

Care Quality Commission

Inspection Evidence Table

Dr N Hayward and Partners (1-544758599)

Inspection date: 7 June 2018

Date of data download: 06 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	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.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
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 including people with a learning disability, people receiving palliative care and those with a mental illness.	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
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 and if relevant to role.	Partial
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
<p>Explanation of any answers:</p> <p>We saw that most staff had been invited to review their vaccination status at appointment and that this was recorded on staff files. One clinician did not have their vaccination status recorded and there was not a written staff vaccination policy. The provider gave us assurance during the inspection that this would be immediately reviewed. Following the inspection, we were told that a written policy had been drafted and was being implemented by the provider.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 28/05/18</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: 07/09/18</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion: 29/05/2018</p>	Yes
<p>Actions were identified and completed. We saw that actions from the fire risk assessment undertaken in 2017 had been completed. The provider was waiting for the report of the most recent fire risk assessment.</p>	Yes
<p>Additional observations: N/A</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 13/03/2018</p>	Partial
<p>Health and safety risk assessment and actions Date of last assessment: 04/18</p>	Yes
<p>Additional comments: The risk assessment activity was focused on information governance activity and was did not consider all operational risks to the premises. The provider gave assurance that this would be reviewed.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The practice had scored highly with minimal actions required.	Yes 30/05/18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: N/A	

Any additional evidence
We saw that a legionella risk assessment had been undertaken and the appropriate safeguards were in place to minimise risks to staff and patients.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: N/A	

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
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.	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: N/A	

Appropriate and safe 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) (NHS Business Service Authority - NHSBSA)	1.10	1.07	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or	4.7%	5.5%	8.9%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)				

Medicines 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 Patient Group Directions or Patient Specific Directions).	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
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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council 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.	Yes
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

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.	102
Number of events that required action	102

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

Event	Specific action taken
Delay in issuing a prescription due to an administration error.	We saw that the practice had reviewed the circumstances and process in issuing a prescription and ensured that the document scanning system was understood by the relevant staff.
Breach of patient confidentiality.	We saw that the practice had reviewed the circumstances surrounding the event and ensured that all staff had reviewed their approach to avoid a recurrence.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: N/A	

Any additional evidence
We saw that significant events were recorded and discussed across the team. Events captured were broad in scope, which accounted for the high levels of recording. We saw evidence that events were discussed at the relevant meetings and that some learning was informally shared. However, we saw that the provider did not always take a consistent approach in documenting and reviewing the learning from events. We were given assurance during the inspection that this would be reviewed.

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)	1.27	0.65	0.90	Comparable to other practices

People with long-term conditions

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)	85.6%	80.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (90)	11.1%	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)	86.6%	80.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (29)	9.9%	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)	79.9%	81.2%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	20.0%	(100)	15.9%	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)	76.6%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (15)	7.1%	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)	91.5%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (27)	11.1%	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)	87.7%	85.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (67)	5.2%	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)	95.4%	89.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (11)	9.4%	8.2%	

Any additional evidence or comments: N/A

Families, children and young people

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)	97	102	95.1%	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)	99	107	92.5%	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)	99	107	92.5%	Met 90% Minimum (no variation)
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)	98	107	91.6%	Met 90% Minimum (no variation)
Any additional evidence or comments: N/A				

Working age people (including those recently retired and students)

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)	69.8%	73.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	62.4%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.6%	53.4%	54.6%	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)	71.8%	69.5%	71.2%	N/A

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) <small>(PHE)</small>	62.2%	61.6%	51.6%	Comparable to other practices
Any additional evidence or comments: N/A				

People experiencing poor mental health (including people with dementia)

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)	92.7%	93.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (12)	12.1%	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)	93.8%	95.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (6)	9.4%	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)	89.5%	85.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (9)	8.0%	6.8%	
Any additional evidence or comments				
N/A				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	548	539
Overall QOF exception reporting	6.6%	6.0%	5.7%

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) <small>(QOF)</small>	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) <small>(QOF)</small>	97.9%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (15)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that consent was sought and recorded in the patient notes appropriately.

Any additional evidence
N/A

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	26
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment cards	<p>Patients told us that staff were highly professional and kind. Comments included compliments about the friendliness of reception staff and that staff would always listen and try to be flexible in arranging appointments and care.</p> <p>Several patients said that appointments were difficult to obtain, and that they had experienced a delay of several weeks for a routine or non-urgent appointment.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,247	308	111	36.04%	1%

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)	88.1%	74.8%	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)	89.4%	88.3%	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)	97.8%	95.4%	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)	88.8%	86.1%	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)	88.8%	91.1%	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)	93.3%	90.8%	90.7%	Comparable to other practices
Any additional evidence or comments: N/A				

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

Date of exercise	Summary of results
Ongoing	The provider analysed the Family and Friends Test monthly and compared their results with the other partner members of Affinity Care. We saw that the provider consistently scored more than 90% of patients highly recommending the practice.

Any additional evidence
N/A

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards.	Patients told us on several comment cards that they felt involved and consulted in deciding on their treatment options.

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)	85.3%	85.7%	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)	82.8%	80.6%	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)	89.9%	89.9%	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)	83.5%	84.9%	85.4%	Comparable to other practices
Any additional evidence or comments: N/A				

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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The provider maintained a carers' register and we saw that 209 patients were recorded as carers. This represented more than 2% of the patient population.
How the practice supports carers	There was a carers' notice board which also highlighted services for young carers. We also saw that the support for carers was discussed by the patient group and prioritised by the practice.
How the practice supports recently bereaved patients	There was a practice bereavement leaflet and the practice told us they telephoned the patient's family when appropriate, offering support.

