

# Care Quality Commission

## Inspection Evidence Table

### Cubbington Road Surgery (1-570740152)

Inspection date: 26 March 2019

Date of data download: 06 March 2019

## Overall rating: Good

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

## Safe

Rating: Good

### Safety systems and processes

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

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

Safeguarding	Y/N/Partial
<p>A GP was the practice lead for safeguarding.</p> <p>The practice held monthly multi-disciplinary meetings to discuss adults and children who were at risk of harm. These meetings were attended by other health and social care professionals such as health visitors, district nurses, Macmillan nurses and counsellors from a domestic violence and abuse service.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We viewed the locum pack and were told that a new locum would also have a face to face induction. A GP would speak with the locum after each clinical session.</p> <p>The practice had a group indemnity scheme, which covered all relevant staff.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 06/03/2019	Yes
There was a record of equipment calibration. Date of last calibration: 06/03/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 03/10/2018	Yes
There was a log of fire drills. Date of last drill: 05/03/2019	Yes
There was a record of fire alarm checks. Date of last check: 22/03/2019	Yes
There was a record of fire training for staff. Date of last training: Staff studied online modules for fire training, so dates varied	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 02/10/2018	Yes
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: There were two fire marshals.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 01/02/2019	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 01/02/2019	Partial
Explanation of any answers and additional evidence: The health and safety risk assessment and premises/security risk assessment was started in February 2019, but had not been completed due to other more pressing work commitments. Evidence was subsequently provided to show that it was completed on 28 March 2019.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: May 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Guidance for patients on infection control was available to download from the practice website.</p> <p>The practice had an infection prevention and control (IPC) policy which was reviewed annually. A practice nurse was the designated lead for IPC and they inducted new staff on IPC responsibilities. Staff were also expected to complete an online module in IPC.</p> <p>We noted that a requirement for face protector equipment was highlighted in the last IPC audit and we saw that this had been ordered.</p> <p>The practice employed a cleaner who had responsibility for dealing with general waste; nursing staff took responsibility for clinical waste, which was stored in a secure area that was inaccessible to the public.</p>	

## Risks to patients

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

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

National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were panic alarm systems on the computer as well as the telephone system.</p> <p>Staff described the action taken recently when a patient had a cardiac arrest and appropriate emergency procedures were followed.</p> <p>Clinical staff had access to the risk stratification tool for sepsis and the National Early Warning Score (NEWS) system. Information for patients was displayed in the reception area. Sepsis management was discussed at a clinical meeting. Non-clinical staff completed an online training module in sepsis awareness.</p>	

## Information to deliver safe care and treatment

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

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

## 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)	1.14	0.98	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.7%	8.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.05	5.96	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)	2.18	2.03	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Monitoring of most high risk medicines was undertaken by the local hospital. We checked patients who were prescribed one high risk medicine and found that monitoring and reviews were carried out in accordance with current guidance. The practice carried out blood tests for monitoring patients who were prescribed anti-coagulation medicines.</p>	



**Track record on safety and lessons learned and improvements made**

**The practice learned and made improvements when things went wrong.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	6
Number of events that required action:	6
<p>Explanation of any answers and additional evidence:</p> <p>We saw that action had been taken after the last inspection in 2015 to maximise learning opportunities and introduce regular reviews, which included identification of any trends.</p> <p>Staff told us that they were actively encouraged to complete significant event forms and confirmed that they were included in any learning from the event. There were robust systems for reviewing and investigating incidents. We saw that the practice took appropriate action to improve processes where necessary to prevent a recurrence of an incident. We noted that discussion of significant events was a standing agenda item at the weekly clinical and business meetings.</p>	

