

Care Quality Commission

Inspection Evidence Table

Croft Medical Centre (1-539033784)

Inspection date: 11 February 2019

Date of data download: 22 January 2019

Overall rating: Good

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

Safe Improvement

Rating:

Requires

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 took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
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:	

Safeguarding	Y/N/Partial
<p>The practice had safeguarding meetings every six to eight weeks. One of the practice nurses met with the local health visitor every two weeks so that their views could be included at safeguarding meetings and to ensure all vulnerable children were dealt with as a priority.</p> <p>Staff have undergone Identification and Referral to Improve Safety training in Domestic Abuse awareness.</p> <p>We saw evidence that all members of staff had received chaperone training. On the day of the inspection two members of staff we spoke with could not recall the training. The members of staff we spoke with could demonstrate a knowledge of their responsibilities as chaperones and where to stand during an intimate examination. The practice manager had put an update on the next practice meeting agenda.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive locum pack and induction for new starters. We were shown documentation of two members of staff who had recently completed their induction at the practice.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test for all three sites:</p> <p>8/03/2018 – Croft Medical Centre</p> <p>7/03/2018 - Bishop's Tachbrook</p> <p>14/03/2018 – Lisle Court</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration for all three sites:</p> <p>12/03/2018 – Croft Medical Centre</p> <p>07/03/2018 - Bishop's Tachbrook</p> <p>04/12/2018 – Lisle Court</p>	Yes
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Yes
<p>There was a fire procedure.</p>	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: 08/02/2019</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill: 14/12/2018</p>	Yes
<p>There was a record of fire alarm checks.</p> <p>Date of last check: 8/02/2019</p>	Yes
<p>There was a record of fire training for staff.</p> <p>Date of last training: all 100% complete. There were different dates for each member of staff as they completed online training at different times– evidence seen during the inspection.</p>	Yes
<p>There were fire marshals at all three sites</p>	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion: 16/06/2018</p>	
<p>Actions from fire risk assessment (RA) were identified and completed.</p>	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The fire RA identified the need to tag fire extinguishers. This has now been completed.</p>	

Health and safety	Y/N/Partial
<p>Premises/security risk assessment had been carried out.</p> <p>Date of last assessment:</p> <p>BT – 09/01/2019</p> <p>Croft – 09/01/2019</p> <p>LC – 04/05/2018 – after practice merger</p>	<p>Yes</p>
<p>Health and safety risk assessments had been carried out and appropriate actions taken.</p> <p>Date of last assessment: 09/01/2019</p> <p>There were several actions identified when Croft Medical Centre merged with Lisle Court.</p> <p>For example:</p> <ul style="list-style-type: none"> • The business continuity plan was updated when the practice merged with Lisle Court. • Fire evacuation points were identified on all three sites. • Adjustments were made following individual assessments such as foot rests provided. • The wiring in the reception area and the phlebotomy room needed redoing at Croft Medical Centre. • Several light fittings needed updating across all the sites. 	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive maintenance and compliance plan which was updated monthly. This included maintenance of the building, equipment and health and safety. It was colour coded and flagged up when something was coming up to renewal.</p> <p>The practice carried out regular Legionella checks and the last risk assessment was carried out on 7 August 2018.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 17/07/2018 (for all three sites)	Yes
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: The latest infection control audit carried out in July 2018 identified some recommended actions which have now been carried out: For a foot operated pedal bin to be installed in the phlebotomy room at Croft Medical Centre. To ensure all single use instruments are removed from lower sink storage. To ensure infection control training is included as part of the training requirements in staff appraisals.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager kept ownership of the risk assessments at the practice. All members of staff knew how to access these.</p> <p>There was a robust system for rota management. Across all three sites there were 50 members of staff and the practice told us having a colour-coded system with only a certain number of staff taking leave at the same time worked.</p>	

Information to deliver safe care and treatment

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

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

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) <small>NHS Business Service Authority - NHSBSA</small>	1.23	0.98	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) <small>(NHSBSA)</small>	7.2%	8.5%	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Partial

