Care Quality Commission

Inspection Evidence Table

The Green Practice (1-2310169732)

Inspection date: 25/02/2020

Date of data download: 02 March 2020

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe Rating: Requires Improvement

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	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
Explanation of any answers and additional evidence: 1. During our inspection, both salaried GPs had safeguarding training at level three for both adults and children. However, the provider could not provide evidence on the day that locum GPs were trained at level three for adult and child safeguarding as required. The evidence required to demonstrate	

Safeguarding	Y/N/Partial
this was confirmed following the day of the inspection. 2. The practice staff excluding GP's were trained at level two if they held clinical roles and level one if their roles were non-clinical. Updated guidance on levels of safeguarding for staff had been introduced just over a year before the inspection, we informed the practice manager of the update and the need to introduce the new levels of training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: 1. The provider was unable to demonstrate evidence of recruitment paperwork in some cases. This was identified in staff who had been employed by the practice for a long period of time rather than new members of staff. 2. According to the practice recruitment policy, interview notes should be kept by the practice one year after a new member of staff was recruited. This was in line with what we found was missing at the practice on the day of the inspection when reviewing their recruitment files. 3. Of the six recruitment files we looked at on the day, two held photo ID, the remaining four records did not hold this, however all employees could demonstrate NHS smart cards where photo ID would be required. The practice also showed the inspector the process they followed to apply for an NHS smart card to reinforce this.	

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: 28/02/2020	Partial
There was a record of equipment calibration. Date of last calibration: 10/12/2019	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: 02/09/2019	Y
There was a log of fire drills. Date of last drill: 30/07/2019	Y
There was a record of fire alarm checks. Date of last check: 05/11/2019	Y
There was a record of fire training for staff. Date of last training: 02/2020	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 06/08/2018	Y
Actions from fire risk assessment were identified and completed.	Y

Explanation of any answers and additional evidence:

1. PAT Testing had not been renewed by the practice due to a misunderstanding with the building management who had previously conducted this. The practice manager made arrangements and completed the PAT testing following our inspection visit.
2. On the day of the inspection, there were some gaps found in paperwork for the building. The provider leased the premises from the building owners and did not hold copies of certain records relating to fire safety. Following the inspection, the provider sent us copies of the most recent fire drill, fire alarm checks, fire extinguisher checks and a log of fire drills for the building.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/01/2020	Partial

Explanation of any answers and additional evidence:

1. The provider did not demonstrate risk assessments that looked at security of the premises. The practice was able to show us procedures for staff to follow relating to security and personal safety

that were in place.

2. An internal health and safety risk assessment was conducted by the practice recently, however the assessment lacked detail regarding what was found and held no action plan regarding required improvements.

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: 09/12/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

1. The provider had completed the NHS England infection control template recently and had a plan for the actions required following the audit.
2. Full cleaning schedules were demonstrated to the inspection team

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:

1. The practice conducted non-formal teaching sessions with their staff to educate them on the signs and symptoms of sepsis. We saw a copy of the presentation used to support the sessions.

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:	

Appropriate and safe use of medicines

The practice did not have 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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.63	0.71	0.87	Tending towards 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). (01/01/2019 to 30/11/2019) (NHSBSA)	7.7%	7.5%	8.4%	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 (01/07/2019 to 30/11/2019) (NHSBSA)	6.46	5.69	5.56	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2019 to 30/11/2019) (NHSBSA)	0.67	1.05	2.07	Significant Variation (positive)

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

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.	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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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.	N

Explanation of any answers and additional evidence:

1. The practice provided evidence of their PSD processes and how each of these were renewed. The instructions viewed were electronic and did not name specific members of staff who were authorised to use the direction.
2. On the day of the inspection, we observed two vaccine fridges. One of the fridges was documented as having a temperature of seven degrees celcius only for the period between January 2019 to February 2020. The documentation associated with the fridge could not reassure the inspection team that the cold chain for vaccines was being monitored appropriately because there was not any variation in the temperature recorded for such a long period of time. We advised the practice of this and to follow their local processes for reporting this.

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:	5.
Number of events that required action:	5.
Explanation of any answers and additional evidence: 1. The practice had a template for recording significant events and carried out a yearly audit of events. 2. The practice provided evidence of clinical meetings where significant events were discussed.	

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

Event	Specific action taken
Patient became aggressive and physically forced their way to a GP office where a private consultation was being held. This was the third occasion that it had occurred.	Practice started writing warning letters to patients who displayed this kind of behavior towards staff members.
A patient was prescribed a medicine in a way that was not in line with current national prescribing guidelines.	Incident discussed during a clinical meeting and awareness raised with other clinicians.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 1. The practice had a system for acting on safety alerts, however there was not a mechanism in place to check that staff had received and understood the safety alert when they received it by e-mail. Evidence was seen during the inspection of safety alerts being discussed during clinical meetings which reassured us that the risk was being managed pro-actively by clinical leaders.	

Effective Rating: Requires Improvement

The key question of effective was rated "Requires Improvement due to concerns regarding data performance we saw in Working age people (including those recently retired and students) and Families, children and Young Adult population groups.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: 1. We observed a number of care plans which covered a wide range of clinical conditions including cancer, end of life, diabetes mellitus, respiratory and cardiac disorders. All care plans referenced national guidance and were reviewed at a suitable time.	

