

# Care Quality Commission

## Inspection Evidence Table

### Clover Health Centre (1-6345114007)

Inspection date: 28 August 2019

Date of data download: 26 August 2019

## Overall rating: Good

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

### Safe improvement

### Rating:

### Requires

- The practice's process for monitoring patients' health in relation to the use of high-risk medicines required improvement.
- The practice had not acted upon safety alerts effectively.
- All necessary recruitment checks including references had been undertaken for staff.
- Staff who carried out chaperoning had received training and were aware of their responsibilities.

### Safety systems and processes

**The practice had a 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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.	Y

<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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: April 2019	Y
There was a record of equipment calibration. Date of last calibration: 11/01/2019	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: 04/07/2019	Y
There was a log of fire drills. Date of last drill: 27/08/2019	Y
There was a record of fire alarm checks. Date of last check: 23/04/2018	Y
There was a record of fire training for staff. Date of last training: 15/07/2019	Y
There were fire marshals.	Y <sup>1</sup>
A fire risk assessment had been completed. Date of completion: 06/08/2019	Y
Actions from fire risk assessment were identified and completed.	N/A <sup>2</sup>
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> <li>1. The practice had two members of staff identified as fire marshals to accommodate staff leave. Staff were aware of the identity of the fire marshals.</li> <li>2. The building management company had carried out a fire risk assessment. No issues had been identified.</li> </ol>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 06/08/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/08/2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The building management company had carried out a premises and health and safety risk assessment. No issues had been identified.</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: August 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	N/A <sub>1</sub>
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: 1. The practice achieved 100% compliance in their infection control audit carried out in August 2019.	

## 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.	Y
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) and staff were suitably trained in emergency procedures.	Y
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>Clinicians had received training on sepsis to improve their ability to identify symptoms and act appropriately where they had concerns. There was a sepsis poster at reception which outlined symptoms and action to take.</li><li>The practice had processes in place to cover absences.</li></ul>	

- All requests for home visits were triaged by the duty GP.
- There were public awareness posters in waiting area and on the TV screen.

## 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>• Test results and referrals were managed and checked on a regular basis to ensure all were appropriate. Abnormal or concerning test results were actioned by one of the clinicians in a timely manner.</li> <li>• The practice had a safeguarding, learning disabilities and vulnerable patient list and a patient alert system was in place. One of the lead GPs was the practice's adult and children's safeguarding lead.</li> </ul>	

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.	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.	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 including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N <sub>1</sub>
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.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Y
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> <p>1. We found that six patients had been prescribed various high-risk medicines requiring monitoring (out of 18 we looked at prescribed these medicines), without the doctor having access to the appropriate monitoring or blood test results prior to prescribing. One of these patients had not had a blood test in over a year when the recommended frequency was three-monthly.</p>	

Medicines management	Y/N/Partial
We raised these cases with the provider and they took immediate steps to contact the patients to request that they attend the surgery for a blood test. Patients that were residents within a care home were promptly visited by the practice's pharmacist.	

Any additional evidence or comments
We noted that the practice's medicines management policy referred to guidance that was not relevant to general practice. The policy did not have specific guidance on the management of high-risk medicine.
The policy stated that it was under continuous review but had not been updated since 8 February 2016. The provider stated that the policy was currently under review.

### 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:	1 <sub>1</sub>
Number of events that required action:	1
Explanation of any answers and additional evidence: 1. The practice did not have any significant events relating to the patients registered on the practice list. We did however, review a significant event involving a patient within a care home and found that the investigation and learning outcomes were satisfactory. <ul style="list-style-type: none"> <li>Staff said when things went wrong at the practice there was a culture of openness and support.</li> <li>Significant events were a standing agenda item at staff meetings, the minutes of meetings were circulated to all staff and saved on the practice's computer drive.</li> </ul>	

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



Event	Specific action taken
Potential misdiagnosis	<ul style="list-style-type: none"> <li>• Root cause analysis carried out</li> <li>• Support given to patient and family</li> <li>• Shared learning and lessons learned identified were circulated to staff along with recommendations.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial <sub>1</sub>
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 1. The practice's process for dealing with safety alerts was not effective. We were informed by the lead GP that the practice had not acted on the recent alert, regarding sodium valproate.	

