

Care Quality Commission

Inspection Evidence Table

St Saviours Surgery (1-545320716)

Inspection date: 5 March 2019

Date of data download: 16 January 2019

Overall rating: Good

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

Safe Rating: Requires Improvement

We have rated the practice as requires improvement for providing safe services because:

- There was an ineffective system in place to manage and monitor emergency medicines. We found that a number of emergency medicines were not held by the practice and no risk assessments had been completed to determine their rationale. In addition, some medicines were in the process of being ordered by the practice and two of the recommended medicines were out of date. On the day of our inspection, the practice took immediate action in relation to this finding to reduce any risks to patients.

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had well developed safeguarding processes. Staff could access protocols and flow charts throughout the practice. One of the GPs was the named lead and although all staff had completed safeguarding training and were actively engaged in ensuring patients were protected, we evidenced that practice nurses were not trained to level three for adults and children. On the day of inspection, the practice confirmed they would take appropriate steps to ensure nurses were trained to level three and sent us evidence of the action they had taken.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice could evidence that the appropriate recruitment policies and staff induction processes were in place. The practice maintained staff vaccinations in line with Public Health England guidance and could evidence they had group medical indemnity insurance in place.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 09/03/18	Y
There was a record of equipment calibration. Date of last calibration: 18/09/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 07/06/18	Y
There was a log of fire drills. Date of last drill: 18/06/18	Y
There was a record of fire alarm checks. Date of last check: every Friday 11am (01/03/19)	Y
There was a record of fire training for staff. Date of last training: 14/11/18	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 07/06/18	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Actions from the fire risk assessment had been completed. This included replacing new power surge sockets and removing oil based paint tins from the practice.</p> <p>The practice carried out weekly fire alarm checks. Records confirmed that this had last been completed on 01/03/19.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 29/10/18 and 07/02/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15/08/18	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of a legionella testing policy. The practice confirmed that they carried out monthly tests of mixed water temperatures and descaling to the first-floor bathroom. Quarterly checks were carried out to the whole building and had last been completed in December 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.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 25/02/19	
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was a lead nurse for infection control. The practice had carried out an infection control audit in the past twelve months. Appropriate actions were taken, for example replacing a clinician's chair and replacing the curtains in two of the clinical rooms.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had policies in place to manage staffing levels and staff absences. This was 	

managed by the practice manager to ensure adequate staffing was in place.

- There was an induction plan for new staff members which included induction checklists tailored to their role.
- We saw evidence of sepsis leaflets on display throughout the practice. All reception staff had completed the care navigation training and were able to describe the process they would take if patients presented with symptoms that required urgent assistance.

Information to deliver safe care and treatment

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

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

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>	0.79	1.06	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>	5.6%	10.1%	8.7%	No statistical variation

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

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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice could evidence that their antibiotic prescribing was lower than local and national averages. In addition, the practice provided us with evidence to demonstrate they had the lowest rates for the prescribing of co-amoxiclav, cephalosporins and quinolones in South Worcestershire in the past twelve months.</p> <p>We found that although the practice had a defibrillator that was regularly checked, the practice did not have any paediatric pads. We discussed this with the practice who confirmed they would immediately order this. After the inspection the practice confirmed this was now in place.</p> <p>During our inspection we checked the emergency medicines and found a number of the recommended medicines were missing. The practice could evidence that three of these were currently on order, however we found that two were out of date by eleven and twelve months and the remainder of the recommended suggested list of emergency drugs were not available. The practice had not carried out any risk assessments for the drugs not held by the practice to determine the rationale for not having these on-site. The practice told us that the two medicines which were out of date had been missed off the order in error. The practice immediately acknowledged that there had been an oversight in the monitoring and ordering of these medicines and told us that this had lapsed following changes in staffing. The practice took full responsibility and immediate action which included an urgent significant event meeting with practice staff and updated us on the appropriate action the practice had taken on the day and in the immediate future to ensure that medicines were monitored and reviewed safely. The practice showed us documentation of the significant event and an action plan during our inspection which included a checklist, summary sheet and updated policy as follows:</p> <ul style="list-style-type: none"> • All staff to review the updated drug policy and will be required to sign that they have read this. • Two members of staff will be required to check the resuscitation bag and equipment weekly and sign. GPs will make monthly checks of this. • An updated summary sheet detailing the contents of the bag and expiry date will be put on the resus folder. • Medicines and equipment will be re-ordered two months prior to expiry. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none">• Medicines management will be added as an agenda item for clinical meetings.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence:	
<p>The practice had effective arrangements for dealing with significant events. All staff were encouraged to report any concerns or problems they encountered. There was a no blame culture and any significant events were used to learn and make improvements. Significant event meetings were held monthly; these were attended by all clinical staff and the practice manager. A log was maintained which set out the circumstances of the incident, action taken, the outcome, any learning points and any details fed back to other local healthcare services where they had been involved. Minutes of these meetings were available to the whole team.</p>	

