

# Care Quality Commission

## Inspection Evidence Table

**Dr Alan M Champion (1-487309808)**

**Inspection date: 18 September 2019**

**Date of data download: 06 August 2019**

## Overall rating: Good

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

### Safe

### Rating: Good

At the previous inspection 26 June 2018, we rated the practice as requires improvement for safe because non-clinical staff were not clear on the process for reporting significant events and there were some gaps in files for recruitment and monitoring. The most recently available published data from NHS Business Service Authority showed that the practice's prescribing for certain antibiotics was almost double the national average. The practice was not consistently using alerts to identify adults who may be safeguarding risks.

At this inspection 01 October 2019, the practice is rated as good because the practice had addressed all concerns from the previous inspection.

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><b>Previous CQC inspection 26 June 2018</b></p> <ul style="list-style-type: none"> <li>One clinical member of staff discussed two vulnerable patients and we saw evidence of information appropriate response to the concerns. However, the service did not have alerts on the system to highlight these potential vulnerabilities.</li> </ul> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>We spoke with two clinical staff members, we saw evidence that there was a system in place to highlight vulnerable patients and there was a register in use. We saw multidisciplinary team meeting minutes that documented discussions about children at risk.</li> <li>Non-clinical staff members spoken to were able to outline what would constitute a safeguarding concern.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><b>Previous CQC inspection 26 June 2018</b></p> <ul style="list-style-type: none"> <li>No references had been taken for the locum GP or nurse and there was no effective system in place for the practice to ensure these checks had been completed. These members of staff were taken on prior to the new practice manager being appointed.</li> </ul> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>At this inspection we reviewed four staff files (The newest recruited members of staff who had joined the practice), all staff files had evidence of all other necessary checks having been carried out including references.</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: December 2018	Yes
There was a record of equipment calibration. Date of last calibration: November 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: October 2018	Yes
There was a log of fire drills. Date of last drill: January 2019	Yes
There was a record of fire alarm checks. Date of last check: September 2019	Yes
There was a record of fire training for staff. Date of last training: May 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Yes
Explanation of any answers and additional evidence:	

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<b>Previous CQC inspection 26 June 2018</b> <ul style="list-style-type: none"><li>At the last inspection the latest audit including replacing the sinks which were not meeting current infection control guidelines. The practice had acted to reduce infection control risks. For example, the flooring in some of the consulting and treatment rooms had been replaced and was now in line with guidelines.</li><li>One member of non-clinical staff did not know who the practice infection control lead was.</li></ul>	
<b>CQC inspection 18 September 2019</b> <ul style="list-style-type: none"><li>At this inspection all flooring in clinical rooms had been replaced. The practice had an audit undertaken by NHSE, and were found to be compliant. The practice informed us they had requested NHSE to do another audit, they were told due to them being compliant there was no need for NHSE to return.</li><li>We saw the cleaner's cupboard has been relocated, we saw cleaning schedules displayed on the cupboard and were signed.</li><li>Staff were able to outline precautions taken when handling specimens. Clinical waste was segregated appropriately.</li><li>All staff spoken to knew who the infection control lead was.</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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><b>Previous CQC inspection 26 June 2018</b></p> <ul style="list-style-type: none"> <li>At the last inspection one member of non-clinical staff we spoke with was unable to tell us where the practice's emergency medicines were kept. Not all staff were aware of the location of the practice's paediatric pulse oximeter.</li> </ul> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>We were told of situations when staff identified serious illness in patients so they were able to receive appropriate treatment</li> <li>We spoke with two non-clinical staff members they were able to tell us where the practice's emergency medicines were kept. We also saw in all clinical rooms and the reception area there was a poster detailing where all emergency medicine and equipment were kept, we were told this had been implemented since the last inspection.</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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>We saw that staff kept a log of all two-week referrals and updated the referral log.</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)	0.57	0.57	0.88	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	7.5%	7.0%	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)	5.64	5.18	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)	0.95	1.50	2.07	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>At this inspection we found that four patients did not have blood test prior to the issue of prescriptions. We raised this with the practice they explained that they had undertaken risk assessments for these four patients and said stopping their medicines would have caused more harm. The practice informed us they had a process in place where they would contact patients via text as well as phoning them, they would leave a voice message if they were unable to speak to the patient. If the patient then failed to go for a blood test, they would undertake a risk assessment weighing up the risk of stopping medication against the risk of continuing without a blood test. Depending on the level of risk the practice would either stop prescribing, reduce the quantity or medicines prescribed, adding an alert to the patients record and prescription whilst continuing to contact the patient. The practice informed us this would all be documented on the patients record.</li> <li>Shortly after the inspection the practice provided us with evidence to show that these four patients had bloods test done and the information had been updated on the patient management system.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	30
Number of events that required action:	30
Explanation of any answers and additional evidence:	
<p><b>Previous CQC inspection 26 June 2018</b></p> <ul style="list-style-type: none"> <li>Significant events, non- clinical staff on reception didn't know how to correctly document concerns.</li> </ul> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>At this inspection the practice informed us they worked with the CCG and from July 2018 they implemented using a new quality safety tracker system, this system was used to track all incidents, complaints, significant events, and safety alerts in one place. All staff spoken to knew how to correctly record and document significant events. Staff informed us since the last inspection they had implemented a new significant event recording form, they had updated their policy and all staff we spoke with were aware of the new process.</li> </ul>	

