

Care Quality Commission

Inspection Evidence Table

Malthouse Surgery (1-542927361)

Inspection date: 16 July 2019

Date of data download: 15 July 2019

Overall rating: Good

At our last inspection in September 2018 we rated the practice good overall. However, due to inconsistency in identifying, assessing and managing risk we rated the practice requires improvement for the provision of well-led services. At this inspection we found the practice had made a range of improvements resulting in a rating of good for providing well led services. The overall rating remains good.

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

Safe

Rating: Good

We did not check whether this practice was providing safe services because our monitoring of the practice indicated no change since the last inspection. The rating from the last inspection has been carried forward.

Effective

Rating: Good

We did not check whether this practice was providing effective services because our monitoring of the practice indicated no change since the last inspection. The rating from the last inspection has been carried forward.

Caring

Rating: Good

We did not check whether this practice was providing caring services because our monitoring of the practice indicated no change since the last inspection. The rating from the last inspection has been carried forward.

Responsive

Rating: Good

We did not check whether this practice was providing responsive services because our monitoring of the practice indicated no change since the last inspection. The rating from the last inspection has been carried forward.

Well-led

Rating: Good

At our last inspection in September 2018 we found that the practice was inconsistent in operating procedures to identify, assess and manage risk. This resulted in a rating of requires improvement for providing well-led services. At this inspection we found the practice had addressed the concerns identified in September 2018 and we have rated the practice good for the provision of well-led services.

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">A major refurbishment and upgrading to the practice premises had recently been completed. This would enable the practice to accommodate an increasing registered patient population. The refurbishment included five new consulting and treatment rooms. Staff told us there had been many positive comments from patients about the improvement to the environment.The practice team had been expanded to include a clinical pharmacist, paramedic to undertake home visits and support the duty team, and a physiotherapist. The physiotherapist undertakes first line assessment without the need to see a GP beforehand. Staff worked to a protocol to | |

signpost appropriately to the physiotherapist. If a patient was visited at home by the paramedic and required admission to hospital this could be arranged at a reasonable time of day because the paramedic visits were undertaken during the morning.

- Since the last inspection the practice had commenced hosting a wellbeing worker from a local charity. This person offered advice and support to patients with mental health conditions. The role of this worker was soon to be expanded to include social prescribing.
- The lead GP was taking part in a leadership course and two practice nurses had completed leadership courses.
- One of the GP partners was allocated protected time to develop management and governance processes.
- A GP who had trained at the practice had been appointed to a salaried GP role.
- The GP trainer also provided mentoring for newly qualified GPs and salaried GPs.
- Whole staff team meetings were established to provide all staff the opportunity to share ideas and developments. These were held fortnightly. We saw evidence of this forum being used for training and development.

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: | |
| <ul style="list-style-type: none"> • The practice had a business plan that was reviewed each year. The plan had been updated to incorporate the expected expansion of the practice and close working with another local practice to develop a primary care network. For example, appointing a social prescriber to work with both practices. • The fortnightly team meetings provided an opportunity for staff to understand and make their | |

views known about the practice strategy.

- The patient 'online' group received information about practice strategy electronically and were encouraged to comment and contribute to developing the strategy.
- The practice monitored performance against strategy and patient feedback.
- The business plan incorporated the practice aim to recruit more GPs and diversify and upskill the workforce. We noted that two GPs had been appointed to join the practice. One in September 2019 and the second in December 2019.

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 |
| When people were affected by things that went wrong they were given an apology and informed of any resulting action. | Yes |
| The practice encouraged candour, openness and honesty. | Yes |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | Yes |
| The practice had access to a Freedom to Speak Up Guardian. | Yes |
| Staff had undertaken equality and diversity training. | Yes |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The performance management procedure was incorporated in the staff handbook. • New staff appointed were subject to a probationary period during which time they were given support and training to meet the performance standards expected within the practice. • The practice had installed a staff gym to encourage a healthy workforce. The practice encouraged staff to take part in the local 'park run'. • Staff had access to a manager at a neighbouring practice should they feel unable to raise a concern within the practice. The whistleblowing policy was comprehensive and had been updated in April 2019. | |

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

| Source | Feedback |
|------------------|---|
| Staff interviews | Staff said they found the fortnightly whole team meetings very useful in enabling them to be kept informed of practice developments. They also told us that this gave them an opportunity to share their ideas and concerns directly with the partners and senior management. |
| Staff interviews | Staff we spoke with gave us an example of leaders following up ideas on how to improve training and induction. The practice had a manual of tasks and how to complete them. Staff felt this could be improved and suggested a more comprehensive set of instructions. This was adopted by management and we saw the 'how to' manuals available at all staff workstations. This enabled staff to be better briefed in the practice procedures to offer a more consistent approach to |

patients.

Governance arrangements

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

| | Y/N/Partial |
|---|-------------|
| There were governance structures and systems which were regularly reviewed. | Yes |
| Staff were clear about their roles and responsibilities. | Yes |
| There were appropriate governance arrangements with third parties. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice held business meetings every week attended by the partners and senior managers. This gave opportunity to review governance arrangements. The business plan and strategy were also kept under review by this senior team.• The practice held responsibility for the care and treatment of patients registered at a local care home. Specific GPs undertook the visits to the care home to provide care and advice. The practice had introduced dedicated governance for management of the service to the care home. The governance meetings involved staff from the home, the GPs and staff from community services that supported residents living at the home. | |

Managing risks, issues and performance

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

| | Y/N/Partial |
|---|-------------|
| There were comprehensive assurance systems which were regularly reviewed and improved. | Yes |
| There were processes to manage performance. | Yes |
| There was a systematic programme of clinical and internal audit. | Yes |
| There were effective arrangements for identifying, managing and mitigating risks. | Yes |
| A major incident plan was in place. | Yes |
| Staff were trained in preparation for major incidents. | Yes |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none">• When considering developments, the practice assessed risk to provision of services. For example, when the building developments took place a full risk assessment was shared with staff.• An assessment of the likely impact of a growing local population was carried out during leadership | |

meetings and 'away days'. This led to planning the workforce expansion and wider ranging skill mix within the practice.