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 824 807 862">Explanation of any answers and additional evidence:</p> <p data-bbox="57 913 1513 1061">During the inspection we found that the security of the controlled drugs cabinet needed to be strengthened. The key to the controlled drugs cabinet was not kept in a secure place during the day. At night the key was locked away. The practice has rectified this following the inspection and have ordered a key safe for this.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Partial
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services:	
<p>The door to the dispensary was unlocked during our inspection. We observed patients coming to the dispensary door whilst the door was unlocked as it also served as a hatch for patients to collect their medicines. This was pointed out to the practice on the day of the inspection and it was agreed that the door should be kept locked. The practice has got a bolt on the door for this purpose and all dispensing staff were going to be reminded to use this bolt.</p> <p>We observed that there was not adequate space at the dispensary hatch to have a private conversation with a patient as the dispensary hatch led to the main corridor for patients to see the GPs. We could overhear conversations between the dispenser and the patient. The practice has reminded staff that they have access to both a consulting room right next to the dispensary and a treatment room to offer a private discussion if patients require. Since the inspection the practice has placed new signage across the entire building and have revisited the signage also across their other sites, inviting patients to private discussions in a private room and encouraging them to ask.</p> <p>The practice has updated their website front page reinforce the value of patient privacy and</p>	

confidentiality and to confirm rooms are available at all sites for private conversations. They have also got this item on the agenda for the next staff meeting in March.

The prescriptions that were awaiting collection could be read by patients standing at the hatch. After this was pointed out the dispenser rectified this and prescriptions were stored with the information facing away from the hatch to prevent this happening.

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:	11
Number of events that required action:	10
Explanation of any answers and additional evidence:	
Each significant event had a cover sheet and learning outcomes. We saw a sample of these during the inspection.	

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

Event	Specific action taken
Child Immunisation error	<p>There had been an incorrect administration of a vaccine. NHS England were informed and guidance was given. All the correct procedures were followed.</p> <p>The practice discussed this significant event at a nurses' meeting. The learning was that the immunisation schedule should always be discussed with parents. The practice took this opportunity to remind all clinical staff to check the children's red book before administering vaccines.</p>
Prescription given to incorrect patient.	<p>A patient was incorrectly identified by a prescriptions clerk.</p> <p>A full investigation and audit trail took place. It was agreed that more thorough checks of identification would take place such as cross matching date of births and addresses in future.</p> <p>It was reiterated to all staff that if anyone was unsure about something they would check with the GPs.</p>
Brittle asthma patient prescribed medicine resulting in acute exacerbation of patient's asthma.	The practice carried out a review of patients taking this medicine and the guidance of patients with a potential underlying cardiac condition was reviewed.

	The changes were outlined to locums about future prescribing of this particular medicine. The locum concerned reflected and changed future practice. Feedback was provided to all clinical staff at the next meeting. Clinical staff reported they would re-consider the risks in prescribing for such patients.
Delivery of paper	The practice had a large delivery of boxes of paper. This was left outside the nebuliser cupboard which needed to be accessed quickly. A reminder was sent out to all staff to ensure deliveries are put away so as not to block cupboard entrances where equipment is required in an emergency.

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 stored on the practice intranet. The practice manager, operations manager and reception manager all received this. We saw that all alerts were hyperlinked. The most recent ones were kept on the top. There was an action log alongside the alert on the computer which opened onto an excel spreadsheet. This was circulated and it was clear to see that action was taken for each one.</p>		

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice took part in a weight reduction programme for patients called "Fitter Futures". This looked at the impact of weight loss for patients as well as providing a discounted rate for slimming world. The programme also gave out family advice such as helping overweight children.</p> <p>The practice had a community events diary and supported different events such as:</p> <p>International Women's Day – the practice took the opportunity to carry out health checks, BMI, cholesterol and smoking status.</p> <p>At the time of the inspection they were promoting prostate cancer month and had plans to promote ovarian cancer day in March.</p> <p>The practice worked closely with the local community centre and signposted patients to groups such as the tea circle to prevent isolation, stay and play groups for young families and walking groups.</p>	

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)	1.31	0.85	0.81	No statistical variation

