the inspection the practice provided photographic evidence that the medicines had been delivered and sent an updated emergency medicine stock and expiry check list sheet which included the additional medicines. There were two dedicated vaccine fridges with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the service did not have a secondary thermometer independent of mains power in line with PHE guidance. 	

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.	Yes
Number of events recorded in last 12 months:	8
Number of events that required action:	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us when things went wrong at the practice there was a culture of openness and support. Significant events were a standing agenda item at staff meetings and we saw minutes of meetings where significant events had been discussed. 	

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

Event	Specific action taken
Mislaid repeat prescription request and delay in issuing medicines to patient.	<ul style="list-style-type: none"> Apology to patient. Prescription issued. Practice investigated incident with the team. Discussed in practice meeting and reiterated the process for handling repeat medicines requests to ensure they

	<p>were actioned appropriately and in a timely manner.</p> <ul style="list-style-type: none"> • Refresher training for staff on customer care and handling customer complaints.
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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>All alerts were received by the lead GP and practice managers and a log maintained which outlined any action taken. We reviewed some recent alerts received where action had been taken and found that they had been managed appropriately.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.49	1.03	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- We found clinical outcomes in relation to diabetes and chronic obstructive pulmonary disease (COPD) were below local and national averages. We saw evidence that the practice was addressing these outcomes and improvements had been made.
- The practice demonstrated for the current QOF year a structured annual review for patients to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	63.2%	78.9%	78.8%	Variation (negative)
Exception rate (number of exceptions).	2.9% (4)	10.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	60.8%	75.7%	77.7%	Variation (negative)
Exception rate (number of exceptions).	5.1% (7)	9.4%	9.8%	N/A
The percentage of patients with diabetes, on	64.1%	78.5%	80.1%	Variation

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)				(negative)
Exception rate (number of exceptions).	6.6% (9)	10.3%	13.5%	N/A

Any additional evidence or comments

- The practice was aware that patient outcomes in relation to diabetes was below local and national averages. The practice told us that during the 2017/18 QOF year unforeseen circumstances had required the use of locum GPs and they had been unable to recruit a substantive practice nurse for a five-month period which had impacted on patient outcomes. At the time of our inspection the GP team were stable and consistent and a practice nurse had been employed. The practice had nominated a clinical and administration lead for each QOF indicator to coordinate and manage patient recall.
- The practice demonstrated a recall system for its long-term condition patients. In addition, reception staff had been trained to check for any outstanding patient reviews on the clinical system's summary page and offer patients the opportunity to book an appropriate appointment.
- We reviewed the practice's clinical system for the current attainment for diabetes patients for the 2018/19 QOF year due to close on 31 March 2019 which showed the practice had attained 60 out of 86 points available (compared to 51 out of 86 points available in 2017/18).
- The practice also participated in the CCG transforming diabetes care reporting dashboard which monitored nine key care processes, for example, percentage of patients with a blood pressure and cholesterol reading and had engaged with the diabetes transformation nurse specialist to help improve outcomes for diabetes patients.

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)	74.1%	77.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	12.6% (24)	7.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	55.3%	88.8%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	5.0% (2)	12.5%	11.5%	N/A

Any additional evidence or comments

We reviewed the practice's clinical system for the current attainment for COPD patients for the 2018/19 QOF year due to close on 31 March 2019 which showed that practice attainment was currently 30 out of 35 points available (compared to 20 out of 35 points available in 2017/18).

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)	75.2%	79.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.4% (5)	3.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.4%	87.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets for one and two-year-olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	33	40	82.5%	Below 90% minimum (variation negative)

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	23	40	57.5%	Below 80% (Significant 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)	26	40	65.0%	Below 80% (Significant 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)	26	40	65.0%	Below 80% (Significant variation negative)

Any additional evidence or comments

The practice was aware that outcomes for childhood immunisations was below local and national averages. The practice told us they contacted patients who failed to attend for appointments.

