

# Care Quality Commission

## Inspection Evidence Table

### Maylands Health Care (1-552900837)

Inspection date: 22 July 2019

Date of data download: 17 July 2019

## Overall rating: add overall rating here

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

## Safe

**Rating: Good**

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
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.	Partial
Explanation of any answers and additional evidence	
<ul style="list-style-type: none"><li>Staff had updated the safeguarding adults and children's policies in September 2018.</li><li>The practice had a safeguarding lead for both adults and children.</li><li>The practice had implemented a failsafe system to safeguard children and respond to children who did not attend appointments.</li></ul>	

<b>Safeguarding</b>	<b>Y/N/Partial</b>
<ul style="list-style-type: none"> <li>The PPG sometimes worked within the practice, on the day of the inspection the practice manager agreed ensure that DBS were carried out where it included patient contact.</li> <li>Most non-clinical staff had completed their safeguarding level one training.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The assistant practice manager had developed a system to manage the recruitment procedure and ensure all necessary documents were updated.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: February 2019	Y
There was a record of equipment calibration. Date of last calibration: 2 May 2019	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: 1 November 2018	Y
There was a log of fire drills. Date of last drill: 29 January 2019	Y
There was a record of fire alarm checks. Date of last check: 19 July 2019	Y
There was a record of fire training for staff. Date of last training: Staff completed annual training online, at the time of the inspection all but one had completed the training.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 5 May 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice carried out a monthly premises check and responded to any issues. However, staff had not dated some of the actions, to show how quickly they had responded.</li> <li>The practice most recent legionella risk assessment was on the 28 June 2019. Staff had completed the recommendations of the previous legionella risk assessment on the 5 May 2018.</li> </ul>	

## 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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 7 December 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had implemented a system to ensure a consistent approach by staff to infection control. Cleaners followed a daily cleaning schedule and staff took responsibility for ensuring and recording that they had carried out the necessary infection prevention and control checks.</li> <li>Most staff had completed their infection prevention and control training. The exception was two non-clinical and one clinical members of staff.</li> </ul>	

## 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.	Partial
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
The practice was equipped to deal with medical emergencies (including suspected sepsis)	Y

and staff were suitably trained in emergency procedures.	
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.	Y
There was a process in the practice for urgent clinical review of such patients.	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: <ul style="list-style-type: none"> <li>We observed the number of staff allocated to make patient appointments between 4pm and 6pm did not meet the demand made by patients.</li> <li>Non-clinical staff were aware of sepsis and some had completed training</li> </ul>	

### 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 and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We reviewed 30 patient records and found staff had the information they needed to deliver safe care and treatment.</li> <li>Staff had ensured 98% of patient's notes were summarised to enable other services to promptly identify the patient's diagnosis and any issues or concerns.</li> <li>The practice had a system in place to effectively manage patients records, that enabled the GPs and other services to easily identify any issues, recall patients to ensure they received treatment and provided patients with informed care and treatment.</li> </ul>	

## 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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.91	0.81	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	11.1%	9.9%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.23	6.38	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.26	1.92	2.07	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	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
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
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> <ul style="list-style-type: none"> <li>The practice had implemented a safe system to ensure the security of blank prescriptions.</li> <li>The practice had put a system in place to ensure the medical oxygen and the defibrillator were checked regularly.</li> <li>The practice did not have a risk assessment for the not including an analgesia (Diclofenac) or frusemide or bumetanide to treat heart failure in the emergency drugs.</li> <li>The practice had employed a pharmacist. This had resulted in:-</li> <li>The practice now works with the on-site pharmacy and had developed a two-stickers system which were placed as a failsafe on medicines that require regular review in the form of a blood test. The sticker system was recommended for adoption across all pharmacies. To date the Practice has used approximately 1000 stickers.</li> </ul>	

## 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:	8
Number of events that required action:	7
Explanation of any answers and additional evidence: Staff had reviewed the significant event policy and procedure on 22 June 2019.	