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.
- The GPs and nurses at the practice worked holistically and in partnership with Geriatricians, Macmillan nurses, District Nurses, the local hospice, social workers, occupational therapists and physiotherapists to assess patients' needs as required.
- 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. At the time of our inspection 980 patients were eligible for over 75 health-checks and 763 had been completed.
- In the last year 3974 patients were eligible for their flu vaccines and 3575 patients had received their vaccines at the time of our inspection.
- The Care Co-ordinator Triage Nurse, GPs and clinical pharmacist carried out visits to local care and nursing homes as required.
- For housebound patients the nurse practitioner carried out a full programme of home reviews to ensure the reduction of unplanned admissions.
- The practice was a dementia friendly practice and had led on social prescribing. Due to the success they were able to expand the scheme to another local practice.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- Patients with diabetes were offered personalised care based on their current needs. The practice initiated insulin and supported patient education.
- The practice had lead GPs for most areas such as diabetes, respiratory disease, CVD, mental health, dementia and for joint injections.
- 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)	71.2%	83.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.0% (16)	11.6%	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)	80.5%	82.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.5% (19)	8.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.1%	84.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (43)	13.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.3%	79.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (10)	3.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.8%	93.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.6% (4)	8.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.3%	84.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (31)	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)	96.1%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.4% (24)	10.3%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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)	115	121	95.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	115	126	91.3%	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)	114	126	90.5%	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)	114	126	90.5%	Met 90% minimum (no variation)

Any additional evidence or comments

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. At the time of our inspection 6103 patients were eligible for their health checks and 3539 had received their health check in the last 5 years. 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 medicines 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) (PHE)	66.3%	74.8%	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)	70.0%	73.1%	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)	51.0%	60.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	88.6%	76.7%	70.3%	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)	37.7%	53.2%	51.9%	No statistical variation

Any additional evidence or comments

We reviewed the data for cervical screening as this was 66% which was lower than the local and national average, as well as the national target of 80% The practice provided literature about cancer awareness in the reception area.

The practice shared data to confirm that the current figure had improved and gone up to 76%.

Extra letters were sent out to ladies stating that screening saved lives. These were translated into different languages as applicable.

When the practice went to an event at a local temple in 2018 they raised awareness about cervical, breast and bowel screening whilst they were there.

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.
- At the time of our inspection there were 304 patients on the palliative care register.

- The practice had completed an end of life programme and in 2016 were the South Warwickshire Primary Care winner for end of life care.
- The practice had the gold standards framework register for terminally ill patients with monthly meetings. At these meetings patients who had died were also reviewed.
- The practice ensured that the resuscitation status was properly documented on correct forms and alerts out on patient records as required.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. At the time of our inspection there were 12 vulnerable adults on the register, 21 patients with alcohol dependency and eight patients with drug dependency.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.
- The practice delivered a social prescription service aimed at addressing social and economic isolation. Patients could be referred to a Community Development Worker who would see patients in whichever setting was suitable for them. The Community Development Worker held a practice surgery once a week. The practice won an award for the social prescribing in 2016 at the South Warwickshire Awards.

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 medicines.
- 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.
- The GP lead for dementia also led on this at Clinical Commissioning Group level.
- The healthcare assistants also had additional responsibility in dementia championship.
 - The practice exceeded the national target of 66.7% for dementia diagnosis rate.
- All staff had received dementia training in the last 12 months.
- The practice hosted and accessed the local Improving Access to Psychological Therapy service.
- In 2018 the practice carried out a dementia awareness day reaching out to the Sikh community. Some dementia patients came with carers. The video was translated into Punjabi as there were

many patients whose first language is Punjabi. The practice visited a Sikh temple and raised awareness of cancer screening programmes, promoting patient engagement with diabetes, stroke care, mental health care and hypertension screening.

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)	92.0%	93.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.3% (8)	10.4%	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)	93.5%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (4)	8.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.0%	84.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.4%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.9	556.2	537.5
Overall QOF exception reporting (all domains)	3.8%	4.6%	5.8%

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

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

The practice had carried out two clinical audits to improve outcomes for patients. One was a diabetes audit and resulted in better controlled HbA1c (sugar) levels for patients.

The other audit was to ensure safe fitting of coils and implants which demonstrated no serious adverse events over two cycles.

Any additional evidence or comments

During the inspection we saw a number of care plans in use for patients with conditions such as epilepsy, learning disabilities and asthma.