## Effective

## Rating: Good

- The practice had carried out quality improvement activity for patients on the practice list and those in their care homes.
- Staff were appropriately trained to carry out their duties effectively.

There is no published clinical performance data in this key question because all published data pre-dated the involvement of the current service provider.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation. However, there were areas where the practice required improvement.**

	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.	Partial <sub>1</sub>
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.	N/A
Explanation of any answers and additional evidence: 1. From reviewing patient records we found that there was a lack of formal processes for reviewing patients prescribed high-risk medicines. We found that six out of the 18 patients we reviewed on high-risk medicines had not been monitored appropriately.	

### 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.
- 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.

**Findings**

- At the time the provider took over the practice the childhood immunisation uptake rates were significantly below the World Health Organisation (WHO) targets. The practice was taking steps to improve the uptake rates, such as contacting 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.

**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.
- The practice was in the process of implementing a website where patients can book or cancel appointments online and order repeat medication without the need to attend the surgery.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered 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 demonstrated that they had a system to identify people who misused substances.

**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.

## Monitoring care and treatment

The practice was in the initial stages of reviewing the effectiveness and appropriateness of the care provided and had carried out some quality improvement activity.

	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 <sub>1</sub>
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

Evidence or comments
<p>1. The provider showed us four audits that had been carried out since they took over the practice on 1 October 2018. One of the four related to patients registered at the practice, the remaining three audits were for the provider's care home patients.</p> <ul style="list-style-type: none"><li>• Warfarin audit carried out in August 2019 – the practice carried out this audit to identify all the prescribed warfarin and check when their last INR was done (a blood test which checks for blood clotting). Twenty-three patients were identified. Resulting action and plan:<ul style="list-style-type: none"><li>○ To check patient notes and contact patient to ensure INR clinics are attended.</li><li>○ To run INR clinics in the practice to ensure patients are regularly checked.</li><li>○ To repeat the audit in three months.</li></ul></li><li>• In August 2019, the practice reviewed their smear adequacy rate. One patient was identified as needing to be rebooked.</li><li>• The provider had carried out two single cycle care home audits:<ul style="list-style-type: none"><li>○ Insulin prescribing - To ensure that all care home patients with known insulin dependent diabetes are using the most cost-effective form of insulin.</li><li>○ Prevention of Wernicke's Encephalopathy - To ensure that all care home patients with a history of alcohol abuse are on the correct medication.</li></ul></li></ul> <p>Both audits were due to be repeated in February 2020.</p>



## Effective staffing

**Overall, the practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, we found that staff had not always received supervision for their role.**

	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.	Partial <sub>1</sub>
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
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: 1. A member of the clinical team told us they had not been routinely supervised, only on an ad hoc basis and that when supervision did occur, feedback was not provided. The provider told us that the staff in question had received supervision, but they did not provide evidence to support this.	

## 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

## 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

## 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
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	N/A

## Caring

## Rating: Good

- We received 15 CQC comment cards, 14 were wholly positive about the care and treatment received at the practice.
- We observed staff treating patients with respect and patients interviewed confirmed this.
- Feedback from the practice's patient survey showed that patients were mainly pleased with the care and treatment provided.

### 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

CQC comments cards	
Total comments cards received.	15
Number of CQC comments received which were positive about the service.	14
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	14 were wholly positive about the care and treatment received at the practice. The remaining comment was mixed. The patient was mainly pleased with the service they received but mentioned that the practice's prescription service could be improved.
Patient interviews	We spoke with four patients, all were pleased with the treatment received at the practice and spoke of the willingness of staff to assist. One patient said they usually cannot get an appointment in the same week and is referred to an out-of-hours service. Another patient said that the practice should have more GPs.
NHS Choices	There were two comments since the provider took over the practice in October 2018. One comment was positive about the care and treatment provided and commended the practice on recent improvements. The other comment described a patient's negative experience during a GP consultation.