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

Event	Specific action taken
<ul style="list-style-type: none"> <li>A patient's referral to secondary care was recorded in the wrong patient notes and a letter was sent out to the wrong patient.</li> </ul>	<ul style="list-style-type: none"> <li>The correct referral was made and the staff apologised to the patients discussed the event and were made aware to be more vigilant when making referrals.</li> </ul>
<ul style="list-style-type: none"> <li>An urgent referral of a patient was not carried out because the locum GP failed to inform the administration staff.</li> </ul>	<ul style="list-style-type: none"> <li>Once identified an appointment was immediately made for the patient. In addition, GPs and locums were reminded of the process for referring patients.</li> </ul>

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The clinical pharmacist was responsible for responding to safety alerts and identifying any affected patients.</li> </ul>	



## 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence <ul style="list-style-type: none"> <li>The practice provided online appointments, and prescriptions only.</li> <li>The practice also used an advice and guidance system, that allowed the practice to obtain information and guidance from consultant colleagues within five days. For the month of June 72 patients were given advice and guidance which prevented patients attending hospital for a second opinion.</li> </ul>	

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) (01/04/2018 to 31/03/2019) (NHSBSA)	0.42	0.72	0.77	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Patients over the age of sixty-five who are on ten or more medications had regular medication</li> </ul>



reviews. The reviews included how the patient managed their medication, the patient's ability to take their medications on time, whether continuation of the medicine and dosage was appropriate.

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had participated in a quality improvement project centred around personal development. An outcome of the project was during a search of the patient computer records it was identified the practice had 60 patients who were on 20 or more medications. In response 20 of these patients had a face to face medication review performed by the practice clinical pharmacist as well as having their clinical notes reviewed by a GP. This resulted in withdrawing 25 medicines.
- The practice was involved in a quality improvement pilot scheme regarding Osteoporosis. This had resulted in identifying that 67% of patients aged fifty or over who had sustained a fragility fracture.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. For example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Two hundred and thirty patients were referred to the NHS Diabetes Prevention Programme. The programme assists patients to manage their conditions more effectively.
- The practice took part in the local improvement scheme and one GP was completing modules of the CDEP (Cambridge Diabetes Education Programme). The CDEP is a 30 hour competency based online diabetes learning tool which supports all levels of healthcare practitioners in demonstrating their diabetes knowledge and skills relevant to their role.
- A GP had attended a MERIT course (Meeting Educational Requirements Improving Treatments) for diabetes management.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex issues.

Diabetes Indicators	Practice	average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.3%	72.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.4% (98)	12.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure	79.4%	79.9%	77.7%	No statistical variation

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.8% (83)	8.6%	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>	76.5%	73.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.5% (127)	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>	96.9%	76.4%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	26.1% (196)	5.1%	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>	99.2%	91.4%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	17.9% (56)	8.8%	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>	78.9%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.0% (25)	3.5%	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>	75.7%	86.0%	90.0%	Variation (negative)
Exception rate (number of exceptions).	5.5% (16)	6.4%	6.7%	N/A

### Any additional evidence or comments

- The practice provided unpublished data to demonstrate that for 2018 to 2019 the exception rate for asthma had decreased from 26% to 8%, and for COPD had decreased from 17.9% to 9%.
- The practice QOF performance for patients with atrial fibrillation was below averages. The practice provided unpublished data for 2018 to 2019 that demonstrated that the practice had met an average of over 90%.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- 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.
- Young people could access services for sexual health and contraception and were referred to local clinics.
- A GP at the practice had attended an asthma awareness course and was the asthma lead.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	132	138	95.7%	Met 95% WHO based target
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)	165	179	92.2%	Met 90% minimum
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)	166	179	92.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles,	164	179	91.6%	Met 90% minimum

mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>				
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

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## Working age people (including those recently retired and students)

Population group rating: **Good**

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>	76.6%	72.8%	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) <small>(PHE)</small>	76.9%	74.1%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) <small>(PHE)</small>	59.0%	53.0%	54.4%	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) <small>(PHE)</small>	84.8%	73.1%	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) <small>(PHE)</small>	65.1%	59.8%	51.9%	No statistical variation

### Any additional evidence or comments

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## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice reviewed young patients at local residential homes.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- 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.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	89.6%	94.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.0% (2)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.6%	94.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.0% (3)	7.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.6%	81.9%	83.0%	No statistical variation

Exception rate (number of exceptions).	2.4% (3)	3.9%	6.6%	N/A
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#### Any additional evidence or comments

### 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)	540.8	528.3	537.5
Overall QOF score (as a percentage of maximum)	96.7%	94.5%	96.2%
Overall QOF exception reporting (all domains)	5.8%	5.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

#### Any additional evidence or comments

- The practice provided unpublished data to show that for 2018 to 2019 the practice had achieved 539 points out of a maximum of 559 points.
- The practice had carried out audits in regards to:-
- Osteoporosis
- Dual Antiplatelet Therapy in 2017 and 2019
- Antimicrobial medication audits to check for consistent and appropriate prescribing.