We also saw an end of life summary form for patients' preferred place of death.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we saw evidence that all staff appraisals were complete. The practice shared an example of learning development where a member of staff had finished their business apprenticeship and were kept on at the practice to carry out many roles such as reception duties, administration duties and prescriptions clerk.</p> <p>The practice manager was also a registered nurse and did supervision for the practice nurses. One of the nurses we spoke with felt that the supervision was not formalised. The practice is in the process of rectifying this. Following the inspection there was a meeting with both the nursing team and the partnership. The practice has agreed a programme of individual supervision for prescribing and group supervision for areas such as diabetes, asthma and particular roles such as triage and Health Care Assistants. The partners are leading on this. The practice manager has scheduled a review of this and outcomes of the discussions for six months time to look at themes and how the supervision programme moves forward. The teams have also agreed that the supervision discussions and outcomes have been included in their appraisal framework. The practice has shared a copy of reporting tool that they are now using, in addition to their appraisal reports.</p> <p>The practice had a comprehensive business development plan from 2018 to 2028 setting out future</p>	

aspirations and looking at staffing taking into consideration retirement plans.

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we were shown data that out of the last 48 patients who had passed away on the palliative care register 40 had died in their preferred place of death.</p> <p>The nurse practitioner reviewed A&E attendances every day and the complexities supported by other members of the team.</p> <p>The practice had a robust referrals pathway which all the administration team had access too. Also recorded on the pathway were follow up processes.</p>	

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:	

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)	97.0%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (14)	0.4%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	12
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients	During the inspection we saw letters and cards sent to the practice from patients. The letters and cards commented on the care delivered by the doctors and nurses. Patients also commented on the reception staff at the practice being kind and helpful.
Conversations with staff	The staff we spoke with during the inspection commented on the caring nature of the GPs and management team at the practice
Conversations with Care Home Managers	The practice looked after patients at five care homes including homes for patients with learning disabilities. We spoke with care home managers and they spoke highly about the care their residents received by the GPs and the nurse practitioner. They felt the GPs were approachable and friendly. They commented on how well the practice delivered end of life care.

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
15890	258	106	42%	0.67%

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)	88.3%	93.1%	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)	82.7%	91.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.7%	97.7%	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)	82.3%	91.4%	83.8%	No statistical variation

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

Any additional evidence
The practice carried out its own survey and the results from the latest survey from 2018 showed that 82% of patients rated the practice as excellent, very good or good, 9% as average and 4% as poor. There was no response from 5% of patients.

Involvement in decisions about care and treatment

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

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

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)	96.1%	96.4%	93.5%	No statistical variation

Any additional evidence or comments
In the last six months the Friends and Family Test results confirmed that 95% of patients would recommend the practice to their friends and family.

	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
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our inspection there were 6675 patients who did not have English as their first language.</p> <p>The practice had access to GPs, nursing and administration staff with diverse language skills.</p> <p>Some of the key practice documents were in Portuguese, Polish and Punjabi due to the high number of patients who spoke these languages.</p> <p>The practice self-check in screens could be translated in Portuguese and Polish.</p> <p>The practice had alerts on patients records as required. For example, one patient preferred correspondence in a font. Another patient preferred to receive emails rather than letters.</p>	

Carers	Narrative
Percentage and number of carers identified.	196 (1% of the practice list)
How the practice supported carers.	<p>Support organisation information for carers was available at each practice site. There was a question about carers on the new patient registration form.</p> <p>Carers were identified during palliative care and whilst carrying out dementia reviews for family members.</p> <p>The practice regularly supported carers week in June and signposted patients to the circle of tea at the local community centre to prevent isolation. The circle of tea took place on a weekly basis and happened as a direct result of the social prescribing scheme to reach out to the community.</p> <p>Carers Annual Event – led by the practice, this year in partnership with SYDNI (community centre) and Asda Community Champion. Inviting Carers to information event, promoting health checks and advice.</p>
How the practice supported recently bereaved patients.	The nurse practitioner personally called family members. As a result of the social prescribing scheme a bereavement support group has also been set up which supported relatives through the bereavement process and offered

	practical help.
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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
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we observed that conversations could be heard at the reception desk. The receptionists we spoke with told us they did sometimes play a radio to dim the sound and would remind the reception team about this.</p>	