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

Event	Specific action taken
Medicines were added to the incorrect patient record and delivered to them.	The practice was notified of the mistake by the patient it was delivered to. The practice offered an apology and the new medicine was issued to the correct patient. The process was reviewed and alerts added to patients with similar or the same name. Staff were given refresher training on searching for patient records. Reception staff and GPs now issue and sign prescriptions away from the reception area.
A practice nurse gave a pre-school immunisation to a child that was six weeks out of date.	The practice nurse realised the mistake and offered an apology and re-assurance to the parent. No harm came to the patient and the practice discussed the efficacy of the immunisation and sought advice. The GP also offered an apology and explanation. The issue was reported and discussed in a clinical governance meeting. The process for checking expiry dates of immunisations was reviewed. The practice nurse to carry out monthly checks.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a policy and process for receiving and acting on safety alerts. These were received by the practice manager. The information was cascaded to the relevant clinicians for action. All alerts were recorded and discussed in clinical meetings.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

We rated the practice as good overall for providing effective services and good for all of the population groups except long term conditions which we rated as outstanding because:

- Quality Outcome Framework (QOF) attainment rates were higher than local and national averages. The practice had been recognised as a high performing practice and was ranked in the top 10% nationally of practices by NHS England.
- The practice could evidence that all indicators for long term conditions were higher than the local and national averages with lower exception reporting rates than local and national averages. Evidence to support this demonstrated there was a sustained improvement in the diagnosis and management of long term conditions.
- All the practice's indicators for diabetes were higher than local and national averages with overall low exception reporting rates. The practice had systems in place so that patients who were at risk of developing chronic diseases were coded on their system. For example, 468 patients had been coded who were at risk of developing diabetes.

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	1.21	1.03	0.81	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>				

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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 practice held daily meetings to review any information on hospital admissions to ensure appropriate actions were taken on discharge. • 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. • The practice could evidence that they were the second highest achievers for flu vaccinations locally for patients over 65 with an uptake rate of 81% across South Worcestershire.

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.
- All newly diagnosed diabetic patients are offered an online resource called Map my diabetes (an on-line tool to support patients to manage their care).
- The practice held a register of patients at risk of developing diabetes.
- The practice held regular virtual diabetic clinics with a visiting specialist diabetic nurse alongside the lead GP for diabetes and practice nurse to review patient care and enhance their learning.
- Clinicians attended respiratory multidisciplinary team meetings to discuss complex cases and shared best practice.
- The practice offered heart failure specialist nurse clinics at the practice.
- 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. The practice was able to assist patients with an ECG device compatible with a smartphone to assist with the diagnosis of atrial fibrillation.
- The practice could evidence that all indicators for long term conditions were higher than the local and national averages with lower exception reporting rates than local and national averages. Evidence to support this demonstrated there was a sustained improvement in the diagnosis and management of long term conditions.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.6%	82.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.8% (20)	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) <small>(QOF)</small>	93.0%	81.2%	77.7%	Variation (positive)