Any additional evidence
N/A

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	Although the reception was open plan and conversations could potentially be overheard, reception staff modulated their voice and were discreet. We observed that music was played to assist in maintaining confidentiality.

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

Examples of specific feedback received:

Source	Feedback
Comment cards	Patients told us on several comment cards that they always felt that their privacy and dignity was protected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm

Appointments available	Variable times throughout the day from 8am.
Extended hours opening	6.30pm to 8pm (two GPs, two Health Care Assistants, and two Practice Nurses were on duty offering a range of evening clinics)

Home visits	Y/N
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
Patients were encouraged to call the practice before 11.30am. However patients, such as those resident in local nursing homes were able to request visits later in the day, as required.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,247	308	111	36.04%	1%

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)	83.3%	77.7%	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)	72.4%	58.8%	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)	72.8%	69.1%	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)	71.9%	64.2%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comment cards.	Patients described the reception team as friendly and helpful. Several patients told us that the telephone system had recently improved and calling the surgery was now easier than before.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman	No
Additional comments:	
The provider also has a log of verbal concerns raised at reception. A total of 23 contacts were recorded, mainly around appointment accessibility.	

Example of how quality has improved in response to complaints
<p>We saw that complaints were taken seriously by the provider. For example, we saw that several complaints had been made about appointment availability. As a result, the appointment system was reviewed and several changes implemented, to increase availability at peak times.</p> <p>In a complaint we reviewed, we saw that delays in arranging medication for a patient had led to the incident being treated also as a significant event. Following this review, the system for issuing medication for particularly vulnerable patients was changed, to reduce the likelihood of a recurrence.</p> <p>We saw that written responses were compassionate and thorough. We saw that the practice apologised whenever appropriate.</p>

Any additional evidence
N/A

Well-led

Leadership capacity and capability

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

Leaders at the practice engaged with their patient population and were committed to meeting their needs. We saw that they valued their staff team and developed skills and team capacity. They were proud to be part of the Affinity Group and told us how providing care at a large scale across the group brought benefits to the staff and patients by centralising some function and offering a wider range of services for the benefit of patients.

Staff told us that the process of merging with Affinity Care had been well-managed and that they had felt consulted with throughout the process.

Any additional evidence

N/A

Vision and strategy

Practice Vision and values

We saw that the values of the provider were embedded effectively across the staff team. The practice team had also worked to retain their identity as a local, friendly practice, whilst being a partner of a larger organisation. We saw that it offered compassionate, high quality care. The provider was proud to be a training practice and support the development of GPs and nurses.

All staff had contributed to formation of the Affinity brand logo and had been consulted in the formation of the organisation's philosophy.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The provider demonstrated that they focused on the needs of all patients. For example, by undertaking regular ward rounds at a local nursing home and attaining high levels of child immunisations. We saw that there were appropriate audits and reviews of those experiencing chronic conditions such as diabetes and those suffering mental illness.

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

Source	Feedback
Staff interview	Staff told us that they felt highly supported in their professional development and were encouraged to enhance their skills. For example, by taking diplomas in chronic disease management. There was also the opportunity to participate in a partner development programme for salaried doctors wishing to become partners in the future.
Staff interview	Staff told us that they were part of collaborative team and gained satisfaction in their support of more vulnerable members of the patient population.

Any additional evidence
N/A

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw effective policies and protocols to deliver good and sustainable care. For example, effective antibiotic prescribing protocols and care of patients experiencing end of life care.
Other examples	The provider worked effectively with other providers across the Affinity Group and allied health professionals. We also saw that the provider engaged effectively with the CCG.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The provider, as part of Affinity Care, managed aspects of their governance through a corporate performance dashboard. The provider monitored performance against other Affinity partners as well as local and national indicators. We saw that there was an effective governance structure through the partnership and management board.

Managing risks, issues and performance

Complaints	Y/N
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
Safeguarding patients	We saw the practice had an effective process for safeguarding children. For example, by documenting regular meetings with health visitors and school nurses. There were also safeguarding updates held across the Affinity Group and the provider actively followed up patients of concern, who missed GP or hospital appointments
Health, Safety and Security Audit	We saw that the provider had undertaken an audit of health and safety and security risks in April 2018 and the overall level of risk was assessed as low. A number of actions identified by the audit, including the requirement for a range of risk assessment activities had been drafted into an action plan and were being implemented by the practice.

Any additional evidence

N/A

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We saw that there was an active patient group which had recently merged with another local practice that was also part of the Affinity Care Group. Affinity Care had a Patient Council that included representation from across the member practices. This included patient group representation from Dr N Heywood.</p> <p>We saw that the provider had an information board on display that showed examples of patient engagement and improvement. For example, a 'You said' comment on patient access had been reviewed and a new telephone system was in use as well as increased online appointment availability.</p>

Any additional evidence
N/A

Continuous improvement and innovation

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

Audit area	Improvement
Palliative Care	An audit was undertaken to review compliance with targets set through the Gold Standard Framework. The initial audit had identified areas of potential improvement, such as documented advance care planning. The day of the meeting was also changed to improve attendance by health professionals and protocols were introduced to improve the quality of documented advanced care planning. A re-audit showed some improvement, further audits are planned in the area to sustain improvement.
Medication to treat depression/chronic pain	An audit was undertaken to review the monitoring of patients taking high doses of a medicine, commonly used to treat depression. The initial audit had identified that all of the patients had been reviewed and the findings were discussed at a practice clinical meeting. A re-audit had recently taken place and the data was being drafted into a

	document for clinical review by the lead GP. Initial findings discussed at the inspection suggested that the provider would develop an action plan to formally develop a protocol for the safe ongoing management of patients at potential risk of toxicity.
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Any additional evidence

N/A

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).