### 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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>At the time of the inspection the provider did not have a training matrix in place to help ensure that staff had completed the necessary training. This was completed and submitted to CQC immediately following the inspection.</li> <li>The provider offered mentoring and support to the advanced medical practitioners, however they did not carry out formal reviews of the work on a regular basis. Following the inspection the practice commenced formal patient notes reviews and submitted details of the first review.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
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.	N/A
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives



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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice employed a patient liaison officer whose role included signposting patient to external providers of support services. For example, talking therapies, and voluntary sector organisations.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England .comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.8%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (30)	0.6%	0.8%	N/A

## Any additional evidence or comments

## 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
Policies for any online services offered were in line with national guidance.	Y

Explanation of any answers and additional evidence:

- The practice no longer carried out minor surgery, however consent was obtained for immunisations etc

## 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
Staff displayed understanding and a non-judgemental attitude towards 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:	

CQC comments cards	
Total comments cards received.	30
Number of CQC comments received which were positive about the service.	23
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC patient comment cards	The majority of the cards were positive about the care and treatment patients had received from the practice. The mixed and negative responses were concerning the wait to access the service by telephone.
Friends and Family	The practice monitored the friends and family survey. This demonstrated that 81% of patients survey were likely or extremely likely to recommend the practice.
NHS Choices	The practice overall score was three point five, the main reason patients made a negative comment was regarding the appointment system.

### 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
14673	283	114	40.3%	0.78%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	85.3%	85.5%	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)	85.6%	83.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.4%	94.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.7%	80.7%	83.8%	No statistical variation

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

### 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
Explanation of any answers and additional evidence:	

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
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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)	94.5%	91.7%	93.5%	No statistical variation

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	206 patients who were identified as carers. This was 1.4% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>The practice maintains a Carer's register.</li> <li>Havering Carers' Support Worker visited the surgery on the last Friday of each month to provide general and tailored support.</li> <li>Staff and clinicians refer patients and their carers to support workers where needed and appropriate.</li> <li>Carer's hub leaflet and booklet available on site and at the practice's website.</li> <li>Carers are invited for annual influenza vaccinations.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>Staff contacted patients and where appropriate or offered a patient consultation at a flexible time and location to meet the family's needs was offered.</li> <li>Patients were given advice on how to find a support service.</li> </ul>

## Privacy and dignity

**The practice respected / did not always respect patients' privacy and dignity.**

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We observed the practice had created as much distance as practicable between the reception counter away from seating in the waiting area.</li> </ul>	

## Responsive

## Rating: Requires Improvement

**The practice was rated as requires improvement for providing effective services because:**

- We found the practice had made improvements and increased the number of available appointments following the inspection on the 14 November 2018. However, the system for contacting the practice by telephone to make an appointment restricted patients access to the practice.
- This has impacted all population groups and so we have rated all population groups as requires improvement.

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs, however they did not always fully meet patients' needs.**

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<b>Explanation of any answers and additional evidence</b> <ul style="list-style-type: none"> <li>• The practice had appointments held back for urgent appointment that were booked for the same day.</li> <li>• The practice enabled patients to book appointments on line and explained 25% of appointments were now booked on line.</li> <li>• Staff had completed assessable information standards training.</li> </ul>	

Practice Opening Times	
Monday	8am to 8pm
Tuesday	8am to 6pm
Wednesday	8am to 8pm
Thursday	8am to 6pm
Friday	8am to 6pm
The practice does not open on a weekend.	
GP Appointment times	
Monday. (Six GPs on duty)	All GPs work from 8:30am to 11:20am and two or three do the late shift 6pm to 7:50pm.
Tuesday –(Four GPs on duty all day)	8:30am to 11:20am and 1:50pm to 5:50pm.
Wednesday - (Six GPs on duty)	All GPs work from 8:30am to 11:20am and two or



	three do the late shift 6pm to 7:50pm.
Thursday – (Four GPs on duty all day)	8:30am to 11:20am and 1:50pm to 5:50pm.
Friday –(Four GPs on duty all day)	8:30am to 11:20am and 1:50pm to 5:50pm.
<b>Practice nurse</b> availability.(Three practice nurses work at the practice)	8:30am to 11:50pm and 13:30pm to 5:50 pm.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14673	283	114	40.3%	0.78%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.3%	94.2%	94.8%	No statistical variation

#### Any additional evidence or comments

- Following the inspection the practice informed CQC that the practice had brought on board an Advanced Clinical Practitioner who carried out regular home visits and a clinical pharmacist who carried out medication reviews for patients who are taking multiple types of medications.

