

Care Quality Commission

Inspection Evidence Table

Moore Street Medical Centre (1-542511111)

Inspection date: 21 March 2019

Date of data download: 12 March 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

The practice had 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 and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">All staff received up-to-date safeguarding training appropriate to their role.Alerts were recorded on the electronic patient records system to identify if a child or adult was at	

Safeguarding	Y/N/Partial
<p>risk.</p> <ul style="list-style-type: none"> • There was a lead member of staff for safeguarding. • The practice had regular contact with health visitors. • Staff we spoke with knew how to identify and report concerns and they told us they took steps to protect patients from abuse, including working with other agencies. • Staff who acted as chaperones were trained for their role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) • Staff recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to staff appointments. • A system was in place to ensure all policies and procedures including safeguarding were regularly reviewed and staff had ready access to all policies and procedures. The safeguarding procedure had last been reviewed on 15/03/2019. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	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> <ul style="list-style-type: none"> • Staff recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to staff appointments. • Clinical staff were up to date with their revalidation and registration. • Confirmation was provided that medical indemnity cover was in place for the clinical team. 	

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: 18/07/2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 5/03/2019</p>	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.	Y

Date of last check: 7/11/2018	
There was a log of fire drills. Date of last drill: July 2018	Y
There was a record of fire alarm checks. Date of last check: 8/03/2019	Y
There was a record of fire training for staff. Date of last training: July 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: June 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19/02/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1/03/2019	Y
Explanation of any answers and additional evidence:	

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. Date of last infection prevention and control audit: January 2019	Y
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: <ul style="list-style-type: none"> • Checks and audits were carried out on the environment on a weekly basis. These included the cleanliness of the practice. • Regular hand washing audits were carried out. • The practice was presented as clean and hygienic. • Personal protective equipment was readily available to staff. 	

- Arrangements were in place for managing clinical waste and specimens.

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
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
<p>Explanation of any answers and additional evidence:</p> <p>There was no oximeter or blood pressure cuff available for clinical assessment of children at the time of the inspection visit. Action was taken to remedy this and following the inspection the provider confirmed that these had been obtained.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y

There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: The practice had a system in place for monitoring that two week wait referrals for patients with suspected cancers had been received. This did not include checking that patients had attended.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.44	1.10	0.94	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.8%	8.1%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.27	5.80	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.79	2.52	2.22	No statistical variation

Any additional evidence or comments

The provider was working alongside the Clinical Commissioning Group to improve prescribing including the prescribing of antimicrobial medicines.

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.	N/A
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
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
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.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems 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> <ul style="list-style-type: none"> • The practice worked alongside the Clinical Commissioning Group (CCG) pharmacy team to improve prescribing practices. • Regular medicines audits were carried out. • The practice made improvements to prescribing in line with best practice guidance and targets to reduce the prescribing of particular medicines. 	

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:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was clear evidence that action had been taken to investigate and learn from incidents and events. 	

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

Event	Specific action taken
Patient reaction to immunisation	Emergency assistance sought. Review of immunisation reactions and anaphylaxis management.
Delay in referral to secondary care.	Staff alerted to error and reminded of correct procedures.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: The system in place for managing safety alerts was not robust as there was no documented evidence of the actions taken and any follow up if required. The practice manager told us that alerts were distributed to the clinical team and members of the clinical team then acted upon these. However, there was no documented evidence of this. The practice did have a protocol for managing alerts but this was not being followed. Following the inspection visit the provider introduced a new system that included logging and tracking all patient safety alerts to ensure action had been taken.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
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 Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.32	0.96	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people at this practice were comparable to or better than outcomes for patients locally and nationally.
- Book on the day appointments allowed for rapid access to meet the needs of older patients with co-morbidities.

- The practice utilised the virtual ward to avoid unnecessary hospital admissions.
- The GPs worked in conjunction with community services and secondary care to support patients who were nearing the end of their life.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long-term conditions

Population group rating: Good

Findings

- The practice held information about the prevalence of specific long-term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Data from 2017 to 2018 showed that the practice was performing comparably to practices locally and nationally for the care and treatment of people with chronic health conditions.
- Clinical staff who were responsible for reviewing the needs of patients with long term conditions had received training appropriate to their role.
- Patients were provided with advice and guidance about prevention and management of their health conditions and were signposted to support services.

