

Care Quality Commission

Inspection Evidence Table

Highbury Grange Medical Practice (1-543975260)

Inspection date: 11 March 2020

Date of data download: 11 April 2020

Overall rating: Good

We carried out an announced comprehensive inspection at Highbury Grange Medical Practice, on 5 March 2019, and rated the practice as inadequate for safe, requires improvement for well-led and good for effective, caring; and responsive. This gave the practice an overall rating of requires improvement. Because of the safety concerns we identified in managing and monitoring patients on high-risk medicines, we served a warning notice under Section 29 of the Health and Social Care Act 2008, as the provider was failing to comply with the relevant requirements of Regulation 12, (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a warning notice follow-up inspection, on 18 July 2019, to assess whether the concerns identified in the warning notices had been addressed by the provider. At that inspection we found that the provider had appropriately addressed all the concerns identified in the warning notices and was providing safe care to patients on high-risk medicines.

We carried out a focused inspection, on 24 October 2019. The inspection focused on the safe and well-led key questions. At that inspection, we were satisfied the practice had addressed all previous concerns and it was providing a safe and well-led service.

This inspection was carried out remotely on 11 March 2020. The lead inspector conducted a telephone interview with the practice manager. We determined the rating of all five key questions using a combination of evidence provided during the telephone interview, pre-inspection information sent by the practice, and the evidence collected from the three previous inspections held in 2019.

We rated the practice as good for providing safe, effective, caring, responsive and well-led services. This gave the practice an overall rating of good.

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

Safe

Rating: Good

At the previous comprehensive inspection on 5 March 2019, we found there was unsafe and inappropriate management and monitoring of patients prescribed high-risk medicines, concerns regarding the accuracy of the practice's safeguarding register and there was not a safe system for monitoring patients who had been referred under the two week wait cancer referral service.

At the follow up inspection, on 24 October 2019, we were satisfied the practice had significantly improved and all the previous concerns had been adequately addressed.

During this remotely conducted inspection, we reviewed further evidence provided by the practice and we were satisfied the practice continued to provide a safe service.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: At the previous inspection carried out on 5 March 2019, we found the practice's internal log of patients who were recorded on the child protection register was not accurate and up to date. At the inspection, on 24 October 2019, we saw the practice had a new policy to carry out a monthly review of this register to ensure its accuracy. We reviewed the practice's internal log and found it was up to date and matched the local authority's child protection register. At this inspection we were sent a redacted copy of the practice's register and found it was being regularly reviewed and updated.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

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: 18 June 2019	Yes
There was a record of equipment calibration. Date of last calibration: 19 June 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: September 2019	Yes
There was a log of fire drills. Date of last drill: 9 May 2019	Yes
There was a record of fire alarm checks. Date of last check: April 2020	Yes
There was a record of fire training for staff. Date of last training: June 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 3 March 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2019	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: October 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	
<p>A 'two week wait' (TWW) referral is a request from a GP to ask the hospital for an urgent appointment for a patient, because the patient has symptoms that might indicate a cancer diagnosis. At the previous inspection on 5 March 2019, we found the practice's policy on TWW referrals was inadequate. When we inspected in March 2019, we found, although GPs made referrals to secondary care providers in a timely manner, there was no process in place to ensure the patient received or attended the referral appointment. During the March 2019 inspection, the practice explained it asked patients to ring the practice if they had not been seen. At this inspection, the practice provided us with evidence it had changed its policy on TWW referrals. The new policy now required the practice to maintain an internal log which recorded all patients that had been booked for a TWW appointment. The new policy required the practice to follow-up patients after their appointment date to ensure the patient had been seen.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization.

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) (01/01/2019 to 31/12/2019) (NHS Business Service Authority - NHSBSA)	0.62	0.65	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 31/12/2019) (NHSBSA)	11.7%	10.0%	8.3%	Tending towards variation (negative)
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 31/12/2019) (NHSBSA)	6.06	5.82	5.58	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 31/12/2019) (NHSBSA)	1.28	1.57	2.06	No statistical variation
Explanation of any answers and additional evidence:				
The practice was aware the number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial medicines was slightly higher than the CCG and England averages. The practice was pro-actively working with the practice-based clinical pharmacist to review their policy on antibiotic prescribing.				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection on 5 March 2019, we found patients prescribed high-risk medicines including Warfarin, Methotrexate, Azathioprine and Lithium were not always managed in a way that kept patients safe. This was because the provider did not have an effective system in place to ensure blood test results were reviewed prior to prescribing these high-risk medicines to patients. In addition, comprehensive care records were not always maintained for patients who were prescribed high-risk medicines.</p> <p>At the warning notice follow up inspection on 18 July 2019, we saw a new policy had been put in place which ensured patient blood test results were reviewed by the GP and logged on patients clinical records prior to prescribing any high-risk medicine. We saw patients who were prescribed high-risk medicines had an alert on their records which reminded the clinician to review latest blood test results prior to prescribing. The practice had also created an electronic high-risk medicine monitoring checklist. This document was a summary guide outlining important information and checks required prior to prescribing any high-risk medicines. We reviewed 38 records for patients prescribed high-risk medicine and found they were managed and monitored appropriately.</p>	

