

# Care Quality Commission

## Inspection Evidence Table

### Tilbury Health Centre (College Health Tilbury and Chadwell Group) (1-5139224248)

Inspection date: 09 April 2019

Date of data download: 02 April 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found that the clinical system settings restricted access to safeguarding pop up alerts for some members of staff. However, when we reviewed a member of staff who did not have access, they were able to view the pop-up alert and safeguarding notes. The practice planned to contact their system administrator to review the system settings.</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>	

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: 20/08/18</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 16/01/19</p>	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
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: 19/02/19</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill: 15/04/19</p>	Yes
<p>There was a record of fire alarm checks.</p> <p>Date of last check: 01/04/19</p>	Yes
<p>There was a record of fire training for staff.</p> <p>Date of last training: Throughout the year</p>	Yes
There were fire marshals.	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion: February 2019</p>	Yes

Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had employed a facilities manager who was responsible for managing environmental risks. All environmental risk assessments had been completed including a legionella risk assessment at all three patient sites. There was a comprehensive action plan in place and we found actions required had been completed.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 14/02/18	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22/09/18	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The facilities manager carried out annual health and safety audits as well as monthly reviews at all three practice sites. We found that all actions had been completed or were due to be completed.</p>	

## 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:	16/02/19
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>The infection control audit highlighted the that the following areas required improvement. For example:</p> <ul style="list-style-type: none"> <li>Cleanable chairs had been placed in the reception area and skirting had been reattached to the walls.</li> <li>The skirting had been reattached in the staff toilet and the boiler had been cleaned.</li> <li>Signage for nappy bin had been placed in the patient toilet, they had replaced the bin and attached a wall holder for wipes.</li> </ul> <p>All actions highlighted within the risk assessment had been completed.</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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

## 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	Partial*

managed in a timely manner.	
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
<p>Explanation of any answers and additional evidence:</p> <p>*The practice had a system to monitor test results however we found there were some abnormal test results that had not been viewed dating back to 3 April 2019. The practice acknowledged that there needed to be greater oversight to ensure pathology results labelled abnormal were reviewed and actioned in a timely manner. The practice had reviewed and actioned all the outstanding test results by the end of the day and told us they would implement changes to strengthen their system.</p>	

### 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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.72	0.96	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	5.6%	7.8%	8.7%	Tending towards variation (positive)
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 (01/07/2018 to 31/12/2018) (NHSBSA)	5.99	5.88	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	3.17	1.74	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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.	Partial*
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed three fridges from two different patient sites. Although the practice had monitored cold chain appropriately, we found they had not followed Public Health England guidance as the fridges were over stocked and did not allow sufficient space around the vaccine packages for air to circulate. Since the inspection the practice had removed storage containers in all three fridges to ensure the air was able to circulate.</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:	12
Number of events that required action:	12
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system to score significant events on severity and likelihood of reoccurrence. A risk score below five was a green scenario, between five and 15 was amber and 15 and above was red. The practice had found that six significant events were rated within the green category, five were rated as amber and one significant event where the practice had acted pre-emptively to stop a significant event from occurring.</p> <p>The information was discussed during team and clinical meetings. Meeting minutes were cascaded to staff using Clarity, their central computer system and lessons learnt were shared across all College Health practices.</p>	

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

Event	Specific action taken
Telephone system faults	The practice received a number of complaints. Patients reported that they had been 'cut off' when they attempted to contact the surgery via the usual phone numbers. The practice found that the system was unsuitable for the mass volume of calls coming into the practice. They also found telephone handsets that weren't manned were still queuing calls which meant patients were being put into queues for phones that were inactive. The practice contacted their supplier and removed the internal message which was causing patients to be cut off, they had also introduced a controlled system to ensure calls were diverted to active handsets only. The practice had organised 'listening events' every two weeks for patients to discuss their concerns with the practice manager and for the practice to be able to inform patients of new implementations such as the multi modal consultation system.

Staff not aware of gold standard framework and patient priorities.	A high priority patient was told to call back after they had contacted the hospital. During the second contact with the practice the patient spoke with the practice manager who was able to organise for the patient to see a doctor the same day. As a result of the significant event, pop-up windows were added on the home page of their computer system to alert staff that priority patients had open access to appointments. The practice also organised triage training for the team to ensure they were aware of patients that came under the gold standard framework priority.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out regular clinical meetings to ensure clinicians were up to date with current evidence-based practice. All clinicians, including allied health professionals, received regular peer reviews using the Royal College of General Practitioners tool kit to audit clinical notes, ensure clinicians were working within current guidelines and highlight areas of improvements.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.95	0.61	0.79	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.</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</li> </ul>

communication needs.