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

Event	Specific action taken
Very unwell child brought to practice after telephone call to reception staff, who advised that the child be brought to the practice urgently and alerted the duty doctor. Parents unaware of gravity of situation. Duty doctor diagnosed severe sepsis. Duty doctor and practice nurse administered emergency treatment in accordance with guidelines for sepsis whilst waiting for ambulance.	Response of duty GP and practice nurse found to be appropriate. Difficulty noted in obtaining accurate SATs reading (the oxygen saturation in the blood and changes in blood volume) on a young child, due to poor contact. Paediatric SATs probe purchased. All staff reminded to remain vigilant about early signs of sepsis. Parents to be educated about early signs of sepsis. Learning points: up to date CPR training critical; duty doctor to be alerted to possibility of sepsis in a patient at the earliest opportunity.
Cold chain breach. Refrigerator door left ajar; temperature outside recommended range for too long.	Advice sought from vaccine supplier. Affected vaccines were removed from the refrigerator and disposed of appropriately. All clinicians were reminded to check that the refrigerator door

	<p>was properly closed after opening. Refrigerator temperature to be checked and results logged after every flu clinic.</p>
Vulnerable patient deterioration	<p>Nursing staff convened multi-disciplinary meetings with social services and housing staff to develop a plan to help the patient return home after discharge from hospital and then to rehome the patient as their current housing situation was not suitable. The health care assistant accompanied the patient to view the proposed accommodation. The patient is now much happier and their health has improved. The nursing staff went over and above in order to help this vulnerable patient. Staff were reminded to be vigilant regarding vulnerable patients.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence: Alerts were received by the practice manager and circulated to appropriate staff. The lead GP for prescribing actioned the clinical alerts. All alerts were logged on the practice intranet together with action taken, date of completion and the name of the member of staff who actioned the alert. We checked three recent alerts and found that they had been appropriately actioned.</p>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: Clinical staff had access to current guidance and we noted that the practice had a visit from the Clinical Commissioning Group pharmacist in March 2019.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.90	0.85	0.81	No statistical variation

### • Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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. We viewed an example of the comprehensive care plans that were prepared for frail patients.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> </ul>

- Health checks were offered to patients over 75 years of age.
- The practice carried out home visits when required.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, a practice nurse had a diploma in asthma management.
- Patients in this cohort were provided with rescue medication packs to keep at their home in the event of an emergency.
- We were told about the case of a patient with a long-term condition who was not controlling their condition effectively. A practice nurse explained how to manage the condition better and encouraged regular contact for monitoring purposes, which had a positive effect on the patient's wellbeing.
- We were given an example of effective care by the manager of a local care home in the case of a resident at end of life stage who requested to be transferred back to the care home from hospital. The patient had complex respiratory issues and the GP was able to assist with telephone advice around 6pm. The GP was fully up to speed with the complexities of the resident's condition which enabled the care home to confirm that they were able to receive the resident back from hospital. The resident was therefore able to die in their preferred setting.
- A GP carried out insulin initiation for newly diagnosed diabetic patients. Type 2 diabetic patients could be treated in-house instead of having to go to hospital.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients who were identified as being at risk of developing Type 2 diabetes were referred to the Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND) programme.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.7%	83.7%	78.8%	No statistical variation

Exception rate (number of exceptions).	11.1% (36)	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>	81.0%	82.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.6% (15)	8.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QoF)</small>	80.1%	84.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (24)	13.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QoF)</small>	79.4%	79.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (10)	3.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>	94.0%	93.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.9% (6)	8.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.5%	84.7%	82.6%	Variation (positive)
Exception rate (number of exceptions).	1.1% (12)	3.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	99.2%	92.1%	90.0%	Variation (positive)
Exception rate (number of exceptions).	10.2% (14)	10.3%	6.7%	N/A

#### Any additional evidence or comments

We noted that the exception reporting rate for long-term conditions was generally lower than the local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, when patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) The practice explained that this was due to their strict coding.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets and ranged from 92% to 98%.
- 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. A GP would carry out the standard post-natal check and a home visit was carried out by a midwife, who was based at a local clinic. The health visitor would then review the case.
- 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. The parent or guardian would be contacted after a missed appointment, the patient would be coded accordingly and messages were sent to staff.
- Families and young people could access services for sexual health and contraception.



Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	63	64	98.4%	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)	57	60	95.0%	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) (NHS England)	56	60	93.3%	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)	55	60	91.7%	Met 90% minimum (no variation)

#### Any additional evidence or comments

Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets and ranged from 92% to 98%. The practice explained that they were pro-active in encouraging uptake.

#### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice's cervical screening rate of 76% were higher than local and national averages, but lower than the 80% coverage target for the national screening programme.

- The practice's breast and bowel screening rates were in line with local and national averages.

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)	76.1%	74.8%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.5%	73.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	60.4%	60.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	63.0%	76.7%	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)	55.0%	53.2%	51.9%	No statistical variation

#### Any additional evidence or comments

#### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were no homeless patients registered at the time of our inspection, but staff were able to tell us how they would be registered.
- The practice had responsibility for three care homes for vulnerable patients. We were told that the nominated GP carried out weekly ward rounds (three times a week for one home). The practice had a receptionist who was the designated contact for organising repeat prescriptions for patients in the care homes.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice referred people who misused substances to the local Change Grow Live support

service which provided drop-in clinics.

**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. A practice nurse provided advice on smoking cessation.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- GPs could refer patients to the Improving Access to Psychological Therapies (IAPT) counselling service.
- 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.

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>	96.4%	93.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.4% (2)	10.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.0%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	8.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.3%	84.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (2)	5.4%	6.6%	N/A

#### Any additional evidence or comments

We noted that exception coding for the mental health indicators was tightly controlled and resulted in lower results than local and national averages.

#### 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)	558.7	556.2	537.5
Overall QOF exception reporting (all domains)	3.4%	4.6%	5.8%

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

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

- The practice carried out quality improvement activities as part of routine practice work. We saw several examples of medicines related audits and searches. For example, we were shown a full cycle audit on female patients of child bearing age who were prescribed a certain medicine. Nine patients were identified. A repeat audit showed that no new patients had been identified and that the two patients who were at risk had had their medicine changed. The practice prescribing software now alerted prescribers to the risks when the medicine was prescribed.
- Conclusions from an audit on non-vitamin K oral anticoagulants (NOACs) showed that the prescribing could be improved in line with current NICE guidelines. 16.5% of the 127 patients were found to be on an excessive dose and 7% were on a low dose. Recommendations included the review of all patients not on the optimal dose, a pop-up reminder of contraindications on the patient's prescription record and training for practice nurses in appropriate monitoring of these patients.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: One of the GPs had a diploma in dermatology, so they were able to provide advice to colleagues.	

## Coordinating care and treatment

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

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

processes to make referrals to other services.

Explanation of any answers and additional evidence:

- We were told how the health care assistant (HCA) had worked together with other agencies to re-home a patient. The HCA built up a rapport with the patient, who attended the practice regularly for treatment, and referred them to the GP when a deterioration was noticed after discharge from hospital. The HCA convened a case conference with social services and housing staff to work up a plan for the patient. The HCA accompanied the patient to the proposed new accommodation and their well-being has improved as a result.
- The practice held monthly multi-disciplinary Gold Standard Framework meetings where care and treatment could be discussed for patients with complex needs.

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff explained how they had helped a patient with a long-term condition to manage their own care more effectively.</li> <li>• Clinical staff signposted patients to local organisations which supported healthy lifestyles. For example, the Fitter Futures Warwickshire programme, which was a service for young people aged 12 to 16 and for adults aged over 16. It offered a 12 week programme of physical activity or healthy lifestyle support, including free Slimming World classes or subsidised gym membership for eligible patients. We were told about one patient who lost a significant amount of weight after being referred to the programme.</li> <li>• There was a separate health check area in reception which had a self-service blood pressure monitor, so patients could use it and have their result checked at the practice.</li> </ul>	

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>	97.3%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (9)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw that the comprehensive joint injection consent form included explanations of the procedure, the benefits, the risks and the alternatives.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us about case studies, which evidenced that staff went the extra mile to care for patients and see that they had the appropriate information to manage their condition. For example, a practice nurse helped a patient who was not managing their long-term condition well by encouraging regular contact and providing advice. The patient responded to the regular monitoring and was now managing their condition more effectively, both practically and emotionally.</p>	

