

# Care Quality Commission

## Inspection Evidence Table

### Haresfield House Surgery (1-550933988)

Inspection date: 31 January 2019

Date of data download: 07 January 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had comprehensive, well developed safeguarding processes. Two GPs were the named leads but all staff throughout the practice were actively engaged in ensuring patients were protected. Staff were appropriately trained and this was monitored monthly by the practice manager. Safeguarding information was available on staff noticeboards and in the reception areas. In addition, staff had electronic and paper copies of local safeguarding pathways at both sites.</li> <li>The practice had a process to ensure that all safeguarding concerns were monitored and reviewed. The safeguarding lead reviewed all such concerns, and all attendances of children at either out of hours or accident and emergency services. Regular audits were carried out for deregistering children so that appropriate information was passed on to new practices.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system so that all immunisation checks were carried out for new members of staff as part of an occupational health check. In addition, a lead nurse coordinated the immunisation monitoring of staff at the practice. We saw evidence of secure electronic HR files with restricted access for managers in the practice.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 10/01/18	Y
There was a record of equipment calibration. Date of last calibration: 11/12/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: December 2018	Y
There was a log of fire drills. Date of last drill: 14/12/18	Y
There was a record of fire alarm checks. Date of last check: December 2018	Y
There was a record of fire training for staff. Date of last training: 18/10/18	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: December 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 29/06/18	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 25/01/19	Y
Explanation of any answers and additional evidence: We saw evidence of a legionella risk assessment that had been carried out in December 2018 and recommendations for the removal of a redundant pipe had been actioned.	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	May 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a lead nurse for infection control who attended an annual infection control study day. The practice had carried out two infection control audits during the past twelve months. Appropriate actions were taken, for example replacing fans, gel dispensers and fabric chairs.</li> <li>• Reception staff adopted a 'no-touch' policy with samples and only accepted those that were labelled correctly. Interviews with reception staff demonstrated they had a clear understanding of the procedure.</li> <li>• Spill kits were available and staff were aware how to deal with a spillage.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with	Y

National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had policies in place to manage staffing levels and staff absences. All staff had access to a staff intranet and calendar when requesting leave. This was managed by the practice manager to ensure adequate staffing was in place.</li> <li>• There was a comprehensive induction plan for new staff members which included induction checklists tailored to their role. This included mandatory training, management overview, IT training, clinical training, study time and observations.</li> <li>• We saw evidence of Sepsis leaflets on display throughout the practice. All reception staff had completed the care navigation training and were able to describe the process they would take if patients presented with symptoms that required urgent assistance.</li> </ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• A non-clinical member of staff worked with the safeguarding clinical leads to ensure patients with safeguarding concerns were tracked and monitored so information could be shared appropriately.</li> <li>• The practice had a test results policy which ensured test results were followed up promptly. GPs had buddying arrangements to ensure cover was provided to deal with test results in a timely manner.</li> <li>• Clinicians used a mobile app in the practice and during home visits to assist them in the dictation of letters and practice notes.</li> </ul>	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	0.99	1.06	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	10.5%	10.1%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Partial
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Y

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice held prescribing management plans for vulnerable patients to ensure the safe monitoring of controlled drugs. This included written agreements and producing evidence of lost or stolen prescriptions such as a police reference number should patients request early medicine requests.</li> <li>• The practice had a system for remote working to enable clinicians to review patients notes and letters.</li> <li>• We checked the control drugs cabinet and found a medicine had expired in August 2018 and was awaiting destruction. Although the practice had recorded this appropriately, they told us that they had not contacted the controlled drugs officer. After the inspection, the practice sent us evidence that a destruction request had been submitted.</li> </ul>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Partial
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p data-bbox="57 1346 1098 1379">Explanation of any answers and other comments on dispensary services:</p> <ul data-bbox="108 1451 1525 1585" style="list-style-type: none"> <li data-bbox="108 1451 1525 1585">• We found that three quantities of medicines had been returned by patients and were being stored in the controlled drug cabinet awaiting destruction. Although the practice had recorded these appropriately there was no evidence that destruction kits were available. The practice confirmed they would ensure these were destroyed.</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Patient escalating medicine use.	The patients' medicine and collection regime was reviewed. A new policy was implemented on how clinicians manage repeat and early medicine requests. Written agreements were to be made with patients on controlled drugs.
A patient suffered a respiratory arrest	Staff were alerted to the situation and the appropriate care was administered to the patient. The practice reviewed the location of its oxygen and defibrillator. All staff completed refresher training in basic life support. This has been embedded into all staff induction plans. All clinicians are to familiarise themselves with medicines in the emergency bag and the practice to carry out annual resus scenarios.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
There was a process for receiving and acting on alerts. These were received by the practice manager and clinical pharmacist. The information was reviewed and cascaded to the relevant clinicians. All alerts were recorded on the IT system with an action of the task carried out. These were discussed in clinical meetings. We saw evidence of a recent recorded alert regarding glucose sensor (a device used to monitor your sugar levels).	