- Health checks were offered to patients over 75 years of age and care plans were reviewed.
- Patients had access to the practice pharmacist and were offered regular polypharmacy reviews including scheduled home visits for those in nursing and residential care.
- The practice carried out unplanned admission reviews for their older patients.

## 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice held educational session for pre-diabetic or newly diagnosed patients.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	65.0%	75.2%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.7% (8)	7.5%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	69.8%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.0% (12)	6.0%	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>	68.9%	75.9%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.8% (10)	8.5%	13.5%	N/A

#### Any additional evidence or comments

We reviewed the practices unverified data for 2018/2019 and found there had been an improvement in QOF achievements since the previous years. For example:

- 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 had increased from 65% to 77.8%. Unverified exception reporting rates for this indicator had decreased from 5% to 2.3%.
- 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 had increased from 69% to 89%. Unverified exception reporting rates for this indicator had decreased from 7% to 4%.
- 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 had increased from 69% to 92%. Unverified exception reporting rates for this indicator had decreased from 6% to 2.7%.

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>	80.6%	76.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (5)	2.2%	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>	93.8%	89.1%	89.7%	No statistical variation

Exception rate (number of exceptions).	12.2% (9)	6.9%	11.5%	N/A
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#### Any additional evidence or comments

We reviewed the practices unverified data for 2018/2019 and found there had been an improvement in QOF achievements since the previous years. For example:

- 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 had increased from 81% to 100%. Unverified exception reporting rates for this indicator had remained similar at 2.5%.
- 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 had increased from 94% to 100%. Unverified exception reporting rates for this indicator had reduced from 12% to 3.4%.

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.4%	83.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.3% (10)	2.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.7%	90.0%	Variation (positive)
Exception rate (number of exceptions).	7.7% (2)	5.4%	6.7%	N/A

#### Any additional evidence or comments

We reviewed the practices unverified data for 2018/2019 and found there had been an improvement in QOF achievements since the previous years. For example:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had increased from 86% to 100%. Unverified exception reporting rates for this indicator had increased slightly from 2.3% to 3.9%.
- 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 remained 100%. Unverified exception reporting rates for this indicator had reduced from 7.7% to 5.4%.

## Families, children and young people

Population group rating: **Good**

### Findings

- Unverified data from 2018/2019 showed that childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	42	44	95.5%	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)	44	55	80.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	46	55	83.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	46	55	83.6%	Below 90% minimum (variation negative)

### Any additional evidence or comments

We reviewed the practices unverified 2018 to 2019 data and found that childhood immunisation achievements were above 90% for the four indicators above. The practice had highlighted through an

audit that immunisation data for the 4-in-1 pre-school booster which protects against diphtheria, tetanus, whooping cough and polio for children aged 3 years and 4 month was below the national target. The practice had investigated and found that patients were resistant due to religious beliefs and found that many of them had vaccinated their children abroad. As a result, the practice had contacted patients to explain the importance of the vaccination and offered to book patients longer appointments outside of clinic times to offer greater flexibility. The practice plan to monitor their progress.

## 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.
- Patients had access to a self-care portal online.

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)	68.8%	72.0%	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)	49.2%	63.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	42.5%	51.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	61.5%	67.0%	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	55.6%	53.4%	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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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

**Population group rating: Good**

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	88.9%	89.5%	Variation (positive)
Exception rate (number of exceptions).	15.8% (3)	6.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.8%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.8% (3)	4.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	88.7%	83.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	6.7%	6.6%	N/A

#### Any additional evidence or comments

We reviewed the practices unverified data for 2018/2019 and found there had been an improvement in QOF achievements since the previous years. For example:

- 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 had remained the same. Unverified exception reporting rates for this indicator had reduced from 16% to 3.4%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had increased from 94% to 100%. Unverified exception reporting rates for this indicator had reduced from 16% to 1.7%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months had remained 100%. Unverified exception reporting rates for this indicator was 5.4%.