Exception rate (number of exceptions).	2.1% (6)	6.8%	9.8%	N/A
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	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>	91.5%	81.6%	80.1%	Variation (positive)
Exception rate (number of exceptions).	11.6% (34)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.0%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (1)	5.3%	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>	96.8%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.1% (1)	9.4%	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)	93.0%	86.5%	82.6%	Significant Variation (positive)
Exception rate (number of exceptions).	0.7% (6)	2.7%	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)	96.4%	94.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.0% (7)	9.1%	6.7%	N/A

Any additional evidence or comments

The practice was a consistently high achiever on the local Clinical Commissioning Groups (CCG's) primary care dashboard. It was in the top 10% of practices nationally and had been identified as a high performing practice by NHS England.

All the practice's indicators for diabetes were higher than local and national averages with overall low exception reporting rates. The practice had systems in place so that patients who were at risk of developing chronic diseases were coded on their system. For example, 468 patients had been coded who were at risk of developing diabetes.

The practice's rates for the number of patients with hypertension in whom the last blood pressure reading in the preceding 12 months is 150/90mmHG or less was significantly higher than local and national averages. The practice could evidence that they were the highest achievers in South Worcestershire with a low exception reporting rate.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets of 90% with a range of 97%.
- 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.

- Families and young children could be referred to the early help hub for advice and support for behaviour and mental health issues in adolescents.

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) <small>(NHS England)</small>	34	35	97.1%	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) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)
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) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)
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) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)

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 medicines without the need to attend the surgery.
- The practice could evidence that 95% of patients over 45 had a blood pressure recorded in the last five years.
- The practice's cervical screening rate was higher than the 80% coverage target for the national screening programme.
- The practice could evidence that they had the overall highest cancer detection rates locally across South Worcestershire.

- The practice could evidence that they were the highest achievers across South Worcestershire for flu vaccination for patients under 65 with an uptake rate of 64%.

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)	80.1%	74.5%	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)	77.3%	75.4%	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)	56.9%	60.6%	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)	81.8%	75.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	54.2%	54.3%	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 homeless people, travellers, substance misusers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. One of the GPs had a specialist interest in substance misuse and regularly held substance misuse clinics in the practice and previously in the community. The practice told us this involved supporting patients with complex needs.
- The practice reviewed young patients at local residential homes. It looked after a young people's hostel and a learning disability care home and regularly undertook reviews.

**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.
- All staff had received dementia training in the last 12 months.
- The practice could evidence that all mental health indicators were higher than local and national averages and exception reporting rates were lower than national averages.

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)	93.5%	92.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	10.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.5%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	8.1%	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)	87.7%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (4)	3.8%	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)	558.3	554.2	537.5
Overall QOF exception reporting (all domains)	3.0%	5.1%	5.8%

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

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

The practice carried out a two-cycle audit to look at the prescribing of GLP-1 Mimetic use in Diabetes Care

for patients. The aim of the audit was to ensure they were working as part of best practice, identifying patients currently taking medicines that may be suitable for alternatives and identifying patients who are not achieving the recommended reductions in HbA1c. The first cycle found that 100% of patients were being treated in line with NICE guidance and only one of the seven patients had a personal HBA1C target coded in their notes. The re-audit twelve months later found that the practice had improved their coded targets by a further 36%. Following this the practice planned to deliver training to staff on setting HBAC1 coding targets to make further improvements and agreed to re-audit this again in twelve months' time.

The practice carried out a two-cycle audit to ensure all referrals during a six-month period to the older adult mental health team meet the initial requirements for physical health checks for dementia diagnosis patients. The audit found that 62% of patients referred had undergone some type of investigation prior to referral. A re-audit was carried out twelve months later and found that a further six new referrals were completed and 100% had appropriate blood tests. The practice found that they were consistent with NICE guidelines and an awareness in the practice had improved.

