

# Care Quality Commission

## Inspection Evidence Table

### Highbury Grange Medical Practice (1-543975260)

Inspection date: 5 March 2019

Date of data download: 5 March 2019

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

## Overall rating: Requires Improvement

### Safe

### Rating: Inadequate

We rated the practice as inadequate for providing safe services as the practice was not always safely monitoring and managing patients prescribed with high risk medicines.

#### 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.	Partial
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	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice maintained an internal log of patients who were recorded on the child protection register. However, when we reviewed this log it was not up to date, as some patients on the internal log were no longer on the child protection register. Post inspection the practice told us that it had updated its policy which now stated that the internal safeguarding register must be reviewed monthly.</li> <li>The practice was accredited by the Identification and Referral to Improve Safety (IRIS) service. IRIS is a GP orientated organisation to which the practice can refer patients to when there are concerns about possible domestic violence/abuse and neglect.</li> <li>We spoke to a range of clinical and non-clinical staff; all staff were aware of how to identify and report safeguarding concerns.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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> <ul style="list-style-type: none"> <li>We reviewed three staff files which contained evidence of medical indemnity and vacation status as required.</li> <li>Appropriate pre-employment checks had taken place. For example, we saw that each staff file had a full record of employment history, references, DBS certificates, proof of identity and qualifications.</li> </ul>	

<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: 10 July 2018	Yes
There was a record of equipment calibration. Date of last calibration: 10 July 2018	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: September 2019	Yes
There was a log of fire drills. Date of last drill: 30 May 2018	Yes
There was a record of fire alarm checks. Date of last check: 11 February 2019	Yes
There was a record of fire training for staff. Date of last training: 14 January 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 14 January 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 14 January 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14 January 2019	Yes

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	<b>Y/N/Partial</b>
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:	27 July 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice carried out yearly infection prevention control audits.</li> <li>We saw that the most recent infection control audit had been undertaken by the practice nurse who was the infection control lead. Actions identified in the infection prevention control audit had been carried out. For example, we saw that the risk assessment had identified some chairs within the practice needed upholstery and this action was completed.</li> <li>Disposable curtains were in use and were changed every six months.</li> <li>We saw that annual legionella risk assessment had been undertaken 5 February 2019, and we were provided with evidence that the practice's landlord was carrying out monthly water temperature checks as recommended by the risk assessment.</li> </ul>	

- We saw cleaning was carried out in accordance with written schedules and logs were maintained.

## 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: <ul style="list-style-type: none"> <li>• We saw there was a sepsis protocol and clinicians had access to the necessary clinical equipment to help manage patients with suspected sepsis.</li> <li>• We saw evidence that non-clinical staff had received sepsis awareness training and that sepsis awareness posters were displayed in all treatment rooms and in the reception area.</li> </ul>	

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment. With the exception of monitoring and managing patients prescribed with high risk medicine (detailed below pg. 7 onwards).**

	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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>A 'two week wait' (TWW) referral is a request from a GP to ask the hospital for an urgent appointment for a patient, because they have symptoms that might indicate they have cancer. At the time of the inspection the practice's policy on TWW referrals was that the GP would make a referral by contacting the relevant hospital department and booked the patient an appointment. Once the appointment had been booked the practice did not follow up the patient to check whether they were seen at their appointment, but instead asked the patient to ring the practice if they had not been seen. After the inspection, the practice provided us with evidence that it had changed its policy on TWW referrals. The new policy now required the practice to maintain an internal log which recorded all patients that had been booked for a TWW appointment. The policy also required the practice to follow-up patients after their appointment date to ensure that the patient had been seen, and all information relating to the TWW referral would need to be added to the new log.</li> </ul>	

## Appropriate and safe use of medicines

The practice had some 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)	0.63	0.70	0.91	Variation (positive)
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)	13.4%	10.4%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	6.15	5.83	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)	1.40	1.68	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	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.	No (please see below)
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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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> <ul style="list-style-type: none"> <li>Individual patient records for patients prescribed the high-risk medicine, Warfarin, Methotrexate, Azathioprine and Lithium were not always managed in a way that kept patients safe.</li> <li>We reviewed three records for patients that were currently prescribed Warfarin and we identified concerns with two of the records. Warfarin is a blood thinning medicine used to prevent heart attacks, strokes and blood clots in the veins and arteries. Warfarin needs to be adjusted based on the most recent (within the last three months) international normalized ratio (INR) blood test result. Both an under dose and an overdose of Warfarin can prove fatal and therefore careful monitoring of patients prescribed Warfarin is essential. However, we noted that in one record, Warfarin was issued to the patient but the last blood test results recorded within the patient notes was more than three months old. In another record we saw that the local hospital had written to the practice informing them that this patient had not been attending their anticoagulation appointments and that this patient should no longer be prescribed with Warfarin. However, the patient's record showed that Warfarin had still been prescribed to this patient.</li> <li>We reviewed five records for patients currently prescribed with Methotrexate and we identified</li> </ul>	