## 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)	537.2	522.8	537.5
Overall QOF exception reporting (all domains)	5.6%	4.5%	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

<p>The practice had carried out 20 clinical audits and 14 non-clinical audits within the last year which focused on driving improvements. For example:</p> <ul style="list-style-type: none"><li>• Thyroid function test: The aim was to see if the surgery was following the NICE guidelines regarding monitoring TFT once a patient is stable on their medication to have an annual Thyroid Function Test done. The practice found that 20% of patients had not had the required monitoring. As a result, the practice had informed the practice staff who invited these patients in for a blood test. The practice carried out a re-audit in December 2018 and February 2019 where they had found greater number of patients had received the appropriate reviews with only 1.2% still outstanding.</li><li>• Childhood immunisation audit (15/02/19): The audit looked at immunisations for children to ensure children received the correct immunisation at the correct time. The audit found that some immunisations had been declined and documented appropriately, some were documented in other forms but not entered onto the template and some immunisations had been started or completed abroad. The audit found that there were 73 children who have incomplete or missing immunisations data. The practice developed an action plan and scheduled a review for a months' time.</li><li>• Obesity audit: The aim of the Audit was to identify patients with increased body mass index (BMI) to ensure they were given correct lifestyle advice and signposted to the appropriate service for their needs. The audit highlighted patients that met the criteria, the practice developed an action plan including a breakdown of responsibilities designated to specific staff to complete and planned to carry out a re-audit to take place in June 2019 to evaluate the progress.</li></ul>
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## Any additional evidence or comments

## Effective staffing

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

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

## 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	Yes

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.7%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (6)	0.7%	0.8%	N/A

### Any additional evidence or comments

We reviewed the practices unverified data for 2018/2019 and found there had been an improvement in QOF achievements since the previous years. For example:

- 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 had increased from 97.7% to 100%.

## Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	48
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	12
Number of CQC comments received which were negative about the service.	5

Source	Feedback
CQC comment cards	Patients reported they were happy with the care they had received.
Patients	We spoke with 20 patients on the day of the inspection, they praised staff at all levels for treating them with respect, kindness and compassion.
Internal practice feedback	Patients had fed back to the practice that they were happy with the care received by the clinical, admin and reception staff.

## 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
11177	387	87	22.5%	0.78%

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)	81.7%	81.7%	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)	81.0%	80.5%	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)	90.5%	92.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	76.2%	76.2%	83.8%	No statistical variation

### Any additional evidence or comments

College Health took ownership of the practice in March 2018, after the data collection process for the national patient survey. Therefore, the data reflected in the table above was not representative of patient satisfaction for Tilbury Health Centre. However, the practice carried out an internal survey of their patient satisfaction and had formulated a comprehensive action plan. The action plan covers areas such as access to appointments, explanation of conditions and treatments, communication between staff and patients, improved repeat prescription process, improved care of patients with long term conditions and improving the childhood immunisation information given to parents. Actions were clearly outlined and reviewed quarterly. We were therefore satisfied that they had taken positive steps to highlight and improve patient satisfaction.

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

Any additional evidence
<p>The practice had carried out a patient satisfaction survey in 2018. The survey included questions regarding access to appointments, satisfaction of treatment and care, overall experience, carer questions and baby and childhood immunisation questions.</p> <p>The feedback was mostly positive, yet the practice had monitored their negative feedback and implemented an action plan as a response.</p>

### 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:	

Source	Feedback
Interviews with patients	Patient we spoke with on the day said they were satisfied with the involvement in their care.
Comment cards	We received comments of staff going out of their way to help patients and provided them with further support when needed.

### 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)	90.5%	89.1%	93.5%	No statistical variation

Any additional evidence or comments

	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
Explanation of any answers and additional evidence: The practice was able to provide health leaflets in different language and offered longer appointments if there were language barriers.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 199 patients as carers which amounted to 1.8% of their practice list.
How the practice supported carers.	Carers were identified through new registrations, consultations and during carers events. Following the carers event, the practice developed an action plan which highlighted areas that could improve care. For example: <ul style="list-style-type: none"> <li>• Displaying carers poster in the waiting room</li> <li>• Updating carers email addresses</li> <li>• Organise carers support groups</li> <li>• Contact carers regarding medicine reviews</li> <li>• Carers who had not been seen within the last three months were to receive a courtesy call from the care navigator to be given information about social prescribing.</li> </ul>
How the practice supported recently bereaved patients.	The practice sent condolence cards to families of bereaved patients. Families were contacted and offered an appointment for support. The practice was able to refer patients to supportive services if required.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	



## 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: The practice paramedic was available for patients who found it hard to access services.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11177	387	87	22.5%	0.78%

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)	90.9%	91.4%	94.8%	No statistical variation

### Any additional evidence or comments

College Health had taken ownership of the practice in March 2018, after the data collection process for the national patient survey. Therefore, the data reflected in the table above was not representative of patient satisfaction for Tilbury Health Centre.

