

Care Quality Commission

Inspection Evidence Table

Al-Shifa Medical Centre (1-545778823)

Inspection date: 9 May 2018

Date of data download: 08 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	N
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and	Y

pharmacists) was checked and regularly monitored.	
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any 'No' answers:</p> <p>Staff recruitment files we looked at did not contain some of the required information, for example declarations from staff members that they were physically and mentally fit to perform their roles. In one file the employment references post-dated the start date of the employee and in one file an employment reference confirmed via a telephone call had not been documented. We looked at the practice's recruitment policy and found it was comprehensive and well written. We spoke with one of the GPs about the issue and they confirmed that the medical fitness of newly recruited staff had been checked but they had failed to document this, we were told that this would be rectified in any future recruitment processes. On 16 May 2018 we were sent confirmation that medical declarations for current staff employed had been completed and retained on their recruitment files.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	N
There was a record of equipment calibration Date of last calibration:	Y 25 April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	N 24 June 2011
Actions were identified and completed.	Y
Additional observations: The practice fire safety policy had been reviewed. Gas safety check completed Fire evacuation conducted	24 June 2017 3 May 2017 12 July 2017

Health and safety Premises/security risk assessment? Date of last assessment:	Y 10 April 2018
Health and safety risk assessment and actions Date of last assessment:	Y 10 April 2018
Additional comments: Legionella report completed 6 December 2017, no actions required.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: June 2017	Y
The provider acted on any issues identified	Y
Detail: Control of hazardous and hazardous substances (COSHH) audit completed 12 October 2017 Hand washing police review conducted June 2017	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any 'No' answers: The lead GP told us portable appliance testing (PAT) had been completed however was unable to provide evidence that it had been. Whilst we were present at the practice the lead GP contacted an external registered company and arranged for PAT testing to be completed as soon as possible. We were sent evidence on the 16 th May 2018 that PAT testing had been completed on 15 May 2018. Whilst we were present the lead GP arranged for a fire risk assessment to be completed by an external contractor, this was completed on Monday 14 May 2018, there were no major risks identified in the report.	

Any additional evidence

We noted cleaning schedules and audits were in place and activity was recorded weekly.

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	N
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	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 'No' answers:	
We noted that not all patient notes were comprehensively coded. We spoke with the lead GP about this and they agreed more coding of patient notes could improve information accuracy.	

Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017) ^(NHSBSA)	0.70	1.06	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) ^(NHSBSA)	4.0%	8.2%	8.9%	Variation (positive)

Medicine Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management 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 audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers: Two recommended emergency medicines (for croup and heart failure) were not present in the emergency medicines available. We spoke with the lead GP who told us that these would be reviewed and additional medicines added where appropriate. Two additional recommended medicines were not present, these were discussed with the provider, who gave an assessment of why they were not kept	

on the premises and told us they would document the rationale.

We noted that when recording fridge temperatures where temperature sensitive medicines were stored, only the current temperature was recorded. We discussed this with the lead GP and the benefits of recording the maximum and minimum temperatures since the last check. We were told that if the thermometer went outside the permitted levels, either above or below, then an alarm would sound and red light would remain displayed until manually cancelled, alerting staff that the fridge had been outside permitted temperatures. The lead GP accepted that also recording maximum and minimum temperatures had benefits for auditing. We were later sent evidence that the new recording procedures were in place.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	1
Number of events that required action	1

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

Event	Specific action taken
Patient registered with another practice attempting to obtain prescription medication	The incident was recorded, discussed and reviewed, measures were introduced to attempt to identify future instances. The appropriate authorities were informed and the matter discussed with the other practice concerned. The identity of the patient was made available to all staff in case there was a future attempt made.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: The system in place was paper based, however we were shown examples of where alerts had been appropriately actioned. We discussed the benefits of recording electronically all alerts and any action taken. The lead GP recognised the benefits of an improved system and told us they would review the management of safety alerts.</p>	

Any additional evidence

We noted that some higher risk medicines were not monitored as often as national guidance suggested, we spoke with the lead GP about this and they agreed that they would review and update systems to ensure monitoring of these medicines was improved.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	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). (01/07/2016 to 30/06/2017) (NHSBSA)	1.53	1.32	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	75.7%	78.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	91.9%	77.6%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol	83.9%	81.2%	80.1%	Comparable to other practices

(measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Other long term conditions				
Indicator	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. (01/04/2016 to 31/03/2017) (QOF)	90.6%	77.1%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.1%	91.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.4%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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. (01/04/2016 to 31/03/2017) (QOF)	86.7%	86.8%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	()	0.0%	0.0%

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	25	28	89.3%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	24	24	100.0%	Met 95% WHO based target Significant Variation (positive)
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) (01/04/2016 to 31/03/2017) (NHS England)	24	24	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	23	24	95.8%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	49.2%	64.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	42.6%	59.1%	59.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)				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. (PHE)	100.0%	76.0%	67.1%	N/A

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	96.2%	90.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.2%	91.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	84.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	534	487
Overall QOF exception reporting	8.7%	7.0%	5.0%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, 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.	Y
<p>Any further comments or notable training:</p> <p>The practice had a professional registration policy and ensured that all staff were up to date with the registration and insurance liabilities.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.5%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	

Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	42.9%	53.8%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Staff we spoke with understood consent and the need to obtain and record appropriately. We were given examples of how staff dealt effectively with consent issues and made best interest decisions. Staff had received training in relation to the mental Capacity Act 2005.

Any additional evidence

Whilst the percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) was slightly below the 90% target rate at 89.3%, this figure would have been above the threshold had one more child received a vaccine. This was due to the very small numbers of children in this bracket (25 from 28 possible). One more child vaccinated would have altered the figure to 93%. All other childhood vaccination figures were significantly higher than the local and national ones.

The practice had significantly higher performance figures for monitoring asthma (well above the local and national average). The practice believed this was due to the small numbers of patients and their knowledge of their patient list.

The area that the practice found most challenging in QOF was in relation to cervical screening, they were aware of the issues. The performance figure for this area was well below the local and national averages. The practice identified that this was mainly due to the high number of females from black and ethnic minority groups, who did not readily undertake smear tests. The practice had recently recruited a nurse to assist in promoting patients to attend the practice and have the appropriate test. We spoke to the lead GP who told us that more opportunistic testing would be offered so that female patients would not have to return for another appointment. The practice utilised a screening and immunisations toolkit to maximise their opportunities in having patients undertake the appropriate test and treatments.

We noted that the practice did not code on patient notes some minor conditions, we discussed the advantages of doing this with the GPs, they agreed that there were some advantages and we were informed that all illnesses would be coded onto patient notes.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	I get looked after for me. The doctors care about my health but also about the troubles I have had in my life. The reception ladies are SO kind. I feel like I would be lost without the support of this practice.
Patient CQC comment cards	All 21 cards were very positive about the care and treatment they received. Cards named individual members of clinical and reception staff and extolled their high levels of care and compassion.
Patients we spoke with	We spoke with five patients on the day of the inspection, all were positive about their treatment. Some patients we spoke with had moved away from the area but remained as patients at Al Shifa such was the regard for the high level of care they received.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2980	375	12.6%	66	17.6%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	74.7%	76.7%	78.9%	Comparable to

survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)				other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	89.3%	88.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	83.6%	95.3%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	90.1%	85.9%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.9%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	90.7%	90.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
June 2017	Patients identified that waiting times to see GPs at the practice had increased, as a result GP hours had been increased by employing two long term locum GPs. Patients were very satisfied with the caring nature of the staff. The waiting area scored poorly on appearance.

Any additional evidence
The practice had identified that 36 different languages were spoken by patients in their area. We noted GPs at the practice spoke a number of different languages including Urdu, Bengali, Hindi, French and Nepalese. Information was also available in the language of the four highest number of non-English languages identified from a study of local demographics.

“Big Word”, braille and Easy read formats were also available for patient information.

The practice held registers for war veterans, travellers and homeless people and took pride in offering service to anyone who may require it and never turning a person away.

The practice operated a “safe surgery” principle in partnership with “Doctors of the world”. This aimed to offer healthcare and treatment to anyone regardless of their immigration status, race, gender, sexuality or other characteristic. Staff had received training on specific barriers faced by vulnerable groups and how to mitigate these barriers.

