

Care Quality Commission

Inspection Evidence Table

Belmont Health Centre (1-550950420)

Inspection date: 17 May 2018

Date of data download: 09 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes*
Policies were in place covering adult and child safeguarding. They were updated, reviewed, and accessible to all staff.	Yes Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
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.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Additional notes*	
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff; however, these required monitoring as:	
<ul style="list-style-type: none">• One new member of staff, who had been in post for a few months, had not been trained in child safeguarding.• The child protection policy referred to the Primary Care Trust (PCT) instead of the Clinical Commissioning Group (CCG).	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: n/a	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: Main surgery: January 2018 Branch surgery: April 2017 Next testing noted by contractor as due by Jan 2019	Yes
There was a record of equipment calibration Date of last calibration: Main surgery: January 2018 Branch surgery January 2018 Next testing noted by contractor as due by Jan 2019	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: Main surgery: 27/04/18 Branch site: 23/11/17	Yes
Actions were identified and completed.	Yes

<p>Additional observations:</p> <ul style="list-style-type: none"> • There was a Control of Substances Hazardous to Health (COSHH) policy in place for both sites and a COSHH risk assessments had been carried out. • There was no fire alarm at the branch site. Smoke detectors fitted and checked. 	
<p>Health and safety Premises/security risk assessment? Date of last assessment: n/a</p>	No
<p>Health and safety risk assessment and actions Date of last assessment: Main surgery: 01/11/17 Branch surgery: 18/05/18</p>	Yes
<p>Additional comments:</p> <ul style="list-style-type: none"> • Branch surgery health and safety risk assessment was not comprehensive as it focused on blind loop cords only. Upon inspection, we found there were areas that required some cosmetic updating but there was no evidence of major environmental hazards or risks observed at the branch surgery. The practice had recently obtained an infection control, fire and Legionella risk assessment and acted on the findings relating to the branch surgery which included overloaded plug sockets; materials placed near fuse board; poor signage of exits, lack of fire equipment. All actions were completed and next assessment due end of 2018. • A gas safety inspection was carried out at the branch surgery on 22/11/17 and the boiler was replaced. • Electrical installation inspection was carried out at the branch surgery on 27/11/17. • Legionella risk assessments were carried out at the branch surgery. The recommendations were to conduct water temperature checks at 50 degrees to destroy bacteria; however, we found that water temperature was being recorded at 40 degrees only. • Security policy in place for both sites instead of security risk assessment. All areas of the branch premises were securable with keypad locks on doors. 	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: Main surgery: 15/06/17 Branch surgery: 12/12/17</p> <p>The provider acted on any issues identified</p> <p>Detail: Main surgery: Infection control audit carried out by external NHS team. We saw evidence of recommended action taken which included; wall mounted fan removed from treatment room and wall surfaces in two treatment rooms repaired as per recommendations.</p> <p>Branch surgery: Infection control audit carried out by external NHS team. We saw evidence of recommended action which included; tiles replaced by smooth splashbacks behind sinks; implementation of sharps handling policy; infection control training completed for non-clinical staff; legionella risk assessment completed; flooring in treatment and consultation rooms replaced; mop storage improved and stock record for branch site vaccines introduced.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: n/a</p>	

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Explanation of any 'No' answers:</p> <p>The non-clinical staff we spoke to regarding sepsis were not aware of how to identify the presentation by an acutely unwell patient and none had received training.</p>	

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.	Yes
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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	No
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
<p>Explanation of any 'No' answers:</p> <p>Although there was a documented approach to managing test results, we found two abnormal test results, one radiology and one pathology test result, dating back to October 2017 had not been viewed or actioned. On review of these results, we found suitable action had already been taken by an outpatient clinic for the pathology result and the radiology result did not require further action. The practice was made aware of this during the inspection and was to carry out an investigation into this matter. They contacted the affected patients to issue an apology and to inform them of their results. Following this, they updated their pathology reports policy and allocated an assistant who, together with all the GPs, was responsible for matching and following up on all pathology results on a daily</p>	

basis.