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

Any additional evidence
<p>The practice carried out a patient survey in July 2019 (88% of respondents had seen a GP at the practice within the preceding six months). The results are below:</p> <ul style="list-style-type: none"> <li>• 51% of respondents said that the helpfulness of staff was very good.</li> <li>• 39% of respondents said that the time spent with doctor or nurse was very good.</li> <li>• 46% of respondents said that the children's area was very good.</li> </ul> <p>These results represented the highest percentages given for each response.</p>

#### 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
<p>Explanation of any answers and additional evidence:</p> <p>Easy read and pictorial materials were available.</p>	

Source	Feedback
Interviews with patients.	All four of the patients interviewed said that they felt involved in decisions about their care and treatment and were given advice about treatment options.

	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 <sub>1</sub>
Information leaflets were available in other languages and in easy read format.	N <sub>2</sub>
Information about support groups was available on the practice website.	N/A <sub>3</sub>
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>There was a range of information available for patients in the waiting area. To name a few: <ul style="list-style-type: none"> <li>Diabetes services</li> <li>Talking Therapies</li> <li>Bereavement services</li> </ul> </li> <li>Information leaflets were only available in English.</li> <li>The practice was in the process of developing a website.</li> </ol>	

Carers	Narrative
Percentage and number of carers identified.	10 (less than 1% of practice patient list size).
How the practice supported carers (including young carers).	The practice started a carer's register in October 2018, when the provider took over the location. (The provider told us that the practice did not have a carer's register in place prior to them taking over). Advertisements were in the waiting area, encouraging people to inform the practice if they had caring responsibilities and offering support.
How the practice supported recently bereaved patients.	We were told that the patient's GP would contact them to offer support and signpost to bereavement services

## 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.	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



## Responsive

**Rating: Good**

- Feedback from patients led to a new telephone system, and complaints were responded to appropriately and within the practice's timeframe.
- Shared care agreements were in place to ensure patient treatment was coordinated.

### 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.	Y
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

Practice Opening Times		
Day	Time	
Opening times:		
Monday	7am - 7pm	
Tuesday	8am – 6:30pm	
Wednesday	7am – 7pm	
Thursday	8am – 6:30pm	
Friday	8am – 6:30pm	
Appointments available:		
Monday	7am – 12 noon	2:10pm – 7pm
Tuesday	8am – 12 noon	2:10pm – 6:30pm
Wednesday	7am – 12 noon	2:10pm – 7pm
Thursday	8am – 12 noon	2:10pm – 6:30pm
Friday	8am – 12 noon	2:10pm – 6:30pm



## Patient survey

Results from the practice's July 2019 patient survey:

- 28% of respondents said that they found getting through on the phone very easy.
- 36% of respondents said that they found making an appointment with any GP very easy.
- 44% of respondents said that they found the surgery opening times very good.
- 43% of respondents said that they found the information leaflets in the waiting area very good.

These results represented the highest percentages given for each response.

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- All patients 75 and over have been allocated an accountable GP.

## People with long-term conditions

## Population group rating: Good

### Findings

- 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: Good**

### **Findings**

- Additional nurse appointments were available until 6.30pm on a Monday 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.
- 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.
- Pregnant women have antenatal appointments with a GP and are offered the whopping cough vaccine at 28 weeks pregnancy and over. The practice has a weekly midwife clinic.
- Young people who are subject to child protection are read coded on the system and have a patient alert on their medicals records

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

**Population group rating: Good**

### **Findings**

- NHS Health Checks for patients aged 40 -74 available in practice with our collaborative working with Public Health and the live well coaches and social prescribers.
- 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 from 7am on Monday and Wednesday and until 7pm on the same days. Pre-bookable, online and book on the day appointments available with both GP'S and the Nursing Team
- 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. Appointments were available Saturday and Sunday 10am until 1pm.