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>	76.3%	79.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.9% (44)	12.8%	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>	81.2%	75.1%	77.7%	No statistical variation

Exception rate (number of exceptions).	7.2% (29)	9.5%	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>	81.8%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.5% (34)	11.1%	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>	73.6%	72.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	25.1% (100)	11.7%	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>	90.9%	86.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	24.7% (65)	12.5%	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) <small>(QOF)</small>	85.0%	81.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (33)	5.3%	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	83.5%	87.8%	90.0%	No statistical variation

therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	3.5% (4)	6.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the World Health Organisation (WHO) target percentage of 90%.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.
- There were systems in place to identify and follow up children who were at risk.
- A designated lead was in place for safeguarding. Staff had undergone regular safeguarding training and those we spoke with had appropriate knowledge about child protection and had ready access to safeguarding policies and procedures.
- GPs were trained to diploma level in family planning.

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)	68	71	95.8%	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)	75	79	94.9%	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)	74	79	93.7%	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)	74	79	93.7%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's encouraged cancer screening uptake for patients in this age group. Uptake rates were lower than local and national averages. The provider was aware of this and trying to encourage greater uptake.

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)	67.0%	70.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	59.1%	63.2%	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)	46.5%	51.9%	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)	100.0%	74.0%	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)	43.3%	43.0%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required this.
- Staff had been provided with training in the forms of abuse and how to recognise it in vulnerable adults.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.

- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

Findings

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were generally comparable with local and national averages.
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medicines they were prescribed.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.2%	86.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.8% (4)	10.0%	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) <small>(QOF)</small>	71.6%	85.4%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.9% (2)	8.7%	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) <small>(QOF)</small>	76.7%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (3)	5.4%	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)	541.6	528.7	537.5
Overall QOF exception reporting (all domains)	5.9%	6.5%	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.

<p>Clinical audits were carried out to improve outcomes for patients. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients.</p> <p>Examples of audits we viewed included;</p> <ul style="list-style-type: none"> • A review of referrals for suspected cancer to check that referrals were being made in line with NICE guidance. • A two-cycle audit into management of patients with atrial fibrillation. • An Amiodarone prescribing audit. • The prescribing of thyroxine and TFT monitoring. • The prescribing of valproate for women of child bearing age.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles except in a newly introduced role.

	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
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.	N/A
There was an appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was no formal system in place for the regular review or monitoring of the newly introduced role of GP assistant. The protocol detailing the roles and responsibilities of this role and limitations of these were not sufficiently detailed. Following the inspection, the provider told us they had reviewed and updated the roles and responsibilities of this role, arranged additional training for the role and intended to introduce an audit of the effectiveness and safety of the role.</p>	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

Staff were 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
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: Health promotion information and information and advice about how patients could access a range of support groups and voluntary organisations was available in the reception area and on the provider's website.	

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>	96.3%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (5)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Staff understood patient's individual needs.	Y
Explanation of any answers and additional evidence: Members of the staff team had been provided with training in customer services.	

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Feedback received in CQC comment cards was very positive in all areas. One negative comment was received regarding reception staff. Patients told us they experienced a good quality service and they were highly complementary about staff in all roles.
Discussions with patients	We spoke with six patients during the course of the inspection. All feedback we received was very positive.
Friends and Family test results	Results of the NHS Friends and Family test were positive with a high proportion of respondents likely to recommend 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
6523	362	104	28.7%	1.59%

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)	91.8%	88.2%	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)	81.9%	86.5%	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)	95.4%	96.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	72.4%	82.6%	83.8%	No statistical variation

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

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
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Source	Feedback
Interviews with patients.	Patients we spoke with during the course of the inspection gave us very positive feedback about their experience of the practice. Patients told us they were given clear information about their health and that treatment options were discussed with them. Patients told us staff treated them with respect and were 'caring' and 'helpful'.

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)	86.6%	93.2%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information about how patients could communicate with the practice was available in alternative languages in the reception area. The provider's website could be translated into any required language. The provider told us they were intending to develop the provision of accessible information in line with the work of the local Clinical Commissioning Group. A survey was in place to support new patients with their requirements for accessible information. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 70 patients as carers. This is approximately 1% of the patient population. This is lower than would be expected. New patients were asked to inform the practice if they were carers at the point of registration.