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)	0.78	0.97	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)	10.2%	13.3%	8.9%	Comparable to other practices

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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes Yes N/a
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes

Both were checked regularly and this was recorded.	
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers: No controlled drugs stored on both premises.	

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	Yes
Staff understood how to 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.	8
Number of events that required action	6

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

Event	Specific action taken
Patient suffered a cardiac arrest outside the surgery during a Saturday morning clinic	Patient attended to by two GPs who performed effective cardiopulmonary resuscitation (CPR) including defibrillation. Patient was stabilised and transferred to hospital.
Telephone system at main surgery stopped working one morning and staff felt there was insufficient regarding a backup system in such a situation	Business continuity plan updated and all essential numbers were displayed in the reception area as well as on Emis, their computer system, for staff to access easily. This was communicated to staff via an email and discussed at the next practice meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <ul style="list-style-type: none"> The lead GP and practice manager receive patient safety alerts and disseminate to all staff, including clinical pharmacist who reviews all drug safety alerts. Safety alert spreadsheet with action taken seen. All safety alerts discussed at practice meetings. Saw evidence that staff kept a safety alert folder on their desktop. 	

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)	0.74	0.64	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)	82.8%	79.9%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2%	8.3%	12.4%	
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)	83.5%	77.7%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2%	7.1%	9.3%	
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QoF)	81.9%	80.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5%	9.2%	13.3%	
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)	77.4%	77.1%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5%	3.6%	7.7%	
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)	92.4%	92.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.1%	8.1%	11.4%	
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)	83.8%	83.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2%	2.9%	4.0%	
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)	76.7%	81.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2%	9.7%	8.2%	

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)	161	166	97.0%	Met 95% WHO based target Significant Variation (positive)
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)	132	141	93.6%	Met 90% Minimum (no variation)
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)	134	141	95.0%	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)	135	141	95.7%	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)	60.5%	62.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)				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)				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)	92.5%	91.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 18.9%	CCG Exception rate 8.2%	England Exception rate 12.5%	
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)	90.8%	91.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 17.4%	CCG Exception rate 6.7%	England Exception rate 10.3%	
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)	84.9%	88.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 5.2%	CCG Exception rate 5.2%	England Exception rate 6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	535	487
Overall QOF exception reporting	7%	5%	5%

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.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	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
<p>If no please explain below:</p> <p>Although there were gaps in training such as mental capacity act training, the practice could demonstrate that staff had the skills, knowledge and experience to deliver effective care.</p> <p>Any further comments or notable training:</p> <ul style="list-style-type: none"> • The GPs had received further training and specialised in cardiology, rheumatology, dermatology and paediatrics. One of the lead GPs provided minor surgery to all patients in the Harrow area every week. • Two healthcare assistants were medically qualified and had undergone their Care Certificate for Healthcare Assistants Training. They were involved in chronic disease management and secondary prevention and were supervised by the lead GP. • The treatment room nurse was responsible for the follow-up consultations for all the three surgeries based at the practice, as well as being the enhanced nurse practitioner for the practice housebound patients. 	

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)	97.4%	96.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9%	0.6%	0.8%	
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)	58.5%	59.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinicians showed us examples of how they recorded consent. Consent form seen for minor surgery. They understood Gillick competence and Fraser Guidelines.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	95
Number of CQC comments received which were positive about the service	89
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Comment cards: Patients felt satisfied with the service and felt the staff were mostly caring, kind and respectful. Three mixed comments were received about reception staff attitude and telephone access; however, the telephone access issues were raised prior to the implementation of the new telephone system.</p> <p>NHS Choices: A patient felt rushed through their appointment and their concerns were not listened to. The patient was encouraged to make contact with the practice and they submitted a written complaint. The GP sent out a letter of apology and a detailed explanation of their treatment.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
12,979 patients	323	2%	100	39%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient 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)	72.3%	74.6%	78.9%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.2%	87.3%	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)	92.9%	95.2%	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)	83.9%	83.0%	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)	95.3%	87.8%	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)	94.6%	86.7%	90.7%	Comparable to other practices