Responsive

Rating: Outstanding

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 7.30pm
Tuesday	7am to 7.30pm
Wednesday	7am to 7.30pm
Thursday	7am to 6.30pm
Friday	8am to 6.30pm
Saturday (once monthly)	9.30am to 12pm
Appointments available:	
Monday	8.30am to 7.20pm
Tuesday	7am to 7.20pm
Wednesday	7am to 7.20pm
Thursday	7am to 4.50pm
Friday	8.10am to 4.50pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15890	258	106	42%	0.67%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.3%	96.3%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Outstanding

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.
- The practice had an above average prevalence of patients with diabetes. To reach out to different communities the practice attended an event at the local temple in 2018 to raise awareness of the risks associated with diabetes. Whilst they were at the temple they took the opportunity to raise awareness about screening and mental health problems.
- The practice carried out a diabetic "hot clinic." Specialist support was identified for a number of patients with diabetes. The clinics were held monthly and the GP, Consultant, practice nurse and community diabetic nurse were all involved. They identified patients with HbA1c (sugar) levels over 90. The results of this showed a significant impact on 33 patients where their HbA1c levels became better controlled. At the start of the hot clinic 76% of patients had HbA1c levels over 98 and 24% of patients had HbA1c levels between 74-98. After the hot clinic started 15% had HbA1c levels of over 98, 12% had HbA1c levels of 74-98, 34% had HbA1c levels of 58-74 and 39% had HbA1c levels below 58. This demonstrated better control of diabetes for patients.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available from 7am three mornings a week for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm three days a week. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP hub. Appointments were available on a Saturday once a month.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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. At the time of our inspection there were 89 patients on the learning disabilities register and 47 had their annual review. The practice acknowledged this number was lower and they hoped to have all the reviews complete in the coming months. The practice had a designated reception staff member who was leading on inviting the patients and they had a new nurse who was clinically leading the programme of invitations and reviews. Every patient has received a letter inviting them for a health check. Patients and carers have also been contacted by telephone to invite them in. Appointments have been booked and have taken place since the inspection.
- The practice put in a bid in January 2016 to the County Council with the SYDNI Centre (community centre) to engage with the harder to reach patients via social prescribing. The bid was successful and the project has issued 284 patients social prescriptions and helped most of them to access services to meet their needs. This was noted as an area of outstanding practice during the inspection in 2016. During this inspection we could see the ongoing benefits. The practice shared some data with the inspection team which showed that social prescribing had helped reduce A&E attendances and the number of appointments they were having at the GP practice. For example, in 2016 four patients had 15 A&E admissions and 140 appointments. By 2018 those same four patients had 5 A&E admissions and 48 appointments.
- The practice shared a number of examples of patients who have been helped through social prescribing. One patient was living in vulnerable circumstances. The patient was dropped off at the practice by the police and the practice together with the care support worker found them somewhere to live.
- The practice shared another example where there had been a family breakdown in a young vulnerable patient. They found it difficult to come to the practice and to go to the community centre. The care support worker went to their house to discuss their concerns and could get them the support they required.

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

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental

health.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a register of patients with dementia at the time of our inspection there were 113 patients on the register 85 of which had their annual review.
- The practice took part in a dementia diagnosis pilot 18 months ago. This was one of the six practices that had achieved the national target of patients diagnosed with dementia within certain vulnerable groups. At the time of the inspection the practice was about to share the learning with the wider CCG as well.
- 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:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	60.9%	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)	59.9%	79.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.6%	74.9%	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)	66.6%	83.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice had installed a new telephone system and were in the process of re-configuring it to improve the efficiency in terms of utilising all staff at all sites to answer calls more promptly.

The practice acknowledged that it was sometimes difficult for patients to see their GP of choice as some GPs worked part-time. To promote continuity the partnership were asking a new partner to review the clinical session rota system.

At the time of the inspection the practice were in the process of employing a clinical pharmacist to promote access by reducing medicines management workloads and improving access for more complex care by freeing up more GP time.