One GP at the practice was due to attend (12th and 13th May 2018) a “Homeless and Inclusion” health workshop, this was aimed to educate healthcare professionals on the inequalities, needs and mental health issues faced by homeless people.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with felt that were very much involved in their treatment and the decision making leading to that treatment.
NHS Choices (November 20 17)	Identified that all four doctors at the practice were very good at involving patients (and their children) 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 the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	82.4%	86.5%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	82.1%	82.2%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to	91.6%	89.6%	89.9%	Comparable to other practices

31/03/2017) (GPPS)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	90.5%	85.6%	85.4%	Comparable to other practices

Question	Y/N
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 easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	There were 21 patients identified as carers which represented 1% of the population.
How the practice supports carers	<p>There was a dedicated noticeboard in the waiting area providing information on where support was available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and also an annual health check.</p> <p>The practice maintained a carer's support policy and a carer support pack, which contained a variety in information indicating where support could be accessed as well as support within the practice.</p>
How the practice supports recently bereaved patients	<p>We were told that because the practice was small and staff turnover was low, the practice had a good knowledge of the families on their list. For example, when a family known to the practice was bereaved, the practice immediately recognised that further support was necessary and arranged for this without delay.</p> <p>One of the GPs was a palliative care lead and regularly attended funerals of patients in his care who had passed away.</p>

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice waiting area was situated away from the reception desk. Staff answering telephones were positioned away from the front reception counter.

Question	Y/N
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
Examples of specific feedback received:	

Source	Feedback
Patients spoken to on the day of inspection	We heard many positive comments relating patient being treated with dignity and respect and also how the reception staff went out of their way to be respectful and maintain patient confidentiality.
NHS Choices	Strong feedback from one patient relating to the kindness and compassion shown by the GP at the practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times		
	Day	Time
Appointments available	Monday	08:30 – 18:00
	Tuesday	08:30 – 18:00
	Wednesday	08:30 – 18:00
	Thursday	08:30 – 18:00
	Friday	08:30 – 18:00
	Saturday	Closed
	Sunday	Closed
The practice routinely closed between 12:30 and 14:00; however any calls to the surgery were routed to an "on call" mobile telephone so that one of the GPs could speak to patients needing advice or an urgent appointment.		

Extended hours opening	Extended hours operating from 18:30 to 20:00 on Mondays. The practice contributed to a local federated service where their patients could access a variety of clinical services 08:00 to 20:00 seven days a week. Appointments could be booked via the practice.
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Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>All requests for home visits were reviewed buy one of the GPs who routinely called to patient back to assess the urgency of the request. They then prioritised by way of their clinical judgement of risk and need. In some cases the GP or reception staff would ring 999 for an emergency ambulance if the need was assessed as being that urgent.</p>	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	80.9%	79.1%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	82.4%	68.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	83.5%	71.8%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	72.6%	70.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There were several recent comments of NHS Choices indicating that obtaining an appointment and being seen by a clinician was easy to do. One patient compared access to their previous practice in another city and was very impressed by the speed and care delivered by Al Shifa.
Patients interviewed on the day of inspection	Patients we spoke with were overwhelming complimentary about access to appointments at the practice

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
There was a comprehensive and appropriate complaints policy and procedure. Information on how to make a complaint was readily available and visible to patients. The complaint we examined had been well documented and thoroughly investigated. Responses to the complainant were timely and appropriate. The practice told us that apologies were offered when it was right to do so.	

Any additional evidence
Appointments were pre bookable up to four weeks in advance; both routine and emergency appointments were available on the afternoon of our inspection.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

Vision and strategy

Practice Vision and values
<p>The practice had a charter which all staff were aware of and contributed to:</p> <p>Treating patients with courtesy and respect, seeing a doctor of their choice, keep records confidential, receive appropriate prescriptions, being offered health screening, being referred for a specialist opinion (where appropriate) and receiving emergency care.</p> <p>The charter also detailed what patients could expect in terms of appointments and waiting times, test results and health promotion.</p>

