

Care Quality Commission

Inspection Evidence Table

Chorleywood Health Centre (1-5237941749)

Inspection date: 8 May 2019

Date of data download: 10 May 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

In most areas, the practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. The practice took immediate action to resolve any issues we identified during our inspection.

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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>All clinical staff and the practice manager had received a DBS check. All other non-clinical staff were risk assessed as to why they didn't require a DBS check. No reception or administration staff acted as chaperones.</p> <p>All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. All staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, non-clinical and nursing staff were required to complete higher levels of safeguarding training. The practice took immediate action and following our inspection they provided us with confirmation that those staff were scheduled to complete the required levels of training by the end of May 2019.</p> <p>During our inspection, we found there was no practice-wide process in place on how staff responded when child patients at the practice were not taken to scheduled secondary care appointments by their parents or guardians. These are referred to as 'was not brought' children. ('Was not brought' is a term used to refer to children who were not taken to clinic appointments. As children, it is not their responsibility to attend an appointment, but a parental responsibility to take them). Consequently, there was inconsistency in how each GP we spoke with would respond to the potential risk. The practice took immediate action and following our inspection they provided us with evidence that demonstrated they had developed and implemented a practice policy and protocol on 'was not brought' children. This detailed the approach staff should take to respond to children not brought to appointments both at the practice and in secondary care.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection, the practice couldn't demonstrate that all staff had received the required vaccinations for their roles. We saw that for six GPs and nurses there were no appropriate records of their BCG status and for five GPs and nurses this was also the case for their varicella (chickenpox) status. For six non-clinical staff there were no appropriate records of their measles, mumps and rubella (MMR) status. For one non-clinical staff member there were no appropriate records of their tetanus/polio/diphtheria status and for a further three non-clinical staff, this was the case for their diphtheria status. There were no risk assessments in place for these staff. The practice took immediate action and following our inspection, they provided us with evidence that demonstrated that those staff</p>	

had either received the required vaccinations, provided a positive antibody test, or provided evidence of a history of infection where this was permissible.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2018	Y
There was a record of equipment calibration. Date of last calibration: May to November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: March 2019	Y
There was a log of fire drills. Date of last drill: January 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly test records were fully completed from January to May 2019 and there was a full alarm inspection in February 2019.	Y
There was a record of fire training for staff. Date of last training: All staff between May 2018 and April 2019.	Y
There was a fire marshal.	Y
A fire risk assessment had been completed. Date of completion: April 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Y
Explanation of any answers and additional evidence: A Legionella risk assessment was completed in June 2018. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). In adherence with the assessment's recommendations, the practice completed regular water temperature checks.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: February 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. Regular and comprehensive infection control audits were completed. All staff had completed infection control training and the staff we spoke with were knowledgeable about infection control processes relevant to their roles.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: During our inspection, we saw that built-in emergency buttons were available on the computers	

throughout the practice.

The staff we spoke with said temporary staff, including agency nurses and locum GPs were rarely, if ever used at the practice, although a suitable induction process was in place for these staff if required.

We saw that all staff had completed a level of sepsis training appropriate to their roles. The staff we spoke with demonstrated a good understanding of the condition and their role in identifying patients with presumed sepsis and ensuring their urgent clinical review. Appropriate guidelines for staff to follow were available throughout the practice except in the reception area where none were available for those staff.

Information to deliver safe care and treatment

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

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

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)	0.85	0.87	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total	8.1%	9.5%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)				
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)	7.02	5.90	5.60	Tending towards variation (negative)
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)	1.57	1.63	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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	Y

Medicines management	Y/N/Partial
outcomes and reduce the risk of adverse events and antimicrobial resistance.	
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated that its higher than local and national averages prescribing of Nitrofurantoin and Trimethoprim (types of antibiotic) was due to a combination of a clinically appropriate response to patient symptoms or some patients being prescribed the medicine on a clinically assessed long-term, prophylactic (preventative) basis. A practice audit on the prescribing of these medicines in May 2019 had identified areas for improvement in the prescribing of these medicines, including a review of the patients prescribed them on a prophylactic basis.</p> <p>Our check on the practice's stock of emergency medicines showed there was no morphine or diamorphine available (types of opioids classed as controlled drugs and used as strong pain killers) and no risk assessment was completed as to why these weren't part of the emergency medicines. The practice took immediate action and following our inspection, they provided us with evidence that demonstrated they had completed a comprehensive risk assessment on their decision not to stock these medicines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Seven
Number of events that required action:	Seven
<p>Explanation of any answers and additional evidence:</p> <p>There was an effective system in place for reporting and recording incidents and significant events. The</p>	

staff we spoke with were clear on the reporting process used at the practice and we found that lessons learnt were shared to make sure action was taken to improve safety in the practice.