Appropriate and accurate information

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

| | Y/N/Partial |
|--|-------------|
| Staff used data to adjust and improve performance. | Yes |
| Performance information was used to hold staff and management to account. | Yes |
| Our inspection indicated that information was accurate, valid, reliable and timely. | Yes |
| There were effective arrangements for identifying, managing and mitigating risks. | Yes |
| Staff whose responsibilities included making statutory notifications understood what this entails. | Yes |

Explanation of any answers and additional evidence:

At our last inspection in October 2018 we found the practice systems in place to identify, manage and mitigate risks were not always operated effectively. The practice provided us with an action plan to implement a consistent approach to manage risk.

At this inspection we found the practice had addressed the previously identified inconsistencies. Including:

- Introducing a checklist of when equipment servicing was required and risk assessments needed updating.
- Fire-fighting equipment had been serviced and the next service date clearly identified.
- Staff immunisation records were updated and complete.
- Medicine fridges were secured in areas only staff could access and were locked. There were systems in place to manage the cold chain. Records of temperature monitoring were comprehensive and identified any reasons for an out of range temperature. Back up secondary thermometers had been installed.
- Prescription stationery was stored securely and tracked to point of use.

The practice used data to support governance and management of the service:

- The practice used prescribing benchmarking data to manage prescribing performance. The GPs had focused on meeting prescribing guidelines and this was the first year the practice had met all the local prescribing targets
- Further CCG benchmarking data was reviewed to monitor how the practice performed in providing enhanced services for patients.
- The local diabetes dashboard showed the practice in second place ranking for diabetes targets in the locality. The data was used to target improvements. For example, in the last year the practice performance had improved from 61% to 80% for completing the eight diabetes care processes.

The practice offered online services:

| | Y/N/Partial |
|---|-------------|
| The provider was registered as a data controller with the Information Commissioner's Office. | Yes |
| Patient records were held in line with guidance and requirements. | Yes |
| Any unusual access was identified and followed up. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had a new policy in place to enable proxy access to patient records. This was enabled by gaining formal consent from the patient and approval by their GP before a person acting on the patient's behalf could book appointments and order prescriptions for the patient. There were a series of controls in place to prevent any unauthorised access. | |

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 |
| The practice had an active Patient Participation Group. | Yes |
| Staff views were reflected in the planning and delivery of services. | Yes |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice responded to feedback about waiting times for the telephone to be answered. The telephone system was upgraded and call handling times monitored. This led to the practice operating flexible staff hours to ensure more staff were available to answer incoming telephone calls at busy times. Despite numerous, documented, attempts to encourage patients to form a patient group that met face to face the practice had been unsuccessful in forming such a group. Therefore, the practice formed an online group of interested patients who were encouraged to offer feedback to the practice. The group had 90 members and the practice kept them informed of developments and changes within the service. | |

Feedback from Patient Participation Group.

| Feedback |
|--|
| The practice consulted and sought patient views on significant changes. The online patient group had been appraised of staff changes within the practice. Further information was due to be shared with the group on the subjects of network working and the action plan from the GP national survey. Members of the online group contribute views for example how to structure patient surveys and analyse results. |

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. | Yes |
| Learning was shared effectively and used to make improvements. | Yes |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> To support the care of patients diagnosed with diabetes the health care assistant had been trained to carry out footcare checks. Clinical audit was used to improve outcomes for patients. There was an audit programme in place that resulted in 18 audits being undertaken in the last completed audit year (2018). Audits we saw showed improved outcomes. For example, a three cycle audit of patients diagnosed with diabetes | |

who had a low average blood glucose level that could result in a type of brain damage if not treated. The first audit found 18 patients requiring treatment to reduce the risk, by the second audit the number at risk had reduced to eight and the third audit showed a further reduction to seven. So far in 2019 the practice had undertaken a further nine audits.

- The outcomes of audits and quality improvement activities were shared with staff during the fortnightly whole team meetings.

Examples of continuous learning and improvement

- The practice had been successful in offering a placement to an overseas GP. This was a three year training programme with a view to the GP becoming skilled and qualified to remain working in the NHS.
- The practice operated a mentorship scheme for new GPs and other clinical staff.
- The practice had piloted offering walk in clinics on two days each week for patients requiring blood tests. This had proven so popular that this clinic was being increased to an hour each weekday.
- The paramedic and clinical pharmacist were undertaking training in how to support patients with a minor illness. Once qualified to offer a minor illness service this would enable the practice to offer more opportunities for urgent on the day appointments to be offered to patients.
- When the practice redesigned the premises they were able to locate the duty clinical team in the same area as the call handlers. This enabled the call handlers to pass any urgent calls, when they assessed a patient to be in need of prompt clinical advice, straight to the duty clinical team.
- There was evidence of whole team training including how to support people living with dementia and how the community emergency medical assessment team works.
- The specialist diabetes nurse working at the practice had commenced offering diabetes checks at home for those patients who found it difficult to attend the practice.

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) | ≤ -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.