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

Any additional evidence
Patients provided feedback through the 'I Want Great Care' option on the practice website. There was also a link on the practice website that redirected patients to the NHS Choice website to leave feedback and rate the practice using a five-star system.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>We spoke with one patient who was also a member of the Patient Participation Group (PPG). They were happy with the practice and felt they offered a good service; however, they expressed frustration at the delay of the building redevelopment works due to take place at the surgery.</p> <p>We spoke to one patient at the branch surgery who was very happy with the service and expressed a preference to attend the branch surgery as better access to appointments. They felt the GPs engaged with patients well and services were organised well.</p>

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)	88.6%	85.6%	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)	84.3%	79.5%	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 31/03/2017) (GPPS)	92.6%	87.1%	89.9%	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 involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	92.2%	80.8%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 143 patients as carers (1% of the practice list).
How the practice supports carers	Designated carers corner in the waiting area. Carers were offered annual flu vaccinations.
How the practice supports recently bereaved patients	Patients were discussed at practice meetings and condolence letters were sent to patient's family. The GPs carried out home visits.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was situated in its own area and away from the other three GP surgeries and walk in centre. A privacy screen was in place and there was a queue system, which enabled patients to speak to the reception team privately.

Question	Y/N
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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Appointments available	
Monday	08:00 -18:30
Tuesday	08:00 -18:30
Wednesday	08:00 -18:30
Thursday	08:00 -18:30
Friday	08:00 -18:30
	08:00 -18:30
Extended hours opening	
Tuesday	18:30 – 20:00
Saturday	09:00 – 12:00

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	Yes
If yes, describe how this was done	
<p>There was a home visit protocol in place. Home visit requests received by reception staff members were recorded on the shared computer system and the lead GP was informed. The lead GP would contact the patient requesting the home visit to assess whether it was required and carry it out if clinically necessary.</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)	82.2%	77.5%	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)	49.2%	64.2%	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)	71.0%	69.4%	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)	71.2%	67.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>NHS Choices:</p> <p>There was a mixture of feedback from NHS Choices and practice was rated four stars overall. Negative comments made reference to poor staff attitude and delayed appointments.</p> <p>The latest feedback received on NHS Choices wrote: "I've seen several GPs at Belmont, but generally stayed with two, which is accommodated. I've always been given time and respect and confidentiality. It's difficult for others to understand delays when a patient before has a new problem or diagnosis. It's confidential and we need to be patient. It might be us another time. Phlebotomy, practice nurse, GP's, minor surgery, vaccines have always been accommodated".</p>

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>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
A letter of apology was sent to a patient after their telephone consultation with the GP did not take place as agreed.	

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

The mission statement for the practice was a comprehensive statement that placed their patients, their practice and community and their practice team at the core of their services.

Culture

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

Source	Feedback
Administration staff	Felt the practice worked well as a team and felt the environment was friendly, flexible and understanding.
Clinical Staff	Felt supported by the team and were happy with the opportunities to develop within the practice. Nursing staff enjoyed attending monthly nurse forums. They felt there was a good relationship between the managers and staff.

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

Source	Example
Clinical Staff	One clinical staff member told us that Patient Specific Directions (PSDs) used to be recorded on paper. After attending a nurse forum, the staff member suggested they record PSDs on patient consultation records first. This was implemented by the practice and on inspection, we saw that PSDs were recorded on the patient records.

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

Source	Example
Administration staff, GP and outside agency	There had been a potential breach of confidentiality when a patient's letter to an outside agency had a different patient's confidential letter attached to it. This error could have affected the outcome. This was discussed at a partners' meeting and the document handling protocol was reviewed and updated and all staff were invited to a special meeting to discuss the new documents handling protocol.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Practice manager and Treatment Room Nurse	The treatment room nurse was employed by the practice; however, her computer system did not have access to the practice shared drive, so she did not have immediate access to practice policies and procedures and was could only access them from a folder in the practice manager's room. This was because her computer system was not set up with this option. With assistance from the IT help desk, the practice installed their shared drive on the nurse's computer for her to

	access.	
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.		Yes

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

Source	Example
Branch staff	Staff working at the branch surgery were clear about security protocols. The reception office was secured with key coded door and a small window to the waiting area reduced risk. The practice manager regularly went to the branch site to ensure wellbeing of staff.
Practice manager	Flexible working was given to a young mother who requested flexible working during school holidays. The practice accommodated this request.