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.
- 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)	62.6%	52.2%	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)	68.1%	54.1%	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)	43.2%	37.8%	54.5%	N/A
The percentage of patients with cancer,	33.3%	59.7%	70.2%	N/A

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) <small>(PHE)</small>				
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) <small>(PHE)</small>	33.3%	53.5%	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.
- 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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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) <small>(QOF)</small>	90.9%	81.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	9.7%	12.7%	N/A
The percentage of patients with	95.5%	87.7%	90.0%	No statistical

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)				variation
Exception rate (number of exceptions).	0 (0)	7.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.7%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.5%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	471.6	520.2	537.5
Overall QOF exception reporting (all domains)	2.8%	6.7%	5.8%

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

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

The practice undertook an audit of its patients on direct oral anticoagulant medicine (an anticoagulant is a medication that either treats or prevents blood clots) to assess whether appropriate kidney function assessment had been undertaken and recorded in the clinical notes. The first cycle audit undertaken in June 2018 showed that 18% of patients had received appropriate kidney function monitoring. The practice reviewed all the patients and a second cycle audit in October 2018 showed that this had increased to 82%.

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
Staff had access to regular appraisals, one to ones, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with told us they encouraged and supported patients to be involved in monitoring and managing their own health and they utilised the patient care navigator, who was allocated to the practice, to help signpost patients to health, social care and voluntary sector services. The practice hosted a weekly smoking cessation clinic. 	

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)	91.2%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	1.2%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and had received training. Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation (GDPR) principles. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	All 25 comment cards received contained positive feedback and indicated that the practice was efficient and staff were competent, caring and friendly. Patients said they were treated with dignity and respect. Four comment cards contained mixed responses which included difficulty getting an appointment.

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
3752	419	102	24.3%	2.72%

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)	85.9%	83.5%	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)	84.8%	82.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	93.8%	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)	76.0%	77.1%	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"> The practice had undertaken a survey of patients attending its phlebotomy clinic. We found that of the 57 patients who had participated in the survey, 72% indicated that it was very easy or easy to get an appointment, 100% indicated that staff providing the service were caring, competent and treated them with dignity and 95% indicated that they would be extremely likely or likely to recommend the service. The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the six-month period prior to our inspection, based on 59 responses, showed that 81% of patients would be extremely likely or likely to recommend the service.

Involvement in decisions about care and treatment

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

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

Source	Feedback
CQC Comment Cards	Patients said they felt listened to, involved in their treatment and care and treated with dignity and respect.

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)	87.1%	90.2%	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
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Carers	Narrative
Percentage and number of carers identified.	The practice had identified 80 carers, which was approximately 2% of the practice population.
How the practice supported carers.	<ul style="list-style-type: none"> The practice told us they identified carers at the point of registration and on an on-going basis through clinical consultations. There was a carers' noticeboard in the waiting area and information on the practice website, which had the functionality to translate to other languages. The practice offered extended appointments and influenza vaccination for carers.
How the practice supported recently bereaved patients.	Staff we spoke with told us that recently bereaved patients were offered a GP consultation or a home visit. The practice told us it signposted to bereavement services.

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 computer on the reception desk was positioned so patients could not view the screen. We saw that chairs in the waiting area faced away from the reception desk. There was an office behind the reception area where confidential calls were taken. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. We saw that equality and diversity training was included for all staff as part of the mandatory training schedule. 	

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.	Partial
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 practice did not have a hearing loop installed for those with hearing impairment. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 1pm
Thursday	8am to 6.30pm
Friday	8am to 6pm
When the surgery was closed patients were directed to call NHS 111. The practice did not offer extended hours appointments. However, patients could access GP and practice nurse appointments from 6.30pm–8pm on Monday to Friday and from 8am–8pm on Saturdays and Sundays at three hub surgeries within Westminster. Patients could book appointments via the practice team when the surgery was open or via NHS 111 out of surgery hours. We saw details regarding the hub surgeries and out-of-hours provision was advertised in the practice leaflet and website.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3752	419	102	24.3%	2.72%

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)	91.4%	92.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. There was a pharmacy-led medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients were able to book appointments and request prescriptions using the on-line service.
- Patients could access GP and practice nurse appointments from 6.30pm-8pm on Monday to Friday and from 8am-8pm on Saturdays and Sundays at three hub surgeries within Westminster.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including 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.