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	35
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
Comments cards	All 35 comments cards were overwhelmingly positive about the excellent standard of care provided by practice staff. They added that they felt safe and that GPs never made them feel rushed.
Patient interviews	We spoke with six patients and they all told us that staff were exceptionally caring and always took the time to listen to their concerns. They said that they realised how lucky they were to have such continuity of care and that they could always book an appointment when they wanted with the GP of their choice. Patients said that they appreciated the continuity of care.
Care home staff	We spoke with the managers of two care homes who told us that the level of care provided by the practice was very high. Nominated GPs carried out weekly ward rounds (in one case, three times a week) and were happy to give advice over the telephone in between visits. The regular ward rounds ensured that the GPs knew their patients well. We were told that a family had written to express their thanks for the prompt care and attention shown by the nominated GP to their family member

	and to them (the GP met with the family on the day that their relative was admitted to the care home and telephoned them later to offer reassurance when told that they had further questions).
NHS Choices	Patients posted feedback which praised the high level of courtesy and support from all staff. Patients wrote that GPs were thorough and always took time to listen and involve patients in making decisions about their care.
Thank you cards	We read thank you cards from patients who were appreciative of the dedication and professionalism of GPs. A named GP was thanked for their outstanding care. Clinical staff were thanked for their kindness and patience. Patients wrote that they considered themselves fortunate to be patients at 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
7185	251	116	46.2%	1.61%

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)	93.0%	93.1%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	91.0%	91.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.2%	97.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	93.3%	91.4%	83.8%	No statistical variation

### Any additional evidence or comments

Results from the National GP Patient Survey published in 2018 showed that patient satisfaction was higher than both the CCG and national averages across all indicators relating to caring.

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

### Any additional evidence

- The practice discussed the results from the National GP Patient Survey 2018. They had slightly lower scores than the CCG averages for two areas, although they were above the national averages:
  - 88% of respondents (CCG average 91%; national average 87%) felt that the healthcare professional recognised or understood any mental health needs during their last general practice appointment. The practice had recruited a salaried GP who also had a postnominal qualification in psychiatry, so they were going to lead on learning disability and mental health after they started work in May 2019.
  - 89% of respondents (CCG average 91%; national average 87%) said that the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment. GPs decided to set alerts on the medical records of patients who required longer appointments due to their complex needs. Reception staff could also suggest double appointments if necessary.
- The practice reviewed results from the monthly Friends and Family Test. Results from February 2019 showed that 89% of the 100 respondents would recommend the practice. We noted that the new patient self check-in system had the functionality to ask for Friends and Family Test feedback. Feedback was discussed at the weekly meetings. For example, clinicians discussed ways of improving punctuality with appointments in response to comments about late appointments and reception staff were reminded to inform patients if appointments were running behind time. The new check-in system also alerted patients if clinicians were running late.
- The practice carried out a survey of the phlebotomy service in June 2018; 80% of the 59 respondents said that they would recommend the service. The quality and general impressions of the service were all rated excellent or good.

### Involvement in decisions about care and treatment

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

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

A GP received an award from the SWGP Federation in 2017 for consistency in going above and beyond in patient care.

A member of the nursing team was recommended for a federation award as a result of her contribution to a vulnerable patient's health and well-being.