## Older people

## Population group rating: Require Improvement

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice provided primary care services and a weekly visit to a local care home for older people living with dementia and nursing care needs.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients via local pharmacists.
- The practice had reviewed 1,656, older people's medication in 2018 to 2019.
- The practice had a liaison officer, who acted as a social prescriber and was aware of local groups etc.
- Older patients had a named GP regardless of whether they are living in their home, a care home or a supported living scheme.
- To improve access for older patients the front door the practice has been changed to an electronic push button in addition to improving the seating and flooring to reduce the risk of any falls.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- The practice had a failsafe system in place to ensure patients with long-term conditions had medical reviews, where patients were contacted and offered appointments. This meant the difficulty in accessing the service by telephone would have been limited
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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: Requires Improvement

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- Out of hours appointments were offered on a Monday and Wednesday, this would have prevented children from missing school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice endeavoured to offer parents and guardians who had concerns regarding a child under the age of eighteen a same day appointment when necessary.
- The clinical doors located in the practice have been installed with protectors to prevent any children having their fingers trapped.

## Working age people (including those recently retired and students)

## Population group rating: Requires Improvement

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- The practice used a texting system which was incorporated into the medical records, this allowed the practice to inform patients their blood results, further actions and as a reminder, ensuring the data is captured in the medical records. This had resulted in a reduction of patients requiring ringing the practice for blood result. For the month of June 72 patients h given advice and guidance which has prevented t having them from attending hospital to get a second opinion

- The practice also extended access appointments on Monday and Wednesday evenings.
- Patients were able to book appointments and prescriptions on line. Twenty five per cent of patients made online appointments.
- Patients had access to an out of hours GP service which offered appointments at local GPs from Monday Friday 6:30pm to 10:00pm and Saturday and Sunday 8:00am to 6:00pm

## People whose circumstances make them vulnerable

## Population group rating: Requires Improvement

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice had 80 patients on the learning disability register.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

## Population group rating: Requires Improvement.

### Findings

The overall rating for responsive has on impacted all population groups and so we have rated all population groups as requires improvement.

- 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 within the area and signposted their patients to these accordingly.

## Timely access to the service

## People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Although, the practice prioritised patients for appointments, the telephone lines did not always enable patient prompt access to make an appointment.</li> </ul>	

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)	28.0%	N/A	70.3%	Significant Variation (negative)
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)	40.8%	64.5%	68.6%	Variation (negative)
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)	57.8%	62.2%	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)	56.7%	70.0%	74.4%	Tending towards variation (negative)

#### Any additional evidence or comments

The published GP survey 01 January 2019 to 31 March 2019 for the indicators above did not show improvements. Two hundred and ninety-five surveys were sent out and 121 were completed. For example:

- 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 29%, which was significantly lower than the CCG average of 64%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had improved slightly to 48% but was lower than the CCG average of 60%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had reduced to 48%. The CCG average was 60%.
- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered was lower at 50%. The CCG average was 68%.

At the inspection of 14 November 2018 in response to the GP survey 2018, the provider had made improvements. Such as appoint an advanced clinical practitioner, recruit a new GP and extended the practice hours, reviewed the telephone system, and stopped carrying out surgical procedures to facilitate more GP appointments. This had impacted positively on the practice, however, we found the practice did

not have a system in place that enabled patients to make appointments easily. Areas where the present system would have restricted access were: -

- On the day of the inspection we found that patients could only book appointments between 8am and 10am and 4pm and 6pm. If a patient called at any other time they would be asked to call back.
- The practice did not have any direct lines for booking patient appointments. Telephone calls would go into a general waiting system.
- In a morning the practice had two staff answering the telephone calls for appointments and one in an afternoon when demand would have been high.
- The inability to access the practice by telephone meant patients would come into the practice to queue for an appointment. Staff reported patients queuing on a morning at 8am. On the day of the inspection at 4pm there were approximately eight patients queuing, there was only one receptionist working at reception to respond to the queue.
- The present system meant that cancellations on the day were not always filled.

Following the inspection, the practice has agreed that the practice will review the telephone lines and employ extra reception staff to allow the appointment system to open all day. In addition, the reception staff to have further signpost' training, enabling patients to see the other clinical staff when the GPs are fully booked.