## 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.
- The practice offered GP or Paramedic visitation for acute or unscheduled care including service for those isolated or living alone, housebound or vulnerable patients.
- Veterans were highlighted on the system for heightened observation.
- A hearing loop was accessible for patients that required it.
- The practice flagged patients that had specific needs such as access needs (key safe numbers for home visits), communication needs and carers information.

## 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.
- Community pop-up clinics had been organised by the practice at the local church to encourage patients who would not usually engage directly with the practice.
- Staff were trained to signpost patients for smoking cessation, lifestyle, pain, rehabilitation and dietary support.

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

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice offered two daily children's clinics from 11am to 12pm and from 4pm to 5pm. Patients also had access to children's clinics from 3pm to 5pm daily at another local College Health practice.
- The practice was able to provide patients with contraception, sexual health and family planning advice.
- The practice sent text message reminders to patients who had given consent.
- The practice had a dedicated room for mothers who were breastfeeding.

## **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.
- Patients were able to see clinicians at a local College Health practice during their extended hours which included Monday 6.30pm – 8pm, Tuesday 6.30pm – 7pm, Wednesday 6.30pm – 7.30pm and Thursday 6.30pm – 8pm.
- Patients had the option to carry out a consultation with a clinician online via 'eConsult'.
- Speak up slots were available to be booked if patients wanted to discuss concerns with the practice manager. This provided a forum for raising issues and concerns and assured us that the leaders at the practice were open to ideas and suggestions for improvement, in addition to acting on areas of concern.

**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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice had been accredited as LD friendly with a quiet zone for patients suffering from anxiety. Staff had received awareness training delivered by people with learning disabilities and autism.
- Interpretation services were available to patients that required it.

**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.
- Patients had access to mental health consultant advice line.
- The practices care navigators were able to support patients and signpost them to groups and voluntary organisations.
- The practice had a dedicated quiet zone for patients with anxiety.

## Timely access to the service

**People reported they were not always 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had received 22 written and verbal complaints regarding telephone access within the last year. Recent online reviews and the 20 patients we spoke with on the day of the inspection reported that they were dissatisfied with the access to the telephone system. The practice had monitored their patient satisfaction and had implemented changes to improve the telephone system. For example:</p> <ul style="list-style-type: none"> <li>• They had installed 30 extra telephone lines across the three patient sites.</li> <li>• They had contacted the telephone provider to investigate why patients were being cut off whilst in the telephone queue. Actions were taken to stop this from reoccurring.</li> <li>• The system was changed so that patients were only being directed to active telephone sets.</li> <li>• Discussed concerns with their patient participation group to explore various methods patients could contact the surgery.</li> <li>• The practice had organised 'Listening Events' to allow patients to discuss their concerns and for the practice to share the actions they were taking to overcome the issues.</li> </ul> <p>The practice actively reviewed patient feedback and continued to develop systems to overcome their patient access issues.</p>	

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)	80.5%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	76.8%	63.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	70.4%	59.4%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.6%	69.7%	74.4%	No statistical variation

Source	Feedback
NHS Choices and internet reviews.	At the time of the inspection the practice was rated with three stars out of five on the NHS choices website. 15 reviews had been left in the last year, 11 of which gave the practice one to three stars with issues raised about getting an appointment and telephone availability. Positive reviews included comments about prompt service by caring and professional staff.
Appointment waiting times audit	The practice had conducted a review of appointment waiting times at all three patient sites during one week in January 2019. They reviewed waiting times for their advanced nurse practitioner, diabetic nurses, GPs, health care assistants, nurses, pharmacists, phlebotomy and physician's associates. They found that generally patients were waiting no more than ten minutes for their appointments. Their review also found that there were longer waiting times for the appointments with the Diabetic Nurses. The practice investigated the patients booked in for diabetic nurse appointments and found they were seen within a very short waiting time window. The practice was developing procedures to put in place to ensure that waiting times were displayed accurately in the future.

Any additional evidence or comments

## 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.	14 written & 15 verbal
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding patient continuity and appointment system	A full investigation was carried out by the practice who found the patient care had been documented appropriately however perhaps a better explanation could have been given. The practice highlighted a number of complaints regarding the telephone system had been brought to their attention, as a result, they had implemented 'listening events', a forum where patients could discuss their concerns and find out how the practice intend to progress.
Prescribing error	Child prescribed incorrect medication. The practice carried out a full investigation, the locum staff member responsible for the incident was reviewed and the practice decided that they would not return to work for them. The patient was seen by a doctor at the practice and the concerns were resolved.