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.	20
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Appointment system error	<p>Patient attended the practice to find an appointment was not booked for her. The patient verbally complained and then put a complaint in writing. The patient was offered an alternative appointment on the same day which they attended but this was with a different GP.</p> <p>The complaint was discussed at a practice meeting and it was decided that future follow up appointments will be booked with the same clinician if at all possible.</p>
Medicines review overdue	<p>The practice sent a letter to the patient inviting them to make an appointment for a review of their repeat medicines.</p> <p>This resulted in a complaint from the patient as they were unsure why they were being called in.</p> <p>This was discussed at a practice meeting and they realised they needed to improve clarity and communication when asking patients to come in for reviews and that in some letters it was not always clear.</p>
Missed test result	<p>A test result was not given correctly over the telephone. The process of giving out test results has since changed at the practice and the policy was updated. All staff were reminded of</p>

the change at the practice meeting.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	

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:	
The practice had a mission statement: “Health Care at the Heart of the Community.”	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: All staff we spoke with on the day of the inspection talked about an open-door policy. The practice were supportive of their staff. The practice shared an example of an adjustment they made to help a member of staff with a condition they suffered with. Members of the team we spoke with told us how they felt valued by the GPs. When it was a special birthday the GPs would purchase flowers and vouchers for staff. At Christmas and other times of the year the practice team would get together socially. They had a quiz night which brought the team together.	

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

Source	Feedback
Feedback from medical students	During the inspection we saw a folder of feedback from medical students at the practice. They commented on the approach taken by the practice and leading on consultations from the beginning whilst under the supervision helped to strengthen their learning.

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:	
<p>The practice used an external company to help with HR issues.</p> <p>The practice had a comprehensive meeting schedule which was planned on a quarterly basis.</p> <p>Partners meeting – fortnightly GP& Nurse clinical meeting – monthly Nurses meeting –bi-monthly Reception meeting – bi-monthly Staff meeting – bi-monthly. referral review meetings - weekly Operations meetings – fortnightly Safeguarding – bi-monthly. Gold Standards Framework - review deaths in the last month – meeting every 6 weeks. Prescribing meeting – according to the CCG – as and when required. PPG meetings –bi-monthly– one at 5.30pm on a Tuesday and the alternative at 12.30pm on a Thursday. Network Meetings – as and when required. Practice Nurse Forums – as and when required.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We saw that the practice had a comprehensive business continuity plan. In 2017 the practice had to evacuate the building due to a sewage problem. They were able to carry out their work at the branch surgery in accordance with the business continuity plan.	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had a quarterly newsletter available for patients both in the waiting room and online. The newsletter highlighted flu clinics and other health events.	

Feedback from Patient Participation Group (PPG).

Feedback
During the inspection we met with two members of the PPG. They spoke highly of the practice and commented on how much the practice had improved over the last couple of years in terms of access. This was an area that needed to improve at the last inspection.
The PPG met on a bi-monthly basis and was chaired by the practice manager.
The PPG members felt valued and listened to. The PPG suggested that the practice leaflet should be updated to show the appointments available to patients and how they could book. This was implemented by the practice.
The PPG made another suggestion to the practice to have a clear noticeboard in the waiting room with updates for patients. This was also implemented by the practice.

Any additional evidence

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

One member of staff started at the practice as a receptionist. They moved to day to day administration, scanning and filing. The member of staff then expressed an interest to become a phlebotomist and undertook the relevant training.

Examples of continuous learning and improvement

- The practice demonstrated a strong team working and learning environment with monthly clinical educational meetings to support safe practice and to deliver the best possible patient care.
- The practice was a training practice and supported GP registrars with their training requirements.
- The practice was part of the Leamington GP Network. They regularly reviewed and discussed the published CCG performance monitoring results to assess whether any practice policies or procedures needed to be altered to enhance the quality of care provided to patients.
- Regular clinical audits were undertaken to ensure improved outcomes for patients.
- The practice used their IT system to audit and improve patient care as well as to ensure follow up appointments were not missed.
- The practice took part in university based and commercial based research.
- The practice maintained good links with the local Trust consultants and participated with clinical meetings.
- The practice had secured planning permission for an extension and two extra consulting rooms and felt this had come at a particularly opportune time as a housing estate was being built nearby.

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.