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. Primary care plus (PCP) mental health services were delivered from the medical centre twice a week which enabled the practice to proactively manage its patients requiring the service in a timely manner.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. We saw that staff had undertaken dementia awareness training.
- The practice was aware of 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.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • When a request for a home visit was received, reception staff took details of the request and added it to the triage list. The duty doctor would determine whether a visit was necessary. If an urgent request was received the duty doctor was advised straight away of the request. 	

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)	66.5%	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)	43.9%	65.7%	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)	42.3%	62.1%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	45.9%	69.2%	74.4%	Variation (negative)

Any additional evidence or comments
<ul style="list-style-type: none"> We saw that the practice had reviewed and discussed the outcome of the GP national patient survey in relation to access and appointments. The practice was aware that the legacy phone system in the NHS-owned medical centre had its limitations with the number of incoming telephone lines and no patient queuing system. The practice felt this impacted on the patient experience of getting through to the surgery by telephone and making an appointment. The practice told us it ensured sufficient staff were available to answer telephone calls during peak periods and encouraged patients to book appointments through its on-line facility. The practice actively monitored its patient did not attend (DNA) rates and advised patients with a reminder to cancel appointments not required so they could be offered to other patients in need of them. We saw that for one month a total of 63 patients did not attend their booked appointments (38 with the doctors and 25 with the practice nurse).

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.	4
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a complaint lead and a policy, which was accessible to staff, written in line with recognised guidance. Information about how to complain was available for patients, for example, in the practice leaflet and on its website. There was a system in place to record verbal complaints to ensure all opportunities to learn from feedback was captured. Complaints were discussed in practice meetings as a standing agenda item and we saw evidence of minutes of meetings. 	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The practice discussed the challenges of being an individual provider and told us they were in the preliminary stages of changing its legal entity to a partnership as part of its resilience plan.	

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:	
<ul style="list-style-type: none">The practice told us its mission statement was 'to provide high quality healthcare in the heart of the local community and as a business continue to prosper and grow in line with current changes to the NHS'. They told us that their mission was underpinned by four core values of openness, fairness, respect and accountability.Staff we spoke with were aware of the practice's mission and values.	

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
<ul style="list-style-type: none"> Staff told us they were proud to work as part of a small team which focused on patient-centred and compassionate care. 	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff we spoke with told us they felt listened to and respected. Staff told us there was an open culture at the practice and they felt confident to speak up to the GPs and management team.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice demonstrated a meeting structure which included monthly clinical and whole team meetings. There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. All staff we spoke with knew how to access the policies. The practice had nominated designated leads, for example safeguarding, infection prevention and control and complaints. 	

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 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
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Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The provider told us that they struggled to engage patients to join the Patient Participation Group (PPG) and the practice did not currently have an active group. The last meeting scheduled for August 2018 was cancelled due to non-attendance. We saw that the practice advertised the PPG on its website and in the practice waiting room and promoted local Healthwatch events. Healthwatch is an independent national champion for people who use health and social care services with the purpose to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. The practice told us they were in liaison with their Healthwatch local community champions in an attempt to re-establish its PPG.

Any additional evidence or comments

The practice sought patient feedback through the NHS Friends and Family Test (FFT), undertook an internal surveys of patient experience of its phlebotomy service and reviewed feedback from the national GP patient survey.

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

- The practice engaged with the CCG and local practices in local current and future initiatives which included the Primary Care Network (an approach to strengthening and redesigning primary care to focus on local population needs and provide care closer to patients' homes.)

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

Glossary of terms used in the data.

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