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

Event	Specific action taken
Following an emergency in the waiting area, it was identified that not all staff knew the correct process for raising the alarm.	The event was discussed at a practice meeting and training was provided for staff on the correct process to follow in an emergency.
A complex safeguarding issue that involved liaison with external agencies.	The event was reviewed by the practice and key learning points were acknowledged. These included the potential for practice staff to contact external agencies sooner in future safeguarding concerns and to monitor and review the actions of those agencies.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The practice had systems in place to keep all clinical staff up-to-date. Staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and templates based on best practice guidelines. They used this information to deliver care and treatment that met patients' needs.</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)	0.62	0.62	0.79	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Older people had access to targeted immunisations such as the flu vaccination. The practice had 1,321 patients aged over 65 years. Of those, 950 (72%) had received the flu vaccination at the practice in the 2018/2019 year.
- Staff could recognise the signs of abuse in older patients and knew how to escalate any concerns.

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 GPs 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 and prescribed statins had their care appropriately managed at the practice.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patient with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice provided its own anticoagulation clinic to monitor the treatment of patients taking oral anticoagulant medicines (medicines that help prevent blood clots). This included the provision of the appropriate blood tests. This service was provided by the nurses and the healthcare assistant.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway. The advanced nurse practitioner was a specialist diabetes nurse and the National Diabetes Prevention Service was based at the practice once each week to provide sessions on lifestyle advice among other things. Hillingdon hospital provided a retinopathy screening service from the practice once each month.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- A musculoskeletal community triage service was based at the practice once each week. Patients from local practices were triaged and prescribed activity or referred to other services as necessary.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.6%	78.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.1% (18)	15.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.7%	76.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.2% (26)	11.1%	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>	76.8%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.6% (27)	13.6%	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>	77.1%	75.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (4)	5.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.1%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (2)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QoF)</small>	85.7%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (28)	3.7%	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) <small>(QoF)</small>	91.3%	91.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (7)	6.1%	6.7%	N/A

Any additional evidence or comments

During our inspection, we reviewed the care provided to patients with long-term conditions and found these patients had received appropriate reviews or had been invited for a review. We found the practice had an organised approach towards managing these patients.

Families, children and young people

Population group rating: Good

Findings

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- A limited range of contraceptive services were available. Patients requiring a more comprehensive range of services were referred elsewhere.
- There were six-week post-natal and child health checks. Baby vaccination clinics were held at the practice on a weekly basis.

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)	52	59	88.1%	Below 90% minimum (variation negative)
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)	59	62	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	59	62	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	59	62	95.2%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Figures from the 2017/2018 year showed that at that time the practice didn't meet the 90% national standard for one childhood immunisation category. During our inspection we looked at the practice's own unverified data which showed that for the 2018/2019 year, childhood immunisation uptake rates were above the national target in all four categories.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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. The practice had 3,236 patients eligible to receive a NHS health check. Of those, 632 (19.5%) had received the health check with 155 of those completed in the past 12 months. The practice achieved the target set for its locality by Public Health England.
- Patients could book or cancel appointments online and order repeat medicines 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)	74.0%	73.1%	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)	68.5%	69.9%	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)	59.1%	55.3%	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)	73.3%	75.6%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	35.5%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

There was evidence to suggest the practice encouraged its relevant patients to engage with nationally run and managed screening programmes.

Public Health England data for the year April 2017 to March 2018 showed the practice was similar to local and national averages for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. We spoke with practice staff about their efforts to achieve 80% attainment (the threshold set for the National Health Service Cervical Screening Programme to be effective). We found the practice operated a comprehensive reminder system for patients who did not attend for their cervical screening test. They demonstrated how they encouraged uptake of the screening programme, for example, by ensuring a female sample taker was available. There were two female nurses and two female GPs available to complete cervical screening. We looked at the practice's current unverified data and saw that 81% of eligible patients had attended for a cervical screening test.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- 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.
- Practice staff were part of a multi-disciplinary team who provided care and treatment to housebound patients.