concerns with three of the records. Methotrexate is used to treat a range of conditions for example cancer and arthritis. One of the side effects of taking this medicine is that it can weaken the immune system and reduce the body's white blood cell count (these are the cells which help fight infections and illnesses in the body). Therefore, prior to prescribing Methotrexate the clinician must be satisfied recent blood test results (taken within the last three months) show the patients white blood cell count is within the correct range. For two patients the records stated that the latest blood test results were attached, however, there was no evidence of any blood tests being attached or recorded in the patients' notes. For another patient their blood test results were not being recorded at three monthly intervals as recommended, and instead they were recorded every 4-6 months which was not in line with national guidance.

- We reviewed five records for patients that were currently prescribed with Azathioprine and we identified concerns with two of the records. Azathioprine is used primarily to treat rheumatoid arthritis. One of the side effects of taking this medicine is that it can weaken the immune system and reduce the body's white blood cell count (these are the cells which help fight infections and illnesses in the body). Therefore, prior to prescribing Azathioprine the clinician must be satisfied recent blood test results (taken within the last three months) show the patients white blood cell count is within the correct range. For one patient the record stated that the latest blood test results were attached, however, there was no evidence of any blood tests being attached or recorded in the patients' notes. For another patient the patient was prescribed with this medicine and their record showed that a recent blood test result was attached in their notes. However, we reviewed the audit trail which showed that these blood test results had not been reviewed by the clinician prior to prescribing.
- We reviewed two records for patients who were currently prescribed with Lithium and we identified concerns with both records. Lithium is used to treat manic episodes of bipolar disorder (manic depression). Prior to prescribing Lithium, the clinician must be satisfied recent blood test results (taken within the last three months) show the patient's Lithium levels are within the correct range and this information is also used to adjust the dosage being prescribed. If Lithium is prescribed to a patient whose Lithium levels are not within the correct range then this can result in harmful side effects. The two records we reviewed showed that the patients were currently being prescribed Lithium but there was no evidence of regular blood tests being recorded.



## 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:	3
Number of events that required action:	3

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

Event	Specific action taken
Incorrect labelling of two cervical screening samples	The practice contacted both patients explain the mistake that had been made, and re-booked them for additional sampling to be undertaken. The practice discussed this with all staff and stressed the importance of double checking that the correct information is on the sample labels.
The air-conditioning unit located in the server and communications room had broken down.	The practice contacted the landlord and asked for urgent assistance to fix the air-conditioning. In the meantime, staff were re-located to another room, and the doors were left open to allow air flow. The air-conditioned was repaired on the same day.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Alerts were received electronically and disseminated by the practice management and/or practice pharmacist to all staff. All alerts were recorded on a register, which detailed the alert and the action taken. Staff gave examples of recent alerts they had actioned which had been recorded appropriately. For example, we saw a recent example of a Medicines &amp; Healthcare products Regulatory Agency (MHRA) alert in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medicine whilst pregnant (please see the effective section below for more details on this audit).</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

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) <small>(NHSBSA)</small>	1.54	0.82	0.79	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients over the age of 75 were offered regular health checks.
- All patients over the age of 65 were offered an influenza vaccine.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had monthly multi-disciplinary meetings with the community district nurse team and

matron to discuss housebound patients, patients on their care list and frequent A&E attenders.

- The practice provided a choice of appointments and home visits were also made available for housebound patients.

## People with long-term conditions

## Population group rating: Good

### Findings

- Overall the practice provided effective care for people with long-term conditions. We did however identify some issues with the monitoring and management of high-risk medicines, this has been explained in detail in the safe section above.
- 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.
- The practice held regular in-house and multidisciplinary meetings to discuss and manage the needs of patients with complex and multiple medical issues.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- We saw the practice educated its patients on how to manage and prevent long-term conditions; this was done during consultations and with the aid of health prevention and disease prevention leaflets.
- 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.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.3%	78.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.6% (58)	15.7%	13.2%	N/A
The percentage of patients with diabetes, on	79.4%	76.9%	77.7%	No statistical variation