**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.
- The practice identified vulnerable patients with a benzodiazepine addiction and have worked to engage them on an appropriate care pathway for a safe reduction in medication. Awareness was developed through a project with one of their medical students who provided support and shared learning.
- 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: 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.

## Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
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

Source	Feedback
Patient interviews	One of the four patients we spoke with said that appointments sometimes run about 15 minutes late. The remaining three said that they were happy with the appointment running times.

## 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.	4 <sub>1</sub>
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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 <sub>2</sub>
Explanation of any answers and additional evidence: 1. All four complaints were from the period since the new provider took over the running of the practice. 2. In May 2019 the practice received a complaint about the difficulty getting through to the practice via the telephone. The practice subsequently installed a new telephone system which informs patients of their position in the telephone queue.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about GP during consultation.	Letter of apology forwarded to patient.
Complaint administration staff.	Letter of apology forwarded to patient. Reviewed front desk training.

## Well-led

## Rating: Good

- Staff understood the practice's vision, values and strategy, and their role in achieving them.
- Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

### 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.	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

### 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.	Partial <sup>1</sup>
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: 1. The provider developed the strategy with the collaboration of external partners. Although, the staff we spoke with were not part of the strategy's development they were aware of the practice's plans for development and had bought into the vision.	

### Culture

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

	Y/N/Partial
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There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had developed a vision. There were structured staff meetings and training which facilitated effective communication.</li> <li>• The GPs and practice management operated an open-door policy for staff communication.</li> <li>• The staff members we spoke with told us that their working environment was supportive and facilitative and that leaders were approachable.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff said that the environment had significantly improved since the new provider took over the running of the practice.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial <sup>1</sup>
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: <ol style="list-style-type: none"> <li>1. The practice had taken steps to implement sufficient governance structures. Lead roles had been defined, meetings had been formalised. However, not all their policies had been updated to reflect the practice's needs. The provider informed us that there was a plan in place to rectify this by the end of the year.</li> </ol>	

## Managing risks, issues and performance

### The practice's processes to manage 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: <ul style="list-style-type: none"> <li>The practice had undertaken premises, security and health and safety and other risk assessments.</li> <li>Training needs of staff had been reviewed and records of staff mandatory training (as specified by the practice) were maintained.</li> </ul>	

## Appropriate and accurate information

### The practice did not always act on appropriate and accurate information.

	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.	Partial <sup>1</sup>
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> <li>The practice had a process to review clinical and quality monitoring data, . and had carried out four single cycle audits in the eight months they had taken over the practice.</li> </ol>	

## 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
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Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	N <sub>1</sub>
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: 1. The provider was in the process of advertising for patients to join their patient participation group. Details were included in their registration pack. <ul style="list-style-type: none"> <li>The practice had reviewed significant events and complaints and through a recent annual review had identified trends and action point for making improvements.</li> <li>Job roles had been clarified and staff we spoke with felt supported and listened to.</li> <li>The practice had acted on patient feedback by installing a new telephone system in respons to complaints about log waiting times on the telephone.</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice overall was committed to continuous improvements demonstrated by improved and focused staff training, infection control processes, systems for the management of cold chain. This had been complemented by defined leadership and governance structures.</li> <li>Through recently established governance and structured meetings the practice ensured lessons were learnt and appropriate improvements made.</li> </ul>	

## Examples of continuous learning and improvement

- The provider implemented a tracking system to monitor their safeguarding which would allow them to evaluate the incident and carry out trend analysis.
- In 2018/19 the practice won a Greenwich CCG staff award for improving quality for patients. The practice had improved safety and quality for people in care homes through the introduction of a multidisciplinary approach in reviewing patients, providing a holistic and preventative approach to patients' care. The provider introduced paramedics to the teams and increased the number of clinical hours made available to the care homes.

## 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.