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 medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All clinical staff had completed training in mental capacity and Deprivation of Liberty Safeguards (DoLS).

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	13.3% (6)	8.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.6%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (4)	7.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.3%	84.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (2)	4.8%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.0	539.9	537.5
Overall QOF exception reporting (all domains)	3.5%	5.2%	5.8%

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

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

We looked at the details of 10 clinical audits undertaken in the past year. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed, and the practice approach was reviewed and modified as a result when necessary. Findings were used by the practice to improve services.

The practice completed an audit to check patients on their mental health register had an appropriate care plan documented in the last 12 months. By analysing the results and modifying its approach to the management of these patients, the practice increased the number of patients who were correctly coded on the system and who received an appropriate review.

An audit was completed to check adherence to guidance that stroke and transient ischemic attack patients were on the appropriate secondary prevention therapy within 12 months. After completing the first cycle of the audit, results showed the practice didn't meet the standards set. By modifying its approach to the management of these patients and improving recording and coding on the patient system, a second cycle (repeat) of the audit showed that all the eligible patients received the appropriate secondary prevention therapy.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included role-specific training and updating for relevant staff, the use of an e-learning facility and twice-yearly protected learning sessions.</p> <p>At the time of our inspection, all staff had received an appraisal in the last 12 months.</p> <p>The healthcare assistant (HCA) at the practice was employed before April 2015 and as such their induction didn't include completion of the Care Certificate.</p> <p>From our conversations with staff, we found the HCA spent much of their time completing phlebotomy work. This reduced the time they were able to assist the nurses with other tasks they were qualified to complete and allow the nurses to focus on tasks only they were able to complete. We were told that a new nursing team post (a phlebotomist role) was being recruited to at the time of our inspection to resolve this.</p>	

Coordinating care and treatment

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

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

where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place monthly. These patients' care plans were routinely reviewed and updated.	

Helping patients to live healthier lives

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

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

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) (QOF)	97.4%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (8)	0.7%	0.8%	N/A

Consent to care and treatment

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

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

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC comments cards	The 18 patient Care Quality Commission comments cards we received were positive about the service experienced and staff behaviours. Patients said they felt the practice offered a very good service and staff were knowledgeable, helpful, caring and professional and treated them with dignity and respect. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.
Patient Participation Group (PPG) interviews	Feedback from the PPG interviews was that staff at the practice were approachable and provided a very caring and respectful service.

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
6,926 (at the time of the survey)	293	112	38.2%	1.62%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018).	93.1%	89.8%	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).	94.0%	89.0%	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).	97.7%	97.2%	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).	88.0%	87.8%	83.8%	No statistical variation

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

Any additional evidence
The practice reviewed and analysed the results of the National GP Patient Survey. The practice encouraged and valued feedback from patients and provided a suggestions box for patients to use in the waiting area. The practice also made use of the NHS Friends and Family Test (FFT). (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment). At the time of our inspection, the practice was completing its own patient survey prompted by patient feedback about their telephone system. Requesting patients' views on their experience of the current telephone system, the survey was available from reception, on the practice website and had been sent to members of the Patient Participation Group.

Involvement in decisions about care and treatment

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

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

Source	Feedback
CQC comments cards	The patients who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
Patient Participation Group (PPG) interviews	Feedback from the PPG interviews was that patients were listened to and were well informed about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.9%	94.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A telephone and face-to-face translation service was available. Notices and leaflets in the patient waiting area informed patients how to access support groups and organisations. Links to such information were also available on the practice website. Information in an easy read format was available from the practice by request and letters inviting patients with a learning disability to their annual reviews were sent in an easy read format.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 117 patients on the practice list as carers. This was approximately 1.7% of the practice's patient list.
How the practice supported carers.	<p>The practice's computer system alerted staff if a patient was also a carer. Of the 117 patients identified as carers, all had been invited for and 15 (approximately 13%) had accepted and received a health review in the past 12 months. To ensure accuracy, the practice had reviewed its carer register in the past 12 months.</p> <p>A dedicated carers' notice board in the waiting area provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the support available to them. Two staff members were the practice's carers' leads (or champions) responsible for providing useful and relevant information to those patients.</p>
How the practice supported recently bereaved patients.	From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. A non-clinical staff member wrote to bereaved families offering an invitation to approach the practice for support