Any additional evidence or comments

Staff were actively engaged in activities to monitor and improve quality and outcomes. A GP was the lead in monitoring long term conditions and quality outcome indicators and completed monthly governance reports to monitor the practices performance. The practice had a programme of quality improvement and regularly undertook audits.

The practice's overall QOF score was above local and national averages, but the exception reporting rate was below local and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The table above shows the overall exception rate. The 'clinical' exception rate was 3%, compared to the local average of 5.1% and national average of 5.8%. This demonstrated that patients were only excluded when necessary and appropriate.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff had been trained to carry out dual roles in the practice. For example, a receptionist was in the process of being trained in phlebotomy, whilst another staff member had visited a laboratory to understand the process of blood results as part of their appraisal. All staff had completed an appraisal in the past twelve months. As part of this process staff were given an appraisal pack to complete prior to their meeting. The practice offered apprenticeships schemes in administration and was successful in recruiting a receptionist. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings	Y

where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
The practice held monthly multi-disciplinary meetings which was attended by all of the GPs, district nurses, nursing home practitioners, pro-active care team (PACT) and Worcestershire Association of Carers.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
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) <small>(QOF)</small>	98.1%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (4)	0.4%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Caring

Rating: Outstanding

We rated the practice as outstanding for providing caring services because:

- Patient satisfaction through the National GP Patient Survey was higher than both the CCG and England averages across all indicators relating to caring.
- Patient feedback through comment cards, reviews on NHS Choices and patient consultations on the day of the inspection were very positive about the caring nature of the practice.
- Feedback from patients told us that the practice gave consistently good care and used a variety of formats to engage with different population groups.
- The practice had proactively identified and supported 140 carers, approximately 3% of the practice population. Patients identified as carers were eligible for a number of services such as flu vaccinations, a carers card and a referral to The Carers Association. There was literature in the practice waiting room of local support groups and networks.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice had engaged with different population groups and had ensured that the patient participation group were represented from those who had a learning disability. In addition, feedback received through a comment card thanked the practice for welcoming them as eastern European patients.	

CQC comments cards	
Total comments cards received.	43
Number of CQC comments received which were positive about the service.	43
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
Interviews with	All the four patients we spoke with on the day of our inspection told us that the

patients	practice was accommodating and looked after them well. They told us they were given enough time during their consultation and staff always appeared cheerful, helpful and efficient.
Comment cards	All the 43 comments cards that were completed in the two weeks prior to our inspection provided positive feedback about the care patients received. Patients told us that the practice was excellent, caring and helpful. Patients said that the practice gave consistently good care. GP's, nurse and receptionists were named individually for their care, professionalism and sense of humour. One patient told us that the practice has a community feel, whilst another comment thanked the practice for welcoming them as migrants.
NHS Choices	The practice had achieved four stars out of five from four NHS Choices reviews. Feedback included that the practice was helpful, approachable, courteous and polite. There was one negative comment in 2017 which had been responded to appropriately by the practice.

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
4549	228	117	51%	2.57%

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)	98.2%	93.2%	89.0%	Variation (positive)
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)	97.6%	90.8%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.2%	96.9%	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)	93.0%	88.2%	83.8%	No statistical variation

Any additional evidence or comments

The GP National Survey for 2018 evidenced that the practice scored consistently higher than the local and national averages in questions relating to the care provided by staff in the practice with 97% of patients reporting 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.

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

Any additional evidence

The practice participates in the Friends and Family tests and could evidence that there was a practice response rate of 13% in the past six months. During this time 96% of patients were extremely likely or likely to recommend the practice.

