

Care Quality Commission

Inspection Evidence Table

The Greenwood Practice (1-569362807)

Inspection date: 11 September 2019

Date of data download: 10 September 2019

Overall rating: Good

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

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">• The practice manager provided a succession plan. This reviewed the roles of members of staff who were considering leaving the practice and looked at what replacement would be appropriate.• For example, for the practice manager to reduce their hours, a senior administrator was recruited who would be trained to act as a deputy practice manager. Where a GP partner wanted to consider retirement in 2020, a new salaried or partner GP was being sought.• The practice manager discussed the practices challenges. For example learning to work with new partners in the 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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice held a set of values that include upholding good medical practice as stipulated by the General Medical Council. • The staff had social events. • The practice manager was aware of the issues the practice had and how they affected the service. They had a business plan in place from 2016 to 2019. The practice manager submitted an updated plan following the inspection. This included the succession planning and issue regarding the premises. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice prided itself on team work and staff were considered as family. • The practice manager updated the duty of candour policy on the day of the inspection. • The practice manager agreed to enable staff to complete their equality and diversity training on line. 	

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

Source	Feedback
Staff	We did not speak with staff at the inspection, however at the previous comprehensive inspection on 29 February 2019, staff told us they felt supported in their work.

Governance arrangements

There were 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"> • Staff had updated the child protection protocol for coding children who required safeguarding. This included children looked after by social services, children on the protection register and children who were cause for safeguarding concern. This enabled the children to be easily identified by staff should they fail to attend appointments. • The practice had a safety alerts system in place that clearly evidenced that In response to safety alerts the practice manager carried out a search to identify patients who may be affected. Then presented them at the partners meeting to enable the GPs to decide upon the correct route of follow up. • The practice nurses now annual appraisal that was carried out by a member of the clinical team. • The practice had improved patient confidentiality in the consulting rooms. • The number of carers identified by staff at the practice had risen to 2.2% of the practice population. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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: <ul style="list-style-type: none"> • The practice had commenced carrying out a premises or health and safety risk assessment and had taken action where needed. • Following an independent fire risk assessment in 2016, the provider has agreed that the practice manager may carry out a fire risk assessment in September 2019 and then refer for further advice where appropriate. 	

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:	
<ul style="list-style-type: none"> The practice had responded to the low percentage of women eligible for cervical cancer screening for 2017/2018 and had reached the target of 80% for 2018/2019. 	

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"> The practice meetings were held monthly and attended by the practice manager and their assistant and the clinical staff. Practice nurse went to network meetings for training monthly. Non-clinical staff attended six monthly practice meetings. 	

- The practice is a member of the Havering North Network.

Feedback from Patient Participation Group.

Feedback

- The practice manager explained the PPG met every three months, the last meeting was in July. The numbers of participants were slowly improving, nine patients attended the last meeting. At the previous inspection in February 2019 we were provided with the minutes of three meetings. Which demonstrated that the patient participation group were informed of the challenges for the practice and asked to give feedback.

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence	

Examples of continuous learning and improvement

- From the 1 October 2019 the practice will be opening 8am to 6.30 each day.
- The practice had engaged a new advanced nurse practitioner, who will be commencing a long-term condition review clinic on a Thursday afternoon.
- The practice had increased telephone consultations in response to patient feedback.
- The practice had reviewed all the patient records received from a local practice that closed.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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