	and signposting them to local bereavement services.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The staff we spoke with recognised the importance of patients' privacy, dignity and respect and demonstrated a good understanding of how to maintain these. The patient waiting area was located away from the reception desk, which enabled privacy when patients spoke with reception staff.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: Patient services were provided on the ground and first floors and a working lift was available. The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. A portable hearing loop was provided. During a recent refurbishment, the practice had made several changes to access for patients with mobility difficulties such as those using wheelchairs. The main entrance doors were made automatic and the accessible toilet was improved with the addition of hand rails and an accessible sink. The centre of the reception desk was lowered to improve visibility and interaction for patients using wheelchairs. The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances. We saw evidence that well attended multi-disciplinary team meetings to discuss the needs of patients with end of life care needs took place each month. These patients' care plans were routinely reviewed and updated.	

Practice Opening Times	
Day	Time
Standard opening times:	
Monday	Doors open 8am to 6.30pm with telephones going to voicemail between 12.30pm and 2pm.
Tuesday	Doors open 8am to 6.30pm with telephones going to voicemail between 12.30pm and 2pm.
Wednesday	Doors open 8am to 6.30pm with telephones going to voicemail between 12.30pm and 2pm.
Thursday	Doors open 8am to 6.30pm with telephones going to voicemail between 12.30pm and 2pm.

Friday	Doors open 8am to 6.30pm with telephones going to voicemail between 12.30pm and 2pm.
Extended opening times:	The practice provided extended opening until 7pm on Mondays, Tuesdays, Wednesdays and Thursdays except for the second week of every month when extended opening was on a Saturday from 9am to 12pm.
Appointments available:	
Monday	9am to 11.30am and 2.30pm to 4.30pm and 5pm to 6.30pm as standard.
Tuesday	9am to 11.30am and 2.30pm to 4.30pm and 5pm to 6.30pm as standard.
Wednesday	9am to 11.30am and 2.30pm to 4.30pm and 5pm to 6.30pm as standard.
Thursday	9am to 11.30am and 2.30pm to 4.30pm and 5pm to 6.30pm as standard.
Friday	9am to 11.30am and 2.30pm to 4.30pm and 5pm to 6.30pm as standard.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,926 (at the time of the survey)	293	112	38.2%	1.62%

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)	100.0%	95.4%	94.8%	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- All patients aged over 75 years had a named GP and were able to see a GP of their choice.
- 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 were two care homes and one residential village in the practice's local area. Named GPs completed weekly visits to all the homes to ensure continuity of care for those patients.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- 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.
- A community midwife held a weekly clinic at the practice.
- The health visitors attended a monthly meeting to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.
- Patients could receive travel vaccinations available on the NHS as well as those only available privately.
- Additional nurse appointments were available until 5pm on Mondays and 7pm on Wednesdays and Thursdays.
- Appointments were available outside of school hours and the premises was suitable for children and babies.

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 provided extended hours until 7pm each evening, most weeks from Monday to Thursday or from 9am to 12pm on the second Saturday of each month. Two walk-in clinics were provided every weekday.
- The practice was an extended access hub as a member of the Watford Extended Access group of practices. As part of this, patients could access appointments at the practice on one Saturday and one Sunday each month at varying times. Patients were able to access appointments seven days each week across the participating practices.
- An in-house phlebotomy service provided by the healthcare assistant or practice nurse was

available to take blood samples from patients for the required testing.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An Electronic Prescribing Service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice had developed their text messaging service and provided appointment reminders and information to patients about their care.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 18 patients on the practice's learning disability register at the time of our inspection. Fifteen of those aged 14 years and over had been invited for and 11 (73% of the eligible total) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had implemented a notification system to ensure staff members were able to identify and support vulnerable patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups and voluntary organisations in the area and signposted their patients to these accordingly.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer. Mental health trust well-being workers were based at the practice as local demand required.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Each day the duty doctor completed an assessment of need and urgency for those patients requesting a home visit. Each day up to 16 appointment slots were released to manage the demand for urgent and same day appointments. Two daily walk-in clinics were provided at 11am and 5pm. These were managed by the allocated clinician on that day which included the GPs and the advanced nurse practitioner.</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)	92.1%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	74.7%	72.6%	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)	71.1%	67.1%	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)	76.2%	76.9%	74.4%	No statistical variation