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) (01/01/2019 to 30/11/2019) (NHSBSA)	0.23	0.60	0.72	Variation (positive)

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.

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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 (01/04/2018 to 31/03/2019) (QOF)	80.5%	75.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	2.6% (17)	6.1%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	87.4%	76.7%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.2% (21)	6.1%	9.4%	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 (01/04/2018 to 31/03/2019) (QOF)	91.7%	81.3%	81.3%	Variation (positive)
Exception rate (number of exceptions).	3.8% (25)	6.0%	12.7%	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 (01/04/2018 to 31/03/2019) (QOF)	87.9%	77.9%	75.9%	Variation (positive)
Exception rate (number of exceptions).	1.1% (4)	3.5%	7.4%	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 (01/04/2018 to 31/03/2019) (QOF)	91.3%	89.0%	89.6%	No statistical variation
Exception rate (number of exceptions).	4.2% (2)	9.7%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	87.9%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (26)	3.0%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	92.2%	90.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.7%	5.9%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice has not met the minimum 90% for all four of four childhood immunisation uptake indicators. The practice were close to meeting the minimum target for “The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019)”.
- 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.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	77	86	89.5%	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)	74	95	77.9%	Below 80% uptake
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)	80	95	84.2%	Below 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)	84	95	88.4%	Below 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
1. The practice acknowledged their performance in childhood immunisations and were able to outline a strategy to improve these figures which involved using recall systems through a variety of methods. For example, they had introduced text messaging and telephone calls systems to promote an increased uptake. 2. The practice provided unverified evidence, suggesting improved uptake regarding childhood immunisation data taken from their local consortium for this year. However, the figures provided to us are gathered using a different methodology and are not directly comparable.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings
• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. • Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	56.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	65.7%	69.0%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	45.0%	50.3%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	45.5%	62.6%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	66.7%	51.6%	53.8%	No statistical variation

Any additional evidence or comments

1. The practice outlined their current strategy to improve their uptake in cervical screening which was markedly below the national target. The strategy involved recall systems such as text messaging and telephone calls. The practice pointed towards their diverse patient population as a challenge and had reached out to local places of worship to assist them with raising awareness.
2. The practice was providing dedicated clinics for cervical screening and were involved in a project which their locum nurse will be running as part of a consortium. This was in its early stages and had not yet had any impact on uptake.
3. The practice was reviewing their approach to engagement with their patient population on an ongoing basis.
4. The practice provided evidence from their local consortium to show their progress with cervical screening uptake. However, the figures provided to us are gathered using a different methodology and are not directly comparable.

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 took into account the needs of those whose circumstances may make them vulnerable.
- 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.
- 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.
- 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.

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 (01/04/2018 to 31/03/2019) (QOF)	94.8%	87.8%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.2%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	94.8%	91.2%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.6%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	80.6%	86.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	20.0% (9)	7.1%	6.7%	N/A

Monitoring care and treatment

The practice did have 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)	548.6	538.1	539.2
Overall QOF score (as a percentage of maximum)	98.1%	96.3%	96.7%
Overall QOF exception reporting (all domains)	4.4%	5.0%	5.9%

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

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

1. The practice showed evidence of two one-cycle audits performed by the practice. The first was an audit of a medicine that requires ongoing monitoring. The practice also provided evidence of an electrocardiogram audit which was initiated as part of a primary care network initiative. It was too early in the audit cycles to establish improvement activity from these results. The audits focused more on current performance against a set parameter.
2. Following the inspection, we were able to see evidence of further quality improvement audits which showed interactions with the provider's primary care network and additional audits conducted internally. This evidence demonstrated learning lessons from these audits and new policies and procedures that had been developed as a result. One of the audits submitted was a two cycle audit, while all other audits were single cycle audits.

Effective staffing

The practice was unable 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.	Partial
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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: 1. There were some examples found where staff could not demonstrate evidence of appropriate training for their role. For example, mental capacity training evidence for clinical staff was not found.	

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 (01/04/2018 to 31/03/2019) (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.	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	Y

between services.	
For patients who accessed the practice’s digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

1. During the inspection, multi-disciplinary meeting minutes were provided by the practice and reviewed to reinforce and support our findings.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

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 (01/04/2018 to 31/03/2019) (QOF)	98.5%	96.2%	95.0%	Variation (positive)
Exception rate (number of exceptions).	0.8% (12)	0.8%	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.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Partial
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	

Caring   Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	29
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	We received positive comments with themes including praise for the staff, especially those in GP and reception roles.
	We received some mixed feedback regarding appointment availability and difficulty with both contacting the provider by telephone and booking online appointments.

National GP Survey results

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)	81.1%	83.5%	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)	75.0%	81.0%	87.4%	Tending towards variation (negative)
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)	93.0%	92.1%	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)	73.0%	77.8%	82.9%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: 1. Staff at the practice spoke a number of languages including Arabic, Punjabi, Gujarati and Hindi.	