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The leaders took over three practice sites that were previously rated inadequate by the CQC. In light of the challenges they faced, they had formulated comprehensive action plans to ensure patient safety was prioritised at all three sites. This included an in-depth review of their disease registers, patient medication reviews, staffing requirements and patient satisfaction. Since identifying the actions necessary, the practice addressed the challenges and reviewed performance data weekly. Unverified data from the first year of registration suggested that leaders from College Health and staff at the practice had improved patient outcomes.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
The practice had a vision to offer high quality health care to help patients to manage their health and prevent illness. They aimed to do this by developing an excellent workforce with an extensive skill mix able to respond to patient's needs and expectations which reflected the latest advances in Primary Health Care. The practice had done this by working closely with their stakeholders. They provided their patients with multiple skill mixes via their allied health professionals such as pharmacists, advance nurse	



practitioners, paramedics and physicians associates.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with were encouraged to develop and spoke highly of the culture at the practice. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. The practice had dedicated 'Speak Up' slots in their appointment system where patients, staff and stakeholders were able to book an appointment to discuss their concerns. The practice had carried out a staff survey and acted on their findings.	

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

Source	Feedback
Staff survey carried out in 2018.	14 members of the practice team responded to the staff survey. They were asked seven questions relating to feeling valued, improvements that could be made, the efficiency of working, how to improve the appointments system, any communication needs and if staff have anything they would like to raise with the partners. As a result of the staff survey, the practice formulated an action plan to improve staff morale which was reviewed quarterly. The practice had reminded staff that there was an open-door policy for staff to raise concerns, they had encouraged information sharing during practice meetings and regular one to one meetings.
Staff we spoke with during the inspection.	Staff we spoke with during the inspection said they were happy to work for an open team; their needs were discussed, and actions were put in place to overcome challenges. For example, receptionists were concerned with the telephone availability. The practice had installed 30 new telephone lines and were actively monitoring their staff recruitment needs.

## Governance arrangements

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

	Y/N/Partial
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There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:  Leaders held weekly performance meetings and addressed areas of concern. Staff we spoke with on the day were clear about their roles and responsibilities and knew how to seek support if needed. All staff received an annual appraisal to identify their learning needs and clinical staff were peer reviewed to ensure there was a set standard throughout the organisation.	

### 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:  The practice actively monitored their performance. A range of staff had carried out 34 clinical and non-clinical audits in the past year to identify, manage and mitigate risks.	

### 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 regularly monitored performance data, complaints, significant events and patient satisfaction. We saw a number of examples where the practice had implemented changes as a result of their reviews.	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice held regular engagement meetings with their patient participation group. For example, following a number of complaints regarding access to the telephone system, the practice had organised 'Listening events' for patients from all three practices to discuss their concerns. The practice shared their plans with patients and acted on feedback.	

#### Feedback from Patient Participation Group.

Feedback
We spoke with four patients from the patient participation group who said the practice staff at all levels were engaging and open to listening. They had regular meetings and discussed changes within the organisation such as the multi-modal consultation system.

Any additional evidence
<p>The practice had organised a number of patient events to encourage patients to monitor and engage in their health. For example:</p> <ul style="list-style-type: none"> <li>Community pop-up clinics had been organised by the practice at the local church to review patients who would not usually engage directly with the practice.</li> <li>The practice had organised a 'healthy heart' event where the practice nurse carried out health checks for patients that attended.</li> <li>A learning disability event had been organised to engaged with patients and carers to highlight</li> </ul>

their needs.

- The practice had organised carers events to encourage new carers to identify themselves and to provide support to patients already identified as carers.

### 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:	

### Examples of continuous learning and improvement

The practice focused on continuous learning and improvements. For example:

- The practice had completed number of quality improvement audits.
- All clinicians received peer reviews to ensure a high standard of care for patients.
- The practice shared learning with other College Health practices.
- Staff at the practice were encouraged to develop their skills further. For example, the health care assistant was undertaking the associate nurse practitioner course.
- The practice engaged with local universities to provide learning for students.
- The practice was engaged with their local stakeholders and implemented local initiatives.
- Staff were trained to provide key roles such as the workforce co-ordinator. The practice had developed the role to alleviate the pressure of administration work for clinicians.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.