In response to patient consultations the practice had increased the number of appointments telephone consultations. In addition, offering appointments online appointments, approximately 25%.

The practice all offered appointments for NHS 111 referrals.

Home visits were arranged by the reception staff for the GP. The staff explained most were carried out by the advanced nurse practitioner.

The reception staff had guidance to ensure patients were seen within the advanced medical practitioners' competency. For example, they did not see children or maternity patients.

The practice used a texting system which was incorporated into the medical records, this allowed the practice to inform patients of their blood results, any further actions and acted as a reminder, it also ensured the data was captured in the medical records. This had resulted in a reduction of patients calling the practice for blood results.

Source	Feedback
For example, NHS Choices	The practice overall score was three point five, the main reason patients made a negative comment was regarding the appointment system.
CQC comment cards	The majority of the cards were positive about the care and treatment patients had received from the practice. However, the seven mixed and negative responses were concerning the wait to access the service by telephone.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care. However, the complaints system was not always effective.**

Complaints	
Number of complaints received in the last year.	16
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We reviewed the complaints policy dated 14 February 2019 and found it did not contain current up to date guidance. Following the inspection, the practice submitted an up to date policy.</li> <li>We reviewed three complaints and found that they had not been responded to promptly and the member of staff the patient had complained about was the same who responded to the complaint. This would not have encouraged a transparent and unjudgmental response. Patients were not referred to the ombudsman in the response practices response letter.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> <li>Patient complained about a error in the medical records.</li> </ul>	<ul style="list-style-type: none"> <li>The practice responded to the patient and apologised. They explained it had been incorrect recorded on the patient records system. Staff were provided with extra training on the system</li> </ul>

## 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: <ul style="list-style-type: none"> <li>There was a leadership and management structure in place.</li> <li>The practice had employed a new practice manager who commenced employment one month</li> </ul>	

prior to the inspection.

- The GPs played active roles in the local Care Commissioning Group, the local Federation and their local primary care network.

## 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.	Not inspected
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice followed an ethos of upskilling and education influencing the quality of care afforded to all patient groups.</li> <li>• Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice.</li> <li>• The business continuity plan was last reviewed in June 2019</li> </ul>	

## 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.	Not inspected



Staff had undertaken equality and diversity training.	Not inspected
Explanation of any answers and additional evidence:	

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

Source	Feedback
<ul style="list-style-type: none"> <li>Staff</li> </ul>	<ul style="list-style-type: none"> <li>Staff felt it was a friendly, professional and happy place to work. They said that the managers and GPs were very supportive.</li> </ul>

### 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: <ul style="list-style-type: none"> <li>The practice had allocated specific leads for clinical areas.</li> </ul>	

### 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
Explanation of any answers and additional evidence:	

### 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:	

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
Explanation of any answers and additional evidence:	

## 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: <ul style="list-style-type: none"> <li>• The practice had regular clinical meetings practice meetings.</li> <li>• The receptionists met once a month.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>• The practice had a very active patient participation group. The group had 25 members and met every two months. The meetings were also attended by a member of staff from the practice. The PPG said that the practice listened and responded to their concerns and felt able to ask questions. They confirmed that the practice had increased clinical staff in response to the concerns of access. Over the last four years the PPG have taken part in a number of projects, such as monitoring patients' blood pressures, diabetic screening and patient surveys.</li> </ul>

Any additional evidence
<ul style="list-style-type: none"> <li>• The practice monitored the friends and family survey. This demonstrated that 81% of patients survey were likely or extremely likely to recommend the practice.</li> </ul>

## Continuous improvement and innovation

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

S	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: The practice used speech recognition technology so GPs could dictate letters. This speeded up referrals and freed up of GPs time to see patients	

## Examples

- In the last twelve months the practice had overseen the training of two practice nurses who have now qualified as nurse prescribers in chronic disease management, offering patient's choice of which clinician a patient would like to be seen by.
- The practice had developed the patient liaison officer role that signposted patient to external providers of support and services.
- Following the inspection, the practice informed CQC that they were looking at new ways and means to improve responsiveness for patients, as with a large practice achieving a balance of delivering a high standard of care combined with an improved response time is an objective.
- The practice planned to achieve. This by: -
  - Incorporating the use of technology
  - Potentially recruiting a paramedic into the workforce.
  - The practice shall be installing more telephone lines to meet patient demand. The number of telephone lines will be installed with a view to manage all patient groups.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.