Medicines management	Y/N/Partial
At the focused inspection, on 24 October 2019, we reviewed medical records for eight patients prescribed high risk medicine and found they were managed and monitored appropriately. As a result, we were satisfied the practice had continued with its new policies to safely manage patients prescribed high risk medicine.	
At this inspection the practice provided us with evidence it was continuing to appropriately monitor and manage patients on high risk medicines.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	7
Number of events that required action:	7

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

Event	Specific action taken
CQC inspection on 5 March 2019	The practice treated the findings of the CQC inspection as a significant event. The practice created new policies and procedures and ensured governance around the managing and monitoring of patients on high risk medicines was effective.
The air-conditioning unit located in the server and communications room had broken down.	The practice contacted the landlord and asked for urgent assistance to fix the air-conditioning. In the meantime, staff were re-located to another room, and the doors were left open to allow air flow. The air-conditioned was repaired on the same day.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
Alerts were received electronically and disseminated by the practice management or practice pharmacist to all staff. All alerts were recorded on a register, which included the details of the alert and action taken. Staff gave examples of alerts actioned, all of which were recorded appropriately. For	

example, we saw an example of a Medicines & Healthcare Products Regulatory Agency (MHRA) alert in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes babies in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medicine whilst trying to become pregnant.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

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 31/12/2019) <small>(NHSBSA)</small>	1.47	0.72	0.72	Tending towards variation (negative)

Prescribing	Practice performance	CCG average	England average	England comparison
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware the average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit was higher than the CCG and England averages. The practice was pro-actively working with their clinical pharmacist to review their policy on antibiotic prescribing.</p>				

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 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
<ul style="list-style-type: none"> 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. The practice held regular in-house and multidisciplinary meetings to discuss and manage the needs of patients with complex and multiple medical issues. 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. Patients with COPD were offered rescue packs.

- Patients with asthma were offered an asthma management plan.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.

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) <small>(QOF)</small>	76.5%	79.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	14.8% (59)	16.5%	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) <small>(QOF)</small>	79.8%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.0% (24)	11.6%	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) <small>(QOF)</small>	79.2%	80.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.3% (29)	11.2%	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) <small>(QOF)</small>	71.3%	76.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.4% (16)	3.2%	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) <small>(QOF)</small>	92.2%	91.9%	89.6%	No statistical variation
Exception rate (number of exceptions).	10.9% (11)	7.7%	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)	80.1%	81.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (26)	5.1%	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)	83.6%	88.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	3.5% (2)	10.7%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for childhood immunisation uptake indicator relating to children aged 1. However, it had not met this standard for children aged 2. The practice was aware of this and told us it actively encouraged parents to bring in their children for childhood immunisations. We were provided with evidence demonstrating the practice telephoned and wrote letters to non-attenders. We also saw clinicians offered immunisations opportunistically when patients attended the surgery for other matters.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	127	130	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	105	132	80%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	109	132	82.6%	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)	108	132	81.8%	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>

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice was aware it had not met the 80% national uptake target for cervical screening. The practice informed us it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. We saw the practice ran regular reports to identify patients who were due for cervical screening tests. These patients would be called by the practice inviting them for a cervical screening test; if the patient did not respond they would be given a further telephone call and sent reminder letters and text messages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	66.6%	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)	52.5%	55.2%	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)	42.4%	43.4%	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)	51.4%	71.2%	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)	62.5%	61.4%	53.8%	No statistical variation

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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated 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.
- All staff had received dementia training in the last 12 months.
- 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) <small>(QOF)</small>	90.3%	90.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	10.1% (14)	8.1%	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) <small>(QOF)</small>	93.0%	90.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.5% (9)	7.1%	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) <small>(QOF)</small>	83.9%	86.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	4.4%	6.7%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549.9	544.6	539.2
Overall QOF score (as a percentage of maximum)	98.4%	97.4%	96.7%
Overall QOF exception reporting (all domains)	5.7%	6.3%	5.9%

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

Any additional evidence or comments

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

We saw evidence of several clinical audits, including 2-cycle audits, for example:

Over 75 health checks

A health check of an older person is an in-depth assessment of a patient aged 75 years and over. It provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health and/or quality of life.