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)	86.7%	89.0%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: 1. The practice used an electronic device to assist in translating sign language to aid patient communication. 2. The practice had a hearing loop installed and access to a language line to enhance communication.	

Carers	Narrative
Percentage and number of carers identified.	122 patients (1.5% of patient population)
How the practice supported carers (including young carers).	The practice identified carers normally at the point of registration. Once identified, the provider referred to other local organisations to assist carers. This includes projects such as “Carers for Carers” and “Hounslow Parent Carers Forum”.
How the practice supported recently bereaved patients.	The practice provided counselling services for bereavement and longer appointments so that patients’ feelings can be discussed without being rushed.

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
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	

Responsive Rating: Good

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

Explanation of any answers and additional evidence:

1. During our inspection, the practice acknowledged that patients found accessing appointments challenging and explained that allowing appointments to be booked one week in advance only was due to "Did Not Attend" (DNA) appointments occurring too frequently. The practice expressed that they expanded upon their opening hours to allow greater accessibility and promoted local 'hub services' which offered evening and weekend appointments.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7.30am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	9am – 1pm
Appointments available:	
Monday	7.30am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	9am – 1pm

National GP Survey results

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)	90.9%	91.2%	94.5%	No statistical variation

Any additional evidence or comments

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.

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

- 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.

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 provided extended hours of opening on weekday mornings and provided signposting to hub based services available when the practice were not open.

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.

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.

National GP Survey results

	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
Explanation of any answers and additional evidence:	

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)	51.6%	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)	64.4%	65.0%	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)	67.4%	64.3%	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)	72.3%	69.7%	73.6%	No statistical variation

Any additional evidence or comments
1. We spoke with the practice management regarding accessibility to the practice and appointment availability as we had observed themes associated with this from feedback. 2. The practice explained why it had limited the length of the advance booking period to one week. They also explained how they changed staff roles to assist in signposting changes to the appointment system. 3. We looked at appointments available on the system and found emergency appointments available on the day. Routine appointments with a GP, nurse or healthcare assistant were available at the upcoming weekend through hub services the practice were associated with.

4. The practice told us that the new appointment system was working effectively to provide access to the service. They were keeping the process under review and were raising the subject with their colleagues at their primary care network.

Source	Feedback
NHS Choices	Patients both praised the practice staff and were disappointed with the experience they had had. The most recent reviews were generally positive, while the areas highlighted as needing to improve included appointment arrangements and prescription queries.
Comment Cards	Patients who left feedback praised the GPs and reception staff for their approach towards them.

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.	10.
Number of complaints we examined.	10.
Number of complaints we examined that were satisfactorily handled in a timely way.	10.
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0.

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: 1. The practice provided evidence following our inspection of a yearly summary of complaints which took place in April 2019 where complaints were reviewed. The review also provided details of actions taken by the practice. The practice held ten complaints in a paper based file for the current year. Of the ten complaints we looked at, all ten were managed in line with expectations. 2. Clinical meetings included a standard agenda item to discuss complaint reviews and share learning.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Unable to book appointments and disappointment with the practice administration staff.	The practice reallocated two senior administrators and redefined their roles as patient liaison officers who specifically looked at patients' complaints of an administrative nature such as appointments and prescription concerns.
Difficulty booking an appointment on the same morning with a GP.	Practice manager conducted a meeting with the reception staff to clarify the new practice appointment system.

Well-led Rating: Requires Improvement

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: 1. The lead GP and practice manager told us about some of the challenges they faced and were developing draft plans and priorities to improve. For example, the provider was able to identify areas within cervical screening and childhood immunisations where they could improve performance. They also outlined how they wanted to improve accessibility at the practice.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: 1. The practice strategy was driven by the Quality Outcome Framework and their Clinical Commissioning Group targets to measure progress.	

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

Explanation of any answers and additional evidence:

1. Of the staff we spoke with on the day of inspection, they felt supported and able to raise concerns when there was a problem. For example, following incidents where patients had been aggressive with staff. We saw actions taken by management to preserve safety such as new security processes and new processes to de-escalate a situation early.
2. The practice could not show evidence of equality and diversity training during our inspection.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	N
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: 1. During the inspection, we found concerns regarding the cold chain associated with one of the vaccine fridges that required investigation due to irregularities in temperature recording. This incident meant that we could not be fully reassured that effective arrangements were in place to mitigate all risks at present. 2. We also found limited risk assessments for the health and safety of the premises. These risk assessments did not outline any actions taken so we could not be reassured that risk associated with health and safety was being managed effectively.	

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

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Explanation of any answers and additional evidence:

1. The practice management expressed during the inspection that they had found difficulties in maintaining a Patient Participation Group (PPG). As a result, they joined with other practices in the building they shared to form a combined PPG. This group now meets every three months and the practice continued to operate their own PPG which meets once a year.

Feedback from Patient Participation Group.

Feedback
No feedback was available from the patient participation group during the inspection.

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

1. During the inspection, we saw limited evidence of learning and development. Where learning had been identified through significant events and complaints, action was taken and shared. However, gaps in training were identified for clinical staff and we also did not see examples of any continuous learning programmes with staff on the day.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.