Culture

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

Source	Feedback
Staff interviews	We were told that the culture of the practice was supportive and open in dealing with all matters. We were told that all staff contributed well to aims of the practice and that there was a very friendly working environment. Staff supported each other and GPs and managers were always willing to give guidance and advice.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff interviews	We were told that the management at the practice had introduced a new and flexible shift pattern for one of the administration staff to support their child care arrangements.
Staff interviews	One member of staff had suggested a new approach to dealing with stationary, as a result this was trialled by the practice and found to be effective, the staff member then took the lead for stationary arrangements.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
SEA	A member of clinical staff had taken a blood sample using the incorrect receptacle for the type of test required. This was identified by the laboratory and an investigation led to an apology to the patient and additional blood test and learning for the staff member.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	A staff member had recognised that foodstuffs were thrown away at the end of each week and this was wasteful. A system was introduced whereby food stuff nearing their expiry date were utilised before they became wasted. For example given to staff.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. Y	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff Induction procedures	Staff members were given the opportunity to choose their chair of preference and the practice purchased these to promote staff wellbeing and comfort.
Management interviews	We were told that the management at the practice monitored the time that administration staff were working on VDUs and engaged with them to ensure sufficient breaks were taken.
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training and infection prevention and control procedures.
Staff records	Staff immunisation records were kept by the practice to ensure that relevant staff and patients were protected appropriately.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff interviews	We were told that due to differing personal and religious beliefs different foodstuffs were routinely supplied by management for example Halal and vegetarian to meet people's needs and preferences. Time off from work was offered to meet religious festival needs for example Eid al-Fitr and Ramadan.
Training Records	Staff had received specialist training in removing barriers to care for vulnerable groups, for example illegal immigrants.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	One of the student doctors had recently undertaken an audit relating to advance care planning in patients at the practice. The audit resulted in more care plans being developed appropriately for patients wishing to make plans and decisions which they may not be able to do later in life. The audit identified that 7 patients had a current advanced care plan, a later re-audit showed this had increased to 19.

Examples of service developments implemented in past 2 years

Development area	Impact
Vulnerable patients	The practice had worked with the TS4SE cooperative based locally, who “support the integration of new communities, help improve communication and understanding across communities and services, and support people that really want to make positive change.” This work was mainly aimed at ensuring immigrants who needed primary care could access it easily and without barriers.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice learned from complaints and put measures in place to prevent similar complaints arising again. One example being a complaint relating to prescription availability.
Practice specific policies	The practice maintained a suite of policies to govern activities; these were available to all staff in a shared memory stick and in folders located within the reception area.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Carbon Monoxide detectors	A recent visit by contractors identified there were no carbon monoxide detectors within the practice, some were immediately fitted in appropriate locations.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Feedback forms in the waiting area. Engagement with the patient participation group (PPG).	Ongoing assessment of services and discussion of any suggested improvements. For example, patients involvement in planning new practice extension.
Public	Practice website. Attendance at local community meetings.	Improved flow of information to and from the practice. Better awareness of local services and amenities, for example the local friendship club.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Innovative training	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future. Utilisation of local groups training skills to meet training needs specific to the diverse patient group.

Feedback from Patient Participation Group;

Feedback

The five members of the PPG who we spoke with said that they were contacted to ask for their views on possible service changes. The group displayed an appetite to be more fully involved in other aspects of the practice. We discussed this with the lead GP who was also keen to have the group more actively involved in day to day activities.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Building Plans – The practice has advanced plans to extend the practice to meet increasing patient numbers and generally improve facilities for patients and staff. The practice has engaged with patients to canvass their thoughts on these developments. Suggestions which have been made and agreed by the practice include a light well into the surgery to improve natural lighting.	Patient inclusion in future plans for the practice increasing patient relationships. Improved patient experiences and facilities.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Footfall Website	The practice has been involved in a collaborative venture with other local practices to develop an area website where patients can access services via a single home page and where various services are displayed in a similar way to consolidate and standardise the way that patients in South Manchester access care and information on line.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Smear tests	The new practice nurse has been undertaking an audit of the smear tests she has been conducting and checking the results and feedback on the standard of the tests conducted from the laboratory. To date the standard has been 100%. This is an ongoing audit.
Obstetric audit	An audit of ante natal care was conducted to check that correct levels of folic acid had been given to mothers to be as guidance had recently changed. Also audited was whether blood pressures had been checked and whether referrals had been made to maternity services. Results revealed that 100% of patients requiring blood pressure checks and referrals had been completed. However some patients had not been given the new higher levels of folic acid as the new guidance suggested, this was discussed at the next meeting and clinicians were reminded to provide the new doses.

Any additional evidence
<p>There was an overarching governance framework; each GP had an identified lead role or area of special interest or expertise. Staff we spoke with knew how the practice was structured and who to go to advice on any subject matter.</p> <p>The practice hosts student doctors and has received positive feedback from these placements including recognition of Dr Mohammad as being “inspirational, friendly and charismatic” and the placement being “fantastic”</p>

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)

- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>