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

Source	Example
Practice Manager & staff	Development of new roles in the surgery e.g. in connection with social prescribing

Examples of actions to improve quality in past 2 years

Area	Impact
Medicines Management	Recruited a clinical pharmacist to carry out all medicines reviews and review all incoming drug safety alerts.
Enhanced Nurse Practitioner	Recruited their treatment room nurse into the enhanced nurse practitioner role. She carries out all follow-up appointments as well as reviews for housebound patients on the
Flu immunisations	Carried out an annual Saturday flu immunisation clinic over eight weeks and achieved an 80% success rate.

Examples of service developments implemented in past 2 years

Development area	Impact
Premises	As practice shares ground floor premises with three other surgeries and a walk-in centre, there had been funding approved by NHS England to redevelop the premises and create further space. However, this was placed on hold due, affecting progress and all services located in the premises. Staff and patients expressed frustration at this during inspection visit as concerns were raised that premises are overcrowded.

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	Incident and complaints policy in place. Partners meetings, Practice meetings, Staff meetings
Practice specific policies	We saw that policies and procedures were in place and staff could access these on a shared drive.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
------	---------------------------------------

Blind loop cords in reception area	Hanging loop cords were secured onto the available safety hook. A risk assessment was also carried out.
Fire inspection carried out on 19/02/18	Two extinguishers replaced as per recommendations

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Noticeboard; Practice website; 'I Want Great Care' accessible on website; Patient Activation Measure Statement (PAMS) score; PPG	Improved communication and increased patient independence and facilities.
Public	Via CCG	Improved services to meet the needs of the local population
Staff	Practice and partners' meeting, training sessions	Staff feel engaged with developments in the practice
External partners	Multi-disciplinary team meetings, CCG meetings, Practice nurse forums, email	Engagement through the CCG ensures a needs based approach with co-ordination with other local practices.

Feedback from Patient Participation Group;

Feedback
Members of the Patient Participation Group were happy with the service provided by the surgery but expressed their frustration at the delay in the premises redevelopment work.

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

Examples	Impact
PPG meeting last held in November 2017	Members felt there was no requirement to reconvene until there was an update on the redevelopment work funding from NHS England.
PPG purchased metallic signs to display around the reception area	As there are three surgeries and walk in centre based on the same premises, the signs make it clearer for patients to navigate to the correct practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Installation of real-time call monitoring system.	Continuously monitors inbound and active call activity and reduces patient call waiting times
Lead GP for minor surgery introduced this service not only to practice patients but also provides this service to patients living in Harrow every week.	Care is accessible to the local population. Joint working with other local practices helps improve the health of the local population.
Older people offered pessary insertion and removal service	Older patients do not have to travel to hospital to receive this service.
'Daphne – Diabetic educational support programme' for newly diagnosed diabetics.	Patients with diabetes were supported by the diabetes specialist nurse and clinical staff who had undertaken enhanced diabetes training. Performance for diabetes indicators were above the CCG and national averages.
Patients were referred for exercise to improve population's health.	There was a 70% uptake rate for exercise referrals.

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

Audit area	Impact
Monitoring of patients on oral-anticoagulants	Implementation of a new active monitoring alert system, also known as a due date alert monitoring diary that listed patient names, what was due and the due date.
Record keeping audit	Improvement found in overall record keeping with some improvement required in recording chaperone offers.
Improving uptake of flu immunisation in patients with learning disability	Practice removed possible barriers which affected uptake which included difficulties reading and understanding information regarding clinics, insufficient information for carers, crowded waiting areas, noise and fear of injections. Reasonable adjustments were made and Saturday flu immunisation clinics were introduced with longer appointments offered, GP lead for learning disabilities carried out these clinics, easy read letters were sent to patients and their carers, and nasal vaccines were offered.

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>