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>				
Exception rate (number of exceptions).	10.6% (42)	11.0%	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>	84.4%	81.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.6% (50)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.7%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (8)	3.5%	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>	91.1%	90.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.7% (5)	7.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.4%	82.0%	82.6%	No statistical variation

Exception rate (number of exceptions).	4.4% (34)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.7%	86.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (5)	12.7%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Overall the practice provided effective care for Families, children and young people. We did identify a concern with the maintenance of the practice's internal child safeguarding register, which has been reported on in the safe section above.
- 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.
- All new patients under the age of 18 were invited to attend the practice for a health check.
- 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)	124	135	91.9%	Met 90% minimum (no variation)
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)	124	136	91.2%	Met 90% minimum (no variation)

The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	123	136	90.4%	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)	124	136	91.2%	Met 90% minimum (no variation)

**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.

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)	65.2%	62.9%	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)	57.8%	59.9%	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)	41.3%	43.7%	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)	82.4%	73.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a	28.6%	46.9%	51.9%	No statistical variation

two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				
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#### Any additional evidence or comments

- The practice was aware it had not met the 80% national uptake target for cervical screening. The practice informed us it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. The practice told us that it would provide these population groups with advice and educational leaflets on the importance of cervical screening. We saw the practice ran regular reports to identify patients who were due for cervical screening tests. These patients would be called by the practice inviting them for a cervical screening test; if the patient did not respond they would be given a further telephone call and be sent reminder letters.

**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 they had a system to identify people who misused substances.

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

**Population group rating: Good**

#### Findings

- Overall the practice provided effective care for people experiencing poor mental health. We did however identify some issues with the monitoring and management of high-risk medicines prescribed for people experiencing poor mental health, this has been reported on in detail in the safe section above.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice used the local memory clinic for patients with memory concerns, for timely assessment and diagnosis, leading to a full management plan.

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)	90.6%	91.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.9% (8)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.0%	91.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (6)	8.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	81.5%	84.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (1)	4.7%	6.6%	N/A

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.3	544.0	537.5

Overall QOF exception reporting (all domains)	5.4%	6.2%	5.8%
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	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

### **Sodium Valproate**

The practice had received a drug alert in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes the unborn child in the womb to a high risk of serious developmental disorders and/or congenital malformations.

In January 2018 the practice identified eight patients who were taking this medicine and at potential risk, and set the following targets:

- 100% of women of child-bearing potential (or future potential) and on sodium valproate should be counselled on the risks of becoming pregnant while on valproate therapy.
- 100% of women of child-bearing potential (or future potential) and on sodium valproate should be referred for consideration of alternative therapy if they have become pregnant while on valproate therapy or if they would like to try to conceive.

The practice re-audited its patient list in September 2018 which identified that all eight patients had been counselled and risk assessed for the use of this drug.

### **Over 75 health checks**

A health check of an older person is an in-depth assessment of a patient aged 75 years and over. It provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health and/or quality of life.

In April 2018 the practice carried on audit to assess the percentage of patients over 75 that had a health check conducted in the past two years. The results showed that only 50% of patients had a health check in the past two years. The practice set itself an objective which was to ensure that 80% of eligible patients have had an over 75 health check by 1st April 2019.

The practice had been actively calling patients into the surgery and making home visits to carry out health checks.

Further audits were carried out in July 2018 which showed that within this cohort of patients, health checks had increased to 58%, in October 2018 this had increased to 71%, in January 2019 it had

increased further to 76% and the practice met its 80% target in April 2019. The practice told us that it would continue with its work to increase over 75 health checks.

## 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: <ul style="list-style-type: none"> <li>We saw evidence staff were up to date with role specific training. The practice told us they used a range of sources for training including on-line training, face to face and group training.</li> <li>The practice manager also showed us a training matrix that was used to keep a track of staff training.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw evidence of regular in-house and multi-disciplinary team meetings for patients with serious or multiple medical conditions.</li> <li>Patients commented that the digital service offered by the practice was user friendly.</li> </ul>	

## 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: <ul style="list-style-type: none"> <li>We saw evidence carers were kept well informed about the health of those they cared for.</li> <li>The practice told us that it signposted patients to local organisations that helped them prevent illnesses such as diabetes and maintain a healthy lifestyle.</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>	95.7%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (4)	0.8%	0.8%	N/A

## Consent to care and treatment

**The practice always obtained / was unable to demonstrate that it 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: <ul style="list-style-type: none"><li>• Policies and protocols were in place to ensure there was a standardised approach to obtaining consent.</li><li>• Clinical staff demonstrated good knowledge of the Mental Capacity Act.</li><li>• We saw evidence clinical staff were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.</li></ul>	

## 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

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	23
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
CQC comments cards	Patients commented that staff provide a helpful and friendly service and treated them with compassion, respect and kindness.
Patient Participation Group (PPG)	Members of the patient participation group told us they had always been treated with the highest level of kindness, respect and compassion.