In April 2018 the practice carried on audit to assess the percentage of patients over 75 that had a health check conducted in the past two years. The results showed only 50% of patients had a health check in the past two years. The practice set itself an objective which was to ensure 80% of eligible patients have had an over 75 health check by 1st April 2019.

The practice had been actively calling patients into the surgery and making home visits to carry out health checks.

Further audits were carried out in July 2018 which showed that within this cohort of patients, health checks had increased to 58%, in October 2018 this had increased to 71%, in January 2019 it had

increased further to 76% and the practice met its 80% target in April 2019. The practice told us it would continue with its work to increase over 75 health checks.

Effective staffing

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

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

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records showing all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
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Helping patients to live healthier lives

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

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

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) <small>(QOF)</small>	93.7%	93.7%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (17)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	Patients commented that staff provide a helpful and friendly service and treated them with compassion, respect and kindness.
Patient Participation Group (PPG)	Members of the patient participation group told us they had always been treated with the highest level of kindness, respect and compassion.

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)	88.4%	88.6%	88.9%	No statistical variation

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 treating them with care and concern (01/01/2019 to 31/03/2019)	84.7%	87.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	92.2%	95.1%	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)	91.9%	83.8%	82.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Any additional evidence	
The practice carried out its own annual patient satisfaction survey via an independent website. The 2019 annual survey was completed by 30 patients. The results were positive with the following results:	
<ul style="list-style-type: none"> 92% of patients who completed the questionnaire were generally satisfied with the practice opening hours. 92 % of patients was seen within 15 minutes of their appointment time. 93% of patients who completed the questionnaire felt the length of time waited to be checked in by the receptionist was fair to excellent. 76% of patients had a good to excellent experience of seeing a GP of their choice. 	

Involvement in decisions about care and treatment

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

		Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.		Yes
Staff helped patients and their carers find further information and access community and advocacy services.		Yes
Source	Feedback	
Interviews with patients.	Patients told us they felt supported and were involved in decisions about care and treatment.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	93.7%	93.7%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	127 (1% of patient population)
How the practice supported carers (including young carers).	The practice had a system that formally identified patients who were carers and written information was available for them signposting them to the various avenues of support. For example, a local carers organisation. Patients who were carers were offered annual health checks and influenza vaccinations.
How the practice supported recently bereaved patients.	The practice told us they would contact recently bereaved patients and offered them an appointment with a GP.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am-6.30pm
Tuesday	9am-6.30pm
Wednesday	9am-6.30pm
Thursday	9am-6.30pm (extended hours 6.30pm-8.30pm)
Friday	9am-6.30pm
Appointments available:	
Monday	9am-6.30pm
Tuesday	9am-6.30pm
Wednesday	9am-6.30pm
Thursday	9am-6.30pm (extended hours 6.30pm-8.30pm)
Friday	9am-6.30pm

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)	96.3%	93.5%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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. • There was a dedicated pharmacist who helped reduce polypharmacy (the prescribing of numerous medicines) for elderly patients. • In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • The practice worked closely with local organisations which helped older patients be more independent in their homes. • The practice worked closely with local organisations which helped prevent avoidable hospital admissions. • In addition to clinical treatment, clinicians were aware of the benefits of social prescribing and had links to community groups and support networks. For example, we saw elderly patients who stated they felt lonely had been offered to attend a local organisation where patients could meet and socialise with other people. • The practice in collaboration with the patient participation group organise a weekly walking group. We were told this cohort of patients particularly enjoyed this activity, and some patients told the practice it gave them an opportunity to speak to people on a regular basis, which they otherwise would not do. •

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> • Patients with multiple conditions had their needs reviewed in one appointment. • Patients with complex conditions and needs could request a double appointment with a doctor. • 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. • The practice hosted a walk-in phlebotomy service every Monday and Thursday 9am -12.30pm

- Nurses were trained in the management of chronic long-term conditions.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.
- 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 from 6.30pm-8.30pm on Thursdays for school age children so they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- The practice has two clinics per week dedicated to childhood immunisations and a GP session each week for 6 week checks.
- When the practice received a notification of a birth, the patient was telephoned and congratulated as well as being provided with advice on registration and appointments such as immunisations and 6 week checks.
- The practice was based in a community health center where community services are offered. The health visiting and school Nursing teams are located on the premises and they also provide routine checks and advice to families.

