

Care Quality Commission

Inspection Evidence Table

The Homewell.Curlew Practice (1-538930255)

Inspection date: 3 July 2019

Date of data download: 13 June 2019

Overall rating: Good

Well-led

Rating: Good

The rating has improved from a previous rating of Requires Improvement. At our inspection in June 2018 we rated Well Led as requires improvement because the practice did not have a system in place to record levels of safeguarding training received and did not have full oversight of all health and safety issues. In addition, we told the provider they should review the contents of the locum pack to include details on safeguarding processes. Continue to act on patient feedback, review how verbal consent was recorded and improve the update of cervical screening.

At this inspection we rated the practice as Good for Well Led because the practice had made the required improvements. These are recorded below in the evidence table.

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:	
Staff reported that leaders were visible and approachable. The partnership included an advanced nurse practitioner (ANP), with plans to include the newly recruited business manager in the partnership team. A reception supervisor had also been recently recruited to lead the reception team and this had led to greater job satisfaction for the reception team. In addition, revised structures had led to a greater capacity to support the clinical workforce.	
The leadership team had responded positively to the outcome of the last inspection and addressed all concerns raised. For example, during the inspection we saw that safeguarding levels were recorded appropriately for each member of staff in training records; safeguarding information was included in the locum pack; and the practice had been more responsive to patient feedback, ensuring it was reviewed monthly and changes were being introduced where appropriate.	

The practice had an ongoing dispute with NHS property services who owned the premises, and this had in part led to the gaps in assurances and risk assessments at our previous inspection. In response to this issue, the practice had carried out its own risk assessments undertaken by members of staff or external contractors. Every room in the practice's premises had been individually risk assessed for health and safety and an action log had been created to address the issues identified such as cables across the floor or unsuitable flooring. Proposed completion dates and responsibilities had been assigned. The action log was being actively monitored to ensure actions were completed within an appropriate timescale. For example, the practice had completed its own fire risk assessment and taken necessary actions, such as arranging fire warden training for four additional members of staff.

The practice's partnership plan took into account planned retirements and the leadership team were actively working to recruit GPs to their team.

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:

The practice had a mission statement which all staff were aware of. They said they knew their role in delivering the vision and values and felt supported to do this. The practice had developed a set of goals through joint meetings with staff. These included improved use of IT solutions, improving appointment access and meeting the demand for home visits, releasing administrative staff to support clinical capacity and focussing on the reduction in avoidable GP consultations.

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: The practice held monthly significant event meetings. The practice had worked hard to ensure they functioned in a 'no-blame' culture, to ensure all staff felt comfortable discussing the details of significant events.	

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

Source	Feedback
Feedback from staff	Staff told us the practice had a friendly atmosphere and they felt supported both by management and by other teams. They told us they had annual appraisals and monthly meetings and would feel confident raising a concern if they had one. Staff felt the practice was run well and everyone knew their role and who to go to. They felt valued in their roles.

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
<p>Explanation of any answers and additional evidence:</p> <p>There were clear leadership and governance structures in place which had recently been reviewed for more efficient working. The practice had restructured the management team creating administrative manager and operations manager roles. Staff reported this was working well. The practice partners met weekly, and, in addition, there were monthly significant events, clinical, practice, administrative, multidisciplinary (MDT) and gold service framework (GSF) meetings.</p> <p>The provider had an improved awareness in relation to safeguarding training and it's recording and had also taken responsibility for the safety of the premises.</p>	

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.	Y
There were processes to manage performance.	Y
There was a systematic 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
<p>Explanation of any answers and additional evidence:</p> <p>New systems were in place for managing the risks in relation to health and safety.</p> <p>The practice recognised they had lower levels of cervical screening and had formed a committee to work on improving the uptake. An action plan had been formulated and one GP had approached the local council with a view to promoting uptake on a wider basis under the banner of a Healthy Havant marketing exercise.</p> <p>The practice used a screening tool to identify high risk patients such as those with complex needs, so their needs could be addressed.</p> <p>Patients at risk of developing diabetes were identified and referred to the National Diabetes Prevention Program. Newly diagnosed diabetic patients were referred to an educational program and subsequently invited to take part in group education and support sessions at the practice.</p>	

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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice had carried out data cleansing exercises, using data searches to identify anomalies, for example to identify patients prescribed medicines without an appropriate diagnosis on the system. The practice employed a community matron who visited learning disability homes in the area to improve the uptake of learning disability reviews for patients.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

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
The practice had an active Patient Participation Group.	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: The practice responded to patient feedback by installing a new telephone system to improve telephone access for patients. The system displayed numbers of patients waiting on the line to help staff manage the call volume better. The practice held regular meetings to engage with staff as a whole and with separate staffing groups. Staff said they felt listened to and that the recent management restructuring had been positive. The practice was working hard to meet its main challenges of workforce recruitment and improving	

access for patients.

Feedback from Patient Participation Group.

Feedback

During the inspection we spoke with a representative from the PPG. They told us the PPG had been active in recruiting more members. GPs from the practice attended upon request and the practice manager always attended. The PPG had requested changes to the practice's website to meet patient needs and these had been made.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The practice had worked on the productive general practice quick start programme. This was created to explore current processes and challenge them in an open and honest format. As a result, the practice had worked on streamlining the e-consult process for patients. This had resulted in a saving of 20 minutes per e-consult. Software also allowed the practice to monitor how many GP appointments had been saved by patients not needing an a face to face appointment as a result of using the e-consult or the patient being re-directed to another service. For the week beginning 8 July 2019 the practice saved 11.4 GP face to face appointments. The practice was also using the productive general practice quick start program to review how diabetes was managed in the practice.

The practice had recently recruited a clinical pharmacist prescriber to support its medicines management programme. We were told this would freed up GPs' clinical time to undertake more patient consultations.

The practice had identified it had a higher number of nursing homes in its catchment area than other local practices in the locality. It was working with the other practices to ensure nursing home care was allocated fairly, to enable a more focussed approach for each home and improved care for patients.

The practice had taken part in a local clinical commissioning group programme to address the high need for home visits in the area. The practice had access to paramedics who undertook a large proportion of these visits where appropriate, and this had been successful both in terms of patient care and improving access to GP.

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.