Although results from The National GP Patient Survey for 2018 was higher than local and national averages the practice continued to look at how they could improve their appointments to make this more accessible to patients. As a result, the practice has made the following improvements:

- Reconfigured the morning appointments to improve waiting times in the surgery
- Displayed a notice of waiting times in the reception area.
- Request patients to notify reception if they have waited twenty minutes or more.
- Schedule specific time for telephone appointments to patients.
- Colour code embargoed appointments in the afternoon which become available at midday.
- Reception team have undertaken Care Navigation training.
- Clearly displayed prescription ordering guidance at the entrance to the practice and leaflets in the waiting room.
- Encourage patients to rebook or request a double appointment should they need further time during appointments.
- Pre-bookable appointments available with a GP of choice 10 days in advance.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	All the four patients we spoke with on the day of the inspection were positive about how they were involved in decisions about care and treatment. They told us that staff fully explained procedures, medicines and results. One patient told us that clinicians communicated in a way that made them feel comfortable and gave a personal touch that they knew the patient well. Another patient told us that the GP has often drawn diagrams to assist the patient in understanding their condition fully.
Comment card	One of the comment cards told us that the GP always explains things in lots of detail and genuinely cares and understands.

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)	97.9%	95.3%	93.5%	No statistical variation

Any additional evidence or comments

The GP National Survey for 2018 evidenced that the practice scored consistently higher than the local and national averages in involvement in decisions about care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
<p>The practice waiting area had a number of leaflets and noticeboards available to patients such as:</p> <ul style="list-style-type: none"> • Children’s corner with information on family support, healthy initiatives, learning disability, domestic violence, school nurse service and midwife clinics. • Cancer, multiple sclerosis, antibiotics, pulmonary fibrosis, healthy eating initiatives and campaigns. • Mental health support, domestic violence and bereavement services. • Patient newsletter, Worcestershire carers’ packs and local events such as voice choir and walking for health. • Information was on display on confidentiality, chaperone service and general data protection regulation (GDPR). <p>A number of staff members had completed a deaf awareness course. A hearing loop was available in reception. The practice confirmed that alerts were added to notes, enabling the GP to call deaf patients in for their appointment in a sensitive and appropriate manner.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 140 carers (approximately 3% of the practice population).
How the practice supported carers.	The practice had a carers’ lead and proactively identified patients who were carers when they first registered with the practice and through discussion. The practice had carers’ information in reception and would signpost them to services for support and advice. Carers were offered flu immunisations and the practice engaged with the local carers’ association.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis. This included a telephone call, appointment or home visit should patients request this. Patients could be signposted to bereavement support services or local organisations.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice reception desk was set back from the reception waiting area. A screen between the reception desk and waiting area had been introduced to reduce conversations being overheard following feedback from the patient participation group (PPG). Staff recognised patients' dignity and respect. A confidential area had been created at the side of the reception desk which could be used if patients wanted to discuss sensitive issues. Alternatively, if patients appeared distressed they could offer them a private room.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8.30am – 12.20pm and 3.40pm – 6pm
Tuesday	8.30am – 12.20pm and 3.40pm – 6pm
Wednesday	8.30am – 12.20pm and 3.40pm – 6pm
Thursday	8.30am – 12.20pm and 3.40pm – 6pm
Friday	8.30am – 12.20pm and 3.40pm – 6pm
	Extended hours appointments available at the practice on Saturday's 8.30am-3.30pm (pre-bookable once per month).

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4549	228	117	51%	2.57%

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)	99.4%	95.6%	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, this included a home phlebotomy service.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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.
- Patients with chronic obstructive pulmonary disease (COPD) were offered a COPD mobile phone app and could be referred to The Breathe Easy Project.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available for school age children during the morning and after school so that they did not need to miss school.
- Flu clinics for children were held immediately after school and on a Saturday morning.
- 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.
- The practice building was suitable for children and babies with changing, feeding facilities and a designated children's corner in reception.