How the practice supported carers.	A range of information available to inform carers of the local support services. The practice was planning to host a visit from a local carers support service. Carers were offered flu vaccine.
How the practice supported recently bereaved patients.	A letter was sent to patients following bereavement and this included signposting patients to bereavement support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Patients can access GPs seven days per week as from 01/10/2018 as part of the local Clinical Commissioning Group wide extended hours service. This is available from 5pm to 8pm Monday to Friday and 9am to 1pm Saturdays and Sundays.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6523	362	104	28.7%	1.59%

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)	92.8%	94.5%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Patients with several long-term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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.
- A register of children at risk was in place and this had recently been reviewed and updated.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

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 proactive in offering other online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.
- Patients were encouraged to utilise the extended hours provision.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- Same day appointments could be provided for patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Longer appointments were available for patients with enhanced needs.
- The provider had updated their website and patients could access the whole of the site in a range of alternative languages.
- The practice was involved in a local pilot enabling patients to have access to a behaviourist.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Data showed that the practice was generally performing in comparison to local and national averages for the care and treatment provided to patients experiencing poor mental health.
- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services and were informed about how to access various support groups and voluntary organisations.
- The practice was engaging with a local school to look at developing mental wellbeing for children.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	56.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	46.8%	65.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	43.8%	63.0%	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)	58.8%	72.0%	74.4%	No statistical variation

Any additional evidence or comments

- The results of the nation patient survey showed that patients were less satisfied than average with getting through to the practice by phone, appointment times and their overall experience of making an appointment.
- The practice had also been visited by Healthwatch Sefton as part of a review of patient access across a number of services within the locality. The practice was working towards meeting a number of recommendations made as a result of the findings of the Healthwatch visit.
- The practice had carried out a review and made changes to the phone system and appointments system in response to patient feedback. This had included had increasing the availability of 'book on the day appointments' to increase access and reduce not attendance. The new system was introduced on 1 March 2019. The practice manager told us they were monitoring the new system and would make further changes if required in response to feedback from patients.
- We received 32 comments cards and verbal feedback from six patients. A relatively small number expressed difficulties with accessing an appointment.

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A complaints policy and procedure was in place. • A complaints information leaflet was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. • We viewed a sample of complaints and could see what the outcome of the investigation was and that there had been learning from complaints. • The response to the complaints we viewed gave patients an explanation as to the outcome of the investigation and included an apology for the patient's experience. • Information about the second stage of the complaints process was provided in a complaints leaflet. However, this was not included in the complaint outcome letter. 	

Example of learning from complaints.

Complaint	Specific action taken
Management of the hospital discharge and home visiting requests.	A review of the policies and procedures for managing hospital discharge medication requests and home visit requests was carried out. A response was provided to the patient along with an apology.
Patient feedback regarding a temporary member of the staff team.	The practice did not employ the member of staff again.

Well-led

Rating: Good

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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: The practice was well-led. The leaders had a clear commitment, capacity and capability to provide a good quality service.	

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

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	Y

Concerns (Whistleblowing) Policy.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Leaders and staff demonstrated a patient centred focus to their work during our discussions with them. • Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. • The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. 	

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

Source	Feedback
Discussions with members of the staff team	<ul style="list-style-type: none"> • Staff told us they felt well supported to meet their roles and responsibilities. • Staff told us they enjoyed working at the practice, they took pride in their work and that there were good relationships across all of the staff team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Structures, processes and systems to support governance were set out. • Data showed that the practice was generally performing similar to other practices locally and nationally for the care and treatment provided to patients. • Clinical staff used evidence based guidance in the treatment of patients. • Audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients. • The clinical system was used effectively to ensure patients received the care and treatment they required. • The system for reporting and managing significant events and incidents was effective and we saw examples whereby the learning gained from the investigation of events had been used to drive 	

improvements.

- Records showed that meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff and staff we spoke with knew how to access these.

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.	Y
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

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
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:	
There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.	

Engagement with patients, the public, staff and external partners

The practice involved patients, 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: Improvements were made in response to feedback from patients and there was a clear drive to improve outcomes for patients.	

Feedback from Patient Participation Group.

Feedback
We met with two members of the Patient Participation Group (PPG). They told us the group met on a regular basis with the practice and they were consulted with and kept informed of changes.

Continuous improvement and innovation

There were / there was little 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: <ul style="list-style-type: none"> Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of staff meetings. The provider investigated incidents and used the learning from these to make improvements to the service. 	

Examples of continuous learning and improvement

The practice was involved in a number of pilots across the locality. One of these involved inclusion in a behaviour therapist pilot. They were also involved in a pilot to digitalise patient records. The provider was looking at ways to skill up the staff team and had introduced a GP assistant role and was intending to review this in line with our findings. One of the practice nurses was due to commence training to become an advanced nurse practitioner.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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