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

Event	Specific action taken
Practice Manager found receptionist alone at 6:20pm in reception..	Discussed with the team, policy on number of people available whilst the practice still has patients present was discussed. As a team the practice looked at the risk attached to a lone staff member covering reception whilst patients are still on the premises.
Patient attended the practice, patient prescribed wrong dose of medicine, wrong type of equipment although both were on a repeat prescription list.	Discussed at staff meeting, patients on numerous prescriptions and with equipment should be issued as a brand. If the medicine is not easily noted then this should be left for the GP to check and issue. Clinicians are to remove the old repeats. Any change in medication dosage-clinician to delete old dosage.
Patient came to collect prescription. Receptionist found prescription in the box	Discussed with the team, controlled drug prescription handling policy was also discussed.

and realised patients details were not entered into the controlled drug book	
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw examples of actions taken on recent alerts for example, regarding Carbimazole. We also saw that all safety alerts were recorded on the quality safety tracker system.</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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

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) <small>(NHSBSA)</small>	0.57	0.36	0.77	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- 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.

## 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. (No cases recently).
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.9%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	1.2% (2)	7.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	93.3%	76.7%	77.7%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	6.9%	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>	87.0%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.5% (9)	8.0%	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>	74.7%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.5% (11)	2.1%	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>	88.3%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.2% (2)	5.7%	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) (QOF)	83.7%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (6)	3.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	88.9%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	6.3%	6.7%	N/A

## 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 contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2018 to 31/03/2019) (NHS England)	53	59	89.8%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	56	62	90.3%	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) (01/04/2018 to 31/03/2019) (NHS England)	57	62	91.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	56	62	90.3%	Met 90% minimum

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
<ul style="list-style-type: none"> <li>The practice provided us with unverified data which showed child immunisation uptake rate had improved and they had now immunised all children aged 1 and met 100%. The practice informed us they wrote to patients, sent text reminders and called patients to attend.</li> </ul>

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

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>Patients had access to appropriate health assessments and checks including NHS checks for</li> </ul>



patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	57.4%	66.0%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	59.4%	60.8%	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) (PHE)	53.2%	40.5%	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) (PHE)	71.4%	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) (PHE)	57.1%	53.6%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice provided us with unverified data which showed the percentage of women eligible for cervical cancer screening at a given point in time who were screened had improved. The practice informed us they wrote to patients, sent text reminders and called patients to attend. The practice provided unverified data showing 82%

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**People whose circumstances make them vulnerable**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• Same day appointments and longer appointments were offered when required.</li> <li>• All patients with a learning disability were offered an annual health check.</li> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>• The practice demonstrated that they had a system to identify people who misused substances.</li> </ul>

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

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Same day and longer appointments were offered when required.</li> <li>• There was a system for following up patients who failed to attend for administration of long-term medication.</li> <li>• 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.</li> <li>• 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.</li> <li>• Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.2%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.2%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	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) <small>(QOF)</small>	88.9%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.2%	6.6%	N/A
Additional evidence or comments:				
<ul style="list-style-type: none"><li>We reviewed six records with care plans, we found that although the practice was recording information, it was not always recording formally in a care plan. Three out of the six records reviewed we identified that a template was not used. When we raised this with the practice they informed us that care plans were used for complex patients and free text was often used for patients with less complex needs as more information could be captured.</li></ul>				

## 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)	551.5	539.2	537.5
Overall QOF score (as a percentage of maximum)	98.7%	96.5%	96.2%
Overall QOF exception reporting (all domains)	2.7%	4.4%	5.8%