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 had reviewed its appointment system to give working age patients more access to its services. Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was operating GP extended hours service on Thursdays between 6.30pm-8.30pm.
- Pre-bookable appointments were also available to all patients at four local extended hours hubs commissioned by the local Clinical Commissioning Group. Appointments could be booked every weekday between 6.30pm and 8pm and every weekend 8am to 8pm.

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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had identified a high number of its patients did not have English as their first language. The practice had access to face to face and telephone translation services.
- The practice was aware of support groups within the area and signposted their patients to these accordingly, such as SHINE which is an Islington help service for vulnerable patients.
- The practice could book a professional British Sign Language interpreter for patients who are deaf.

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.
- The practice told us the standard appointment times were not applicable to this cohort of patients as they were always given extra time during consultations.
- 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, including iCope, an organisation providing mental health services.
- Regular multi-disciplinary team meetings were held with mental health care professionals from the local hospitals.
- The practice hosted a weekly clinic with a mental health worker and clinical psychologist.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	84.3%	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)	74.8%	69.7%	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)	66.7%	64.1%	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)	77.9%	72.6%	73.6%	No statistical variation

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.	8
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
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Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Attended a GP appointment for which patient states requested an interpreter to be booked however upon arrival there was no interpreter present.	The practice investigated this complaint and noted there was a special alert on the patient record which stated that the patient required an interpreter. On this occasion the person who booked the appointment had overlooked the alert. The complaint was discussed with all relevant staff, who were reminded the importance of checking all patient special notes and alerts when booking an appointment.
A patient felt that a reception staff member was rude and uncooperative, they requested to speak to the practice manager but was told that a manager was not available.	Following investigation and taking statements, it was acknowledged the staff member tried to deal with query appropriately. Patient requested to speak to practice manager but they were not on site. The practice reminded reception staff of how to deal with patients in the first instance and that if practice manager is not available another manager or senior staff member can be called in their place.

Well-led

Rating: Good

At the previous comprehensive inspection, 5 March 2019, we found the practice did not have clear and effective governance processes for managing and monitoring patients being prescribed high risk medicines, patients being referred under the two-week wait cancer referral service and maintaining the internal child safeguarding register.

At the follow up inspection, on 24 October 2019, were satisfied there had safe and proper policies and governance arrangements in place to address the previous concerns.

During this remotely conducted inspection, we were assured the systems the practice put in place following our previous inspections remained in place and we reviewed further evidence provided by the practice and we were satisfied that the practice continued to provide a well-led service.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• We saw evidence the practice had policies and governance arrangements in place to ensure patients on high risk-medicines were monitored and managed safely, the internal child safeguarding register was up to date and accurate, and there was a process to ensure patients referred under the two-week wait cancer referral service received and attended appointments.• There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.• The practice held clinical and non-clinical meetings regularly. We saw meetings were appropriately minuted, actions were logged and monitored and feedback was sought and noted.• We saw evidence of management interacting with its staff and keeping them informed of changes and current issues via email and meetings.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice informed us their vision was:</p> <ul style="list-style-type: none"> • To provide the best possible quality service for patients within a confidential and safe environment by working together irrespective of age, sex, gender, disabilities, health, religious beliefs or ethnic origin. • To involve patients in decisions regarding their treatment. • To provide patients choice of treatment and services. • To provide up to date health promotion and encourage good well-being and lifestyle choices. • To involve allied healthcare professionals in the care of our patients where it is in the patient's best interests. • To encourage patients to get involved and join the Patient Participation Group. • To continually monitor and review patient access and services. • To be courteous, caring, respectful and sensitive to patient needs. • To ensure and review staff training and skills according to needs of patients, the practice and personal development. <p>We saw evidence the practice regularly discussed their vision and values to ensure they were being met.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us the practice promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers. Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon. 	

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

Source	Feedback
Staff interviews.	Staff stated they were well supported and had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Examples of actions taken to address risks identified within the practice	
Medical Emergencies	Staff had received training in basic life support. Emergency medicines and equipment were in place, these were checked regularly, and trained staff knew how to use them.
Significant events and complaints	Complaints and significant events we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings were seen).
Infection prevention control	Staff had training in infection prevention and control, and the practice carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits.

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

Non-clinical staff dealt with a problematic patient and expressed they were not confident in dealing with that situation. As a result the practice organised training for staff called 'dealing with challenging patients' which was provided by a Clinical. Feedback from staff following the session was positive.

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)	≤ -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.