Source	Feedback
Interviews with patients.	All six patients we spoke with said that they were involved in decisions about their care and treatment options. They told us that clinical staff always clearly explained procedures, medicines and potential side effects.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.1%	96.4%	93.5%	No statistical variation

### Any additional evidence or comments

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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patient information leaflets were available in the reception area in different languages. For example, Punjabi, Chinese and Spanish.</p> <p>The reception area had a variety of leaflets and posters with information about local support groups.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 205 carers, which represented 3% of the practice population.
How the practice supported carers.	Carers were identified opportunistically. The new patient check-in screen had the functionality to ask patients if they were a carer. Information about support services was available on the practice website.
How the practice supported recently bereaved patients.	The practice sent a condolence card to all bereaved families. This was followed by a visit or telephone call by the named GP. Patients were signposted to local bereavement support services as appropriate.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Whenever possible, receptionists answered telephone calls at the desk behind the reception counter in order to protect confidentiality. We noted that numerical patient identifiers from the clinical computer system were used in telephone conversations instead of names wherever practical.</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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am* – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
	<i>*practice staff answer the telephones between 8am and 8.30am</i>
Appointments available:	
Monday	8.30am – 6.30pm (GP appointments 6.30pm – 8pm every other week)
Tuesday	8.30am – 6.30pm (GP appointments 6.30pm – 8pm every other week)
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Saturday	8.30am – 11.30 (once a month; pre-booked only)
Extended hours (GP+):	
	The practice was part of the South Warwickshire GP Federation, which provided routine and same day appointments with GPs, practice nurses and a



	clinical pharmacist from 6pm until 9pm during the week and from 9am until 1pm at weekends at hubs in the area.
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## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7185	251	116	46.2%	1.61%

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)	96.6%	96.3%	94.8%	No statistical variation

### Any additional evidence or comments

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional GP appointments were available until 8pm on alternate Mondays and Tuesdays for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered a full range of family planning services.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on alternate Mondays and Tuesdays. Pre-bookable appointments were also available to all patients at hubs within the area, as the practice was a member of the South Warwickshire GP Federation. Appointments were available Saturday and Sunday 9am until 1pm.
- Patients could book or cancel appointments and order repeat prescriptions online, which provided extra flexibility for those who could not attend the practice during core working hours.

**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 and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- There were 23 patients on the learning disability register; 12 had had their annual review since April 2018.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, longer appointments were arranged as necessary.

**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 was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Requests for home visits were logged on the clinical computer system and triaged by the duty GP.  The new self check-in system notified patients if a clinician was running late.	

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)	85.2%	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)	87.5%	79.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	82.0%	74.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	90.9%	83.2%	74.4%	Variation (positive)

#### Any additional evidence or comments

Source	Feedback
NHS Choices	Patients wrote that it was easy to make an appointment. For example, one patient

	reported that they obtained an appointment for a family member within 15 minutes of making a telephone call to the practice.
Patient interviews	Patients' comments regarding the ease of booking appointments aligned with the results from the National GP Patient Survey.
Comments cards	Patients' comments aligned with the survey results regarding the ease of making appointments with caring, considerate staff who were professional and friendly.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We observed that complaints were handled in a timely way in accordance with the practice's complaints procedure. The practice included two complaints posted on NHS Choices in their log and responded to them on NHS Choices.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient's urine sample was lost and the second sample was sent to the laboratory with the incorrect patient details. A third sample had to be obtained.	Processes were reviewed for urine sample intake at reception. Procedures were changed to improve communication. Patients were asked to complete a short document listing which clinician requested the sample, their symptoms and their details. When the sample was handed in at reception, the relevant clinician was informed or the duty doctor. Clinicians added notes to patients' records if the patient requested a sample. A separate container was kept in reception for samples. We saw that this complaint was discussed at a meeting and formally documented. No further incidents have occurred.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: GP partners and the management team had oversight of all areas of the practice; they were able to demonstrate that they had a thorough understanding of the challenges and of the actions necessary to address them. Staff we spoke with told us that the GPs and management team were always ready to listen.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice's mission statement was to improve and maintain the health and wellbeing of all their patients through delivering excellent primary care by application of best evidence practice. The practice encouraged a team approach where individuals were valued and respected and the patient was the centre of their focus. It was evident from our interviews with staff that the practice's values were shared by the entire team: <ul style="list-style-type: none"><li>• To provide a high standard, quality service for our registered patients within a confidential and safe environment.</li><li>• To treat our patients with respect, dignity and courtesy at all times, irrespective of ethnic origin, religious belief, personal attributes or the nature of their health problem.</li><li>• To involve our patients in decisions regarding their treatment.</li><li>• To promote good health to our patients through information and education.</li></ul>	