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

Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	No

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

We saw an audit looking at Broad Spectrum Antibiotics (BSA) prescribing antibiotics. This audit looked at the amount of prescribed at the practice compared to the CCG targets. In the first cycle out of 35 prescriptions for BSA, 20 followed local/national guidance 12 were outside guideline and 3 there was no previous guidance covering specific scenario. After the audit the practice reviewed and discussed the outcomes. In the second audit 35 prescriptions were issued, 22 followed guidelines, 11 were outside of target, 2 there were no obvious parallel.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice was commissioned by NHS England to provide a service for patients whose needs challenged GP practices called "Southwark Restart" the practice offered support to these patients.</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>	97.0%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (4)	0.5%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	No
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice informed us no procedures were done where consent was needed.</li><li>• Staff were aware of consent legislation and guidelines and had received training on the mental capacity act.</li></ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	The comment cards received were all positive. Patients said they felt staff were caring, friendly and helpful. They said reception staff were polite and helpful. They described examples where they were listened to and treated with respect, dignity and kindness, other comments included that the service provided was excellent and staff were understanding.
Patient interviews and Patient group.	We spoke with two members of the Patient Participation Group who told us the practice worked with and supported patients and their families to achieve the best outcome for patients, they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened, and the doctors were very caring and supportive and responsive to their needs. The members said the practice always kept them informed of how things were progressing. We spoke with five patients in total, they all gave testimonies of where they felt clinical staff went beyond their call of duty, they gave examples of where clinical staff supported them in their times of needs such as recovering from the loss of a relative, to recovering from an illness.
Friends and Family Test	The practice had reviewed Friends and Family Test results, the most results the practice provided us with were for February and March 2019  February 2019



	<p>42 patients were extremely likely ,15 were likely to recommend, 1 neither likely or unlikely recommend, 1 unlikely.</p> <p>March 2019</p> <p>39 patients were extremely likely to recommend, 16 likely, 2 neither likely or unlikely recommend, and 1 unlikely.</p>
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## 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
6450	461	100	21.7%	1.55%

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 (01/01/2019 to 31/03/2019)	84.8%	87.0%	88.9%	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 (01/01/2019 to 31/03/2019)	84.5%	83.6%	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 (01/01/2019 to 31/03/2019)	93.8%	94.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	75.1%	79.3%	82.9%	No statistical variation

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

### Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	85.9%	90.8%	93.4%	Tending towards variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• In 2018 the practice set up a support group initially for patients who had a breast cancer diagnosis, this was set up as a result of speaking with patients and them expressing the need to have local and direct support to assist them to move on with life after cancer treatment.</li> <li>• The practice had regular (once a month) meetings with these patients where the patients could talk about any issue they like to share and discuss, the feedback had been positive.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>• The practice had identified 0.5% (33) of their patient list as carers</li> </ul>
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• The practice updated their registration form to actively identify carers</li> <li>• Information was displayed in the waiting room and staff would signpost carers to relevant support groups and agencies, carers were encouraged to contact Bromley Well.</li> <li>• Carers were offered the flu jab.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practice wrote to the family offering support, there was also a board at the back of reception and a death book to record family details so that all staff were aware.</li> <li>• There were leaflets in reception.</li> </ul>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff told us that they would take calls in the back office where possible but that if they were in reception they would ensure that they did not disclose personal data when on calls.</li><li>• We did not hear reception discussing confidential patient information in the reception area.</li></ul>	

## Responsive

## Rating: Good

At the last inspection in June 2018 we rated the practice as requires improvement for providing a responsive service because:

- The national GP patient survey scores relating to access were below local and national averages.
- The premises was not suited to those with mobility needs although the practice had secured funding to make the building more accessible. The premises was not fully suited to meet patients' needs.

At this inspection we rated the practice as good for providing a responsive service because:

- The concerns from the last inspection had been addressed.
- The practice had set up a support group for patients living with cancer. The group met regularly at the practice and was supported by one of the lead GPs.
- The building had been refurbished since the last inspection and was now met patients' needs.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am – 8pm
Tuesday	7.30am – 8pm
Wednesday	7.30am – 8pm
Thursday	7.30am – 6.30pm (Except the 3 <sup>rd</sup> Thursday of each month, when the practices closed between 12.30pm to 4.30pm for staff training.
Friday	7.30am – 6.30pm

Appointments available:	
Monday	9am-1pm, 3pm 7.30pm
Tuesday	8am-12pm, 3.10pm-7.30pm
Wednesday	9am-12pm, 2pm 6.30pm
Thursday	9am-12pm 2.30pm-6.30pm
Friday	9am-12pm, 2pm-6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6450	461	100	21.7%	1.55%

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 (01/01/2019 to 31/03/2019)	97.1%	93.7%	94.5%	No statistical variation

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate services.</li> <li>In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</li> <li>Since 2018 the practice was taking active part in the Royal College of General Practitioners (RCGP) Viral Surveillance Programme as a swabbing practice for respiratory viruses. The aim of this nationwide initiative was to monitor viral trends in the UK, the impact of vaccination and contribute to reduce antibiotic prescribing at a practice level.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>The practice worked closely with the community wellbeing hubs called Time and Talents where they regularly referred patients as a part of their social prescribing initiatives.</li> </ul>



## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse and HCA appointments were available until 7pm on a Monday, Tuesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- The practice is an accredited Breastfeeding Welcome practice.
- The practice worked with local partners to offer free health checks for young patients with Asthma, Eczema, Constipation and Epilepsy available at Children and Young People Health Partnership (CYPHP).