## 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
9036	423	115	27 %	1.27%

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)	95.1%	86.3%	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)	89.6%	85.2%	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%	94.6%	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)	78.6%	82.7%	83.8%	No statistical variation



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

Any additional evidence
<p>The practice carried out its own annual patient satisfaction survey via an independent website. The 2019 annual survey was completed by 30 patients. The results were positive with the following results:</p> <ul style="list-style-type: none"> <li>• 92% of patients who completed the questionnaire were generally satisfied with the practice opening hours.</li> <li>• 92 % of patients was seen within 15 minutes of their appointment time.</li> <li>• 93% of patients who completed the questionnaire felt the length of time waited to be checked in by the receptionist was fair to excellent.</li> <li>• 76% of patients had a good to excellent experience of seeing a GP of their choice.</li> </ul>

#### 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

Source	Feedback
Interviews with patients.	Patients told us they felt supported and were involved in decisions about care and treatment.
CQC Comment cards	Comments in general stated staff were always respectful and clinicians were caring and understanding.

## 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)	91.7%	92.4%	93.5%	No statistical variation

	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

Carers	Narrative
Percentage and number of carers identified.	112 carers (1% of patient list).  The practice informed us it was pro-actively trying to increase the number of carers identified within its patient list. They had a carers poster in the reception area and also provided information on being a carer on their website. The practice asked all new patients to disclose if they were a carer.
How the practice supported carers.	The practice had a system that formally identified patients who were carers and written information was available for them signposting them to the various avenues of support. For example, a local carers organisation.  Patients who were carers were offered annual health checks and influenza vaccinations.
How the practice supported recently bereaved patients.	The practice told us they would contact recently bereaved patients and offered them an appointment with a GP.

## Privacy and dignity

### The practice respected always respect 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	Yes

issues.	
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: The reception seating was away from the reception desk giving some privacy. Patients we spoke with and CQC comment cards stated their privacy and dignity was always respected.	

## 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

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am-6.30pm
Tuesday	9am-6.30pm
Wednesday	9am-6.30pm
Thursday	9am-6.30pm (extended hours 6.30pm-8.30pm)
Friday	9am-6.30pm
Saturday	9am-1pm (nurse appointment only)
Appointments available:	
Monday	9am-6.30pm
Tuesday	9am-6.30pm
Wednesday	9am-6.30pm
Thursday	9am-6.30pm (extended hours 6.30pm-8.30pm)
Friday	9am-6.30pm
Saturday	9am-1pm (nurse appointment only)

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9036	423	115	27.0%	1.27%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.1%	94.4%	94.8%	No statistical variation

## Any additional evidence or comments

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a dedicated pharmacist who helped reduce polypharmacy (the prescribing of numerous medicines) for elderly patients.
- 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.
- The practice worked closely with local organisations which helped older patients be more independent at their homes.
- The practice worked closely with local organisations which helped prevent avoidable hospital admissions.
- In addition to clinical treatment, clinicians were aware of the benefits of social prescribing and had links to community groups and support networks. For example, we saw that elderly patients who stated they felt lonely had been prescribed to attend a local organisation where patients could meet and socialise with other people.
- The practice in collaboration with the patient participation group organise a weekly walking group. We were told that this cohort of patients particularly enjoyed this activity, and some patients told the practice that it gave them an opportunity to speak to people on a regular basis, which they otherwise would not do.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Patients with complex conditions and needs could request a double appointment with a doctor.
- 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.
- The practice hosted a walk-in phlebotomy service every Monday and Thursday 9am -12.30pm
- Nurses were trained in the management of chronic long-term conditions.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.

## Families, children and young people

Population group rating: Good

### Findings

- Additional nurse appointments were available until 7pm on a Monday 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 wrote congratulation cards to new mothers and invited them for 6-week post-natal appointment.
- The Health Visiting and School Nursing teams were located on the premises and they provided routine checks and advice to families.
- The practice provided baby clinics every Monday 13:30 -15:30 and Friday 09:30-12:30.

## 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 had reviewed its appointment system to give working age patients more access to its services. Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was operating GP extended hours service on Thursdays between 6.30pm-8.30pm,

and nurse extended hours service on Saturdays between 9am-1pm.