Source	Feedback
CQC comments cards	All the patients who left comments for us were positive about access to the practice and appointments. They said the practice was accessible with timely and efficient appointments.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system in place for handling complaints and concerns. Information was available to help patients understand the complaints system. Information about the complaints process was available on the practice website and from reception. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient with carer responsibilities was not able to get an appropriate appointment at the practice for the flu vaccination.	Reception staff were reminded about the need for flexibility with appointments for patients who were also carers, as well as other groups of patients. An appropriate appointment was made for the patient to receive their vaccination.
A patient felt that due to their circumstances, it was inappropriate they were seen by a medical student during their appointment.	The practice reflected on the complaint and reviewed its process for booking patient appointments with medical students. They improved how staff communicated with patients about the type of appointment they'd be given and who they'd be seen by.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: During our inspection, staff we spoke with understood the challenges faced by the practice and demonstrated how they responded to them. In response to increased patient demand, the practice introduced a workflow management system in 2018. This included employing an additional role to manage the workflow of incoming documentation and correspondence to reduce the administrative tasks of the GPs and allow more of their time to be focused on their clinical roles. As a result, approximately one GP session each week, or 950 appointments each year were made available for additional clinical time. At the time of our inspection, the practice manager was due to commence an advanced diploma in primary care management from June 2019 and the practice was in the early stages of discussing developing non-clinical staff in to supervisory roles.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: A monthly practice meeting was used to monitor the strategic direction of the practice throughout the year. Some of the main areas of strategic focus at the time of our inspection were managing the increasing demands on the practice and the significance of Primary Care Networks (PCNs) in how GP practices operate moving forwards.	

Culture

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

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

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

Source	Feedback
Staff interviews	The staff we spoke with said there was an open culture within the practice and they had the opportunity to raise and discuss any issues directly with other staff or at meetings and felt confident in doing so and supported if they did. They told us they felt respected, valued and well supported and knew who to go to in the practice with any concerns. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was demonstrated by such things as the availability of and adherence to practice specific policies. There was a clear protocol in place for how decisions were agreed and a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend supported this.</p> <p>There were named members of staff in lead roles. There were nominated GP leads for safeguarding, prescribing and patients with learning disabilities, mental health issues and dementia. There were also nurse-led clinics for patients with diabetes and child immunisations. We saw there was a clear staffing structure and found that staff understood their roles and responsibilities and those of others.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
Where we identified any concerns during our inspection, the practice took immediate action to respond to ensure any issues were resolved. For example, those in relation to staff vaccinations, the practice policy and protocol on 'was not brought' children and risk assessments on the absence of certain emergency medicines.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
We found the practice used accurate and reliable data and indicators to understand and monitor the performance of the practice. There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>The staff we spoke with said they were encouraged to actively participate in practice life and share their views. An open culture among staff and management supported this.</p> <p>We saw there were various methods available for patients to express their views and leave feedback about their experiences including a suggestions box and the practice's own patient survey on its telephone system. We saw the practice reviewed and responded to all the suggestions made, including making changes to improve services and the patient experience.</p> <p>The Patient Participation Group (PPG) had not actively met throughout 2018 and 2019. Practice staff maintained contact with the group's membership by email and through a newsletter. We saw the practice's new patient registration form and the practice's website promoted the PPG and encouraged patients to participate.</p>	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The practice was a GP training and teaching practice and maintained high standards for supporting its trainees and medical students. One of the GPs was a qualified GP trainer and another GP was completing the training to fulfil this role.</p> <p>To further its awareness and understanding of how different, non-traditional roles can assist in providing care, the practice was hosting the training of a physician associate. The individual trained at the practice in blocks of three weeks over a two-year period. A qualified physician associate would mainly see less complex minor illness patients, including prescribing their medicines.</p> <p>The practice was in the early stages of participating in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare</p>	

to patients). As part of this, the participating practices had identified areas of focus including the consideration of new types of staff roles such as a paramedic, social prescriber and clinical pharmacist.

The practice had recently completed a refurbishment of the premises. This had improved accessibility for patients, particularly those with mobility issues. There was improved lighting and signage, new emergency lighting and additional clinical space.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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.