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.
- Same day appointments were available for patients.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Pre-bookable appointments were available to all patients at the practice on a Saturday 8.30am until 3.30pm once per month, as well as at additional locations within the area, as the practice was a member of a GP federation.
- Out of area patients were accepted to register at the practice, allowing those working locally to be seen.
- Cervical screening appointments were bookable with a female GP or a practice nurse at a time that was convenient for the patient.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, refugees, substance misusers and those with a learning disability.
- The practice held a substance misuse clinic. A GP had a specialist interest in this area and was actively engaged with the community substance misuse service.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- A GP undertook regular reviews of young patients living in a local residential home, in addition to a young people's hostel and a learning disability care home.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients with a learning disability were represented on the patient participation group (PPG).
- A social prescriber provided weekly sessions at the practice.

**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 held weekly mental health clinics.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice was actively involved in social prescribing and could evidence they had made over 40 referrals for support. In addition, GPs had carried out joint home visits to patients alongside services.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y
Explanation of any answers and additional evidence: The practice had a system where all requests for home visits were recorded and coded on the system and entered into the home visit diary. A summary was then printed and discussed with the GPs and if deemed appropriate was allocated to a GP and a visit carried out.	

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)	93.0%	N/A	70.3%	Variation (positive)
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)	75.7%	73.2%	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)	79.0%	68.9%	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)	77.9%	78.9%	74.4%	No statistical variation

Source	Feedback
Comment cards	Feedback from a number of comment cards told us that the practice was always accommodating to their needs and they were very satisfied with the practice. One comment card told us that receptionists made every effort to fit them in for an appointment.

Patient discussions	All the patients we spoke with told us they were able to get an appointment when needed and they felt they were looked after by the practice.

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.	12
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was incorrectly charged for a letter when they should have been exempt.	The practice offered an apology and refund to the patient. Guidance for the exemptions of payments for patients was reviewed and shared with practice staff.
A complaint was made by a patient about the attitude of a receptionist when making an appointment.	The patient was offered an apology. Staff undertook refresher training around customer service. This was reviewed in the staff member's appraisal.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>Leaders were knowledgeable about issues and priorities relating to the quality and the future of services. The practice was part of the neighbourhood team and locality who were working together to make changes locally.</p> <p>Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available. There was regular communication in the practice and a clear staffing structure was in place. The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<p>The practice had a clear vision and values which were adopted by all staff that worked in the practice.</p>	

The practice aim was:

- To provide high-quality personalised care to patients to help them manage their health and well-being.

The practice vision was:

- Patients: to provide holistic, proactive and supportive care.
- Quality and safety: to provide the highest standard of safe care and treatment.
- Excellence: to continuously improve and to become a high-performing innovative practice.
- Partnership: to provide the best outcomes for our patients through collaborative working.

The practice values were:

- To value our patients as individuals and treat them with courtesy, respect and dignity, treating them in a non-judgemental way.
- To value our practice identity and its ability to provide individualised care to all of our patients.
- To always put the needs of our patients first and keep them at the heart of our decision making.
- To value our practice and attached services and strive to create a positive working environment where we can excel as a team.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Explanation of any answers and additional evidence:

- There was a strong collaboration between the clinical and non-clinical team members and a common focus on improving the quality of care and sustainability of patient's experience.

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

Source	Feedback
Staff discussions	Staff spoke positively about the leadership team. They felt well supported, valued and listened to. Concerns could be raised and were responded to. GPs were easily approachable and available to discuss any concerns. All staff reported an open-door policy.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>Although we saw a number of protocols and processes for managing the risk, issues and performance of the practice and these actions were clearly documented, we found that there was a gap, for example in the management of emergency medicines. The practice took immediate action to review this process and assure us that the systems for managing emergency medicines would keep people safe.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
We spoke with three members of the Patient Participation Group (PPG) who told us that the practice was very open and honest about the developments in the practice. The group met quarterly and had supported the practice in making improvements such as the reception area. They had been asked to attend talks with neighbouring practices and felt the practice were working hard to meet the needs of its population.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

The practice had recently expanded its teaching and two of the partners were now GP trainers.

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.