- To involve allied health care professionals in the care of our patients where it is in their best interest.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us that there was an open-door policy and that they were well supported by the GP partners and management team.</p> <p>Staff said that they knew that their contribution to the practice was valued. Social events were arranged, which provided the opportunity to mix outside of work.</p>	

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

Source	Feedback
Staff interviews	Staff we spoke with said that they were proud to work at the practice and have an impact on providing a high level of service to patients.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was clear delineation of responsibilities amongst the GPs and management team. All staff showed that they understood their roles and responsibilities.</li> <li>• We saw that a broad range of policies and procedures were available on the practice intranet, which staff could access.</li> <li>• The practice held a series of regular meetings, including weekly clinical and business meetings, practice nurse meetings, monthly multi-disciplinary meetings, protected time learning and full practice meetings. The schedule of meetings ensured that communication channels worked efficiently as well as providing opportunities for learning.</li> </ul>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We noted that staff contact numbers were now included in the detailed Business Continuity Plan. The practice manager and all partners held a copy off site.	

### Appropriate and accurate information

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

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

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: Example of staff suggestion implemented: Feedback boxes were put in the two waiting rooms as a result of a patient suggestion, but no feedback had been left as yet.	

Feedback from Patient Participation Group (PPG).

Feedback
<p>There was strong collaboration between the practice and the PPG with the aim of improving patient experience. We saw that PPG meetings were held quarterly and that discussions were documented. Meeting minutes were posted on the practice website and hard copies were displayed on the PPG noticeboard in reception. PPG members told us that a GP and the practice manager always attended the meetings.</p> <p>We heard that the practice was open to suggestions from the PPG. For example, a water dispenser was now in reception as a result of a suggestion from the PPG.</p> <p>The PPG helped at Saturday flu clinics with stewarding and were instrumental in re-organising noticeboards in reception so that information was clearly displayed for patients.</p>

Any additional evidence
<p>The practice worked with the South Warwickshire GP Federation to deliver local projects. For example, the practice participated in the scheme to offer health assessments to patients aged over 75 years who had not yet had an assessment. GPs could liaise with care co-ordinators at Age UK if they thought that a patient might benefit from non-clinical support.</p> <p>A GP participated in the rotas for the GP+ extended hours scheme, organised by the Federation.</p>

## Continuous improvement and innovation

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

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

- The GP partners and management team recognised the importance of continual development to improve patient outcomes, so learning was encouraged across the team. For example, in-house training sessions took place for clinical staff. We were told that the health care assistant was booked on a diabetic management course in April 2019, which was sponsored by the practice and one of the practice nurses had just completed a spirometry diploma course to update their knowledge.
- One of the GPs was a GP appraiser, so they were able to offer support and advice to colleagues regarding the appraisal process.
- The practice was also involved in teaching prospective doctors. Registrars were closely supervised at regular intervals during the day. We spoke with one registrar who said that they were enjoying their placement and felt very well supported. They added that GPs were very pro-active with their training
- All GPs were trained medical student tutors. The practice provided placements for students from Warwick University Medical School. We were shown feedback which attested to the breadth of practical experience provided by enthusiastic GP tutors. Students thought so highly of their tutors that they nominated them for a teaching excellence award.
- The practice had Research Ready accreditation with the Royal College of General Practitioners and was part of the Primary Care Research Network at Warwick University. Recent studies included the Helicobacter Eradication Aspirin Trial (HEAT), Cancer Diagnosis Decision rules (CANDID) and gout. The practice was currently working on the trial which focused on ways of managing patients with musculoskeletal pain more effectively. A research nurse from Warwick University was attached to the practice. The participation in research benefitted patients worldwide as well as locally. Feedback from patients was very positive regarding the benefits to their health from taking part in research studies. For example, patients who took part in the gout research project reported better management of their condition.

## Examples of continuous learning and improvement

## 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.