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Practice opening times were from 7.30am.
- The practice implemented using E-Consult to allow working patients to interact out of hours with the practice.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode 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. The practice had completed 19 out of 20 (95%) annual reviews in the last year.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice is involved with local community charities such as the Dragon Café and the local wellbeing Hub which provide support to patient with mental health problems.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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 (01/01/2019 to 31/03/2019)	81.5%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	57.9%	60.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	54.5%	60.2%	64.7%	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 (01/01/2019 to 31/03/2019)	68.7%	65.4%	73.6%	No statistical variation

Source	Feedback
For example, patients spoken to	<ul style="list-style-type: none"> <li>Patients we spoke to on the day of the inspection, said they could usually get an appointment.</li> </ul>

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw a complaints policy, staff spoken to were able to tell us who the complaints lead was and how they would deal with a complaint.</li> <li>We also saw a complaints poster in reception, and a complaints leaflet.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient came to collect prescription and found they had been given a smaller supply of medicine.	Patient was contacted and informed they needed to have a blood test done before more medicine was prescribed to, they were informed about safe prescribing guidelines, a letter was sent via recorded delivery. All staff were made aware of the situation.

## Well-led

## Rating: Good

At the last inspection in June 2018 we rated the practice as requires improvement for providing a well-led service because:

- At this inspection we found that additional staff had been recruited which had enabled governance structures to be established. However, in some areas these were not embedded which had the potential to undermine patient safety. The practice had also not acted since our previous inspection to analyse and respond to poor national patient survey scores related to GP consultations.
- The premises were not suited to those with mobility needs although the practice had secured funding to make the building more accessible. The premises were not fully suited to meet patients' needs.

At this inspection we rated the practice as good for providing a well-led service because:

- The concerns from the last inspection had been addressed.
- The practice had introduced new ways of working, and had started using a safety tracking system to record significant events, safety alerts and complaints.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff told us that leaders in the practice involved them in decisions, and all staff in the practice were clear about their roles and the policies and procedures which guided the way they worked. Staff informed us about the new management recording system, for example how they could use it to record significant events.</li></ul>	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff spoken to said leaders were approachable and listened if they raised concerns.</li><li>• The provider was aware of and systems to ensure compliance with the requirements of the duty of candour.</li></ul>	

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

Source	Feedback
Staff	Staff told us that they felt the culture of the practice was positive. They told us the manager and GP were available and were supportive. Staff said that manager and GPs were approachable and the felt able to raise concerns.

## 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:	
<p><b>Previous CQC inspection 26 June 2018</b></p> <ul style="list-style-type: none"> <li>The practice had developed a comprehensive policy framework since our last inspection. There were some areas where processes were not fully embedded for example: some staff did not know the correct method for reporting and documenting significant events. One member of staff did not know the location of the practice's emergency medicines and another did not know the infection control lead. Some recruitment checks had not been completed.</li> </ul> <p><b>CQC inspection 18 September 2019</b></p> <ul style="list-style-type: none"> <li>At this inspection we saw the practice had a comprehensive policy framework. We saw the practice had implemented using a new quality safety tracking system to record and store policies, to log significant events, complaints and to track and record safety alerts.</li> <li>All staff spoken to knew the new process for recording significant events.</li> <li>All staff spoken to knew where all emergency medicines and equipment were kept.</li> </ul>	

## Managing risks, issues and performance

**The practice had 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"><li>• We saw a list of audits undertaken</li><li>• On the day of the inspection the practice experienced a power cut, this was well managed as they followed their emergency plan.</li></ul>	

## Appropriate and accurate information

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

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



## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
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

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"><li>The practice worked closely with the Patient Participation Group (PPG). The PPG reported that the practice was very receptive to their suggestions, they told us the practice always listened and would make changes if they could.</li></ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had set up a support group for patients living with cancer. The group met regularly at the practice and were supported by one of the lead GPs.</li></ul>	

## Examples of continuous learning and improvement

<ul style="list-style-type: none"><li>The practice nurse had introduced relaxation sessions which aimed to relax patients who had anxieties about invasive procedures stemming from previous trauma. This involved playing relaxing music, using breathing techniques and giving patients equipment that they could practice with, so they knew what to expect when they attended for certain examinations or procedures.</li><li>The practice provided the special allocation service for patients removed from GP lists in Southwark.</li><li>November 2018 the practice joined The Royal College of General Practitioners (RCGP) initiative and became a pilot practice offering the opportunity to test for viruses in patients with acute respiratory symptoms.</li></ul>
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## 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.