- Pre-bookable appointments were also available to all patients at four local extended hours hubs commissioned by the local Clinical Commissioning Group. Appointments could be booked every weekday between 6.30pm and 8pm and every weekend 8am to 8pm.

### **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 identified that a high number of its patients did not have English as their first language. The practice had access to face to face and telephone translation services.
- The practice was aware of support groups within the area and signposted their patients to these accordingly, such as SHINE which is an Islington help service for vulnerable patients.
- The practice could book a professional British Sign Language interpreter for patients who are deaf.

### **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.
- The practice told us the standard appointment times were not applicable to this cohort of patients as they were always given extra time during consultations.
- 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, such as iCope which is an organisation that provides mental health services.
- Regular multi-disciplinary team meetings were held with mental health care professionals from the local hospitals.
- The practice hosted a weekly clinic with a mental health worker and clinical psychologist.

## 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: When a request for a home visit was received, reception staff took details of the request and added it to the clinical system. The duty doctor would call the patient or carer to determine whether a visit was necessary.	

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)	73.3%	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)	69.6%	68.9%	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)	59.2%	64.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	69.8%	69.8%	74.4%	No statistical variation

Source	Feedback
Patient Interviews	Patients commented they could get an appointment with a doctor or an alternative clinician when they needed one, usually on the same day or day after.



## 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.	9
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: We were told GP Partners investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints we reviewed.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Attended a GP appointment for which patient states requested an interpreter to be booked however upon arrival there was no interpreter present.	The practice investigated this complaint and noted there was a special alert on the patient record which stated that the patient required an interpreter. On this occasion the receptionist who booked the appointment had overlooked the alert. The complaint was discussed with all reception staff, who were reminded the importance of checking all patient special notes and alerts when booking an appointment.
A patient felt that a reception staff member was rude and uncooperative, they requested to speak to the practice manager but was told that a manager was not available.	Following investigation and statements, it was acknowledged the staff member tried to deal with query appropriately. Patient requested to speak to practice manager but they were not on site. The practice reminded reception staff of how to deal with patients in the first instance and that if practice manager is not available another manager or senior staff member can be called in their place.

## Well-led

## Rating: Requires Improvement

We rated the practice as requires improvement for well-led as there was not an effective and safe system in place for the management and monitoring of patients being prescribed with high-risk medicines.

### 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: <ul style="list-style-type: none"><li>• There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.</li><li>• The practice held clinical and non-clinical meetings regularly. We saw all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.</li><li>• We saw evidence of the management interacting with its staff and keeping them informed of changes and current issues via email and meetings.</li></ul>	

### 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 informed us their vision was: <ul style="list-style-type: none"><li>• To provide the best possible quality service for our patients within a confidential and safe environment by working together irrespective of age, sex, gender, disabilities, health, religious</li></ul>	

beliefs or ethnic origin.

- To involve patients in decisions regarding their treatment.
- To provide patients choice of treatment and services.
- To provide up to date health promotion and encourage good well-being and lifestyle choices.
- To involve allied healthcare professionals in the care of our patients where it is in their best interests.
- To encourage patients to get involved and join the Patient Participation Group.
- To continually monitor and review patient access and services.
- To be courteous, caring, respectful and sensitive to patient needs.
- To ensure and review staff training and skills according to needs of patients, the practice and personal development.

Staff and patients we spoke with indicated that the practice's vision and aims were been complied with.

## 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: <ul style="list-style-type: none"><li>• Staff told us the practice promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers.</li><li>• Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon.</li></ul>	

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

Source	Feedback
Staff interviews.	We spoke with several members of staff during the inspection. All stated they felt

	well supported and that they had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff.
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## Governance arrangements

**There were not always 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.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. However, we identified that:</p> <ul style="list-style-type: none"> <li>• The practice's internal child protection and safeguarding register was not up to date, as some patients on the internal child safeguarding register were no longer on the child protection register.</li> <li>• The practice did not have a consistent and robust policy on the monitoring and management of high risk medicines.</li> <li>• The practice did not have a robust process for ensuring that patients who were referred under the two week wait cancer referral service had attended their appointment.</li> </ul>	

## Managing risks, issues and performance

**The practice did not always have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
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:

As explained in the safe section, the practice had not ensured that there was a robust and effective policy which ensured that patients being prescribed with high risk medicines were being safely managed and monitored.

### 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

### 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

Feedback from Patient Participation Group.

Feedback
The practice had an active Patient Participation Group (PPG) and we spoke with two members of the PPG. We were told that the PPG would have six monthly meetings with the practice and they would discuss how to improve the practice and its performance, complaints, national and internal survey results.

## 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

#### 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.