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.40	1.03	0.81	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All older patients had a named GP responsible for their overall care and treatment.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice completed regular visits to two local residential care homes and had a lead GP responsible for the overall care and treatment delivered.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had developed a system so that all patients with long terms conditions attended a wellbeing clinic and completed annual reviews in their birth month. Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice held specialist clinics in diabetes, chest, leg ulcer and bronchiectasis. In addition, patients with multiple sclerosis had annual reviews.
- Patients with osteoporosis were monitored and regularly reviewed.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice could evidence that their performance for patients with long term conditions of hypertension and atrial fibrillation were higher than local and national averages.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.9%	82.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.6% (121)	11.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.3%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (45)	6.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.7%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.1% (126)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.7%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (12)	5.3%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.0%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.4% (8)	9.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.2%	86.5%	82.6%	Variation (positive)
Exception rate (number of exceptions).	3.1% (74)	2.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	94.7%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	7.1% (17)	9.1%	6.7%	N/A

#### Any additional evidence or comments

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets of 90% with a range of 95% to 96%.
- The practice had a dedicated administrative staff member who actively recalled patients for immunisations and offered flexibility to attend individual appointments or vaccination clinics.
- The practice offered postnatal checks alongside immunisation appointments.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice proactively followed up failed attendance of children's appointments following an appointment in secondary care or for immunisation by telephone or letter. Flags were put on patients notes and the practice would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	183	192	95.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	185	192	96.4%	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	185	192	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	184	192	95.8%	Met 95% WHO based target (significant variation positive)

### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified	75.3%	74.5%	71.7%	No statistical variation

period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.6%	75.4%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.2%	60.6%	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. (01/04/2017 to 31/03/2018) (PHE)	72.1%	75.0%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	51.5%	54.3%	51.9%	No statistical variation

### Any additional evidence or comments

We reviewed the data for cervical screening as this was 75.3%, which although above the local and national average, was below the 80% coverage target for the national screening programme. The practice showed us evidence of the processes undertaken to encourage attendance. For example, flags were put on patients notes and opportunistic discussions were held when patients attended for routine appointments.

### People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, substance misusers, patients living in hostels, women's refuges and those with a learning disability. The practice had 1108 patients registered and these patients had alerts on their records.
- All patients with a learning disability had alerts on their records and were offered an annual health check.
- The practice had a process to ensure all correspondence for vulnerable patients was prioritised on the computer system to ensure safe monitoring by clinicians.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

- Substance misuse counsellors held clinics at the practice.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Improving Access to Psychological Therapies (IAPT) counsellors were based at the practice and patients could be referred to the service.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.6%	92.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.6% (5)	10.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.0%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (3)	8.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.9%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (2)	3.8%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	554.2	537.5
Overall QOF exception reporting (all domains)	4.8%	5.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

A two-cycle coil audit was carried out to determine the competence of the clinician and an agreement was

in place by the patient. The clinician found for both audits there was a 100% completion and feedback. The audit confirmed the competence and efficacy of the service in line with best practice.

An audit was carried out on anticoagulant therapy for patients in atrial fibrillation and then a further two cycle audits was completed on assessment on warfarin suitability following out of range INRS (measurement of how long it takes blood to form a clot). The clinician found that 12.5% should have their warfarin reviewed and five patients were suitable for DOAC (direct oral anticoagulant) prescribing. One patient had already been switched suitably with entries made in patients notes for further discussion. The audit highlighted that the practice was making steps in line with best practice to review and promote best treatment for their patients.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.</li> <li>• Nursing staff had been upskilled in diabetes management and insulin initiation and respiratory care.</li> <li>• The practice offered apprenticeships schemes in business administration.</li> <li>• Staff were given protected time each week to complete training. For example, we saw evidence of staff learning plans and protected time each week for nurses as part of their professional development. In addition, GP partners were given dedicated administrative time each month.</li> <li>• There was a comprehensive induction schedule for new employees which included mandatory training, checks of registrations and inductions. All staff had received a regular appraisal. GP's completed two appraisals annually, one of which was carried out internally and focused on the learning, development and wellbeing of staff.</li> <li>• The practice manager had a process in place for recording and monitoring the performance of all staff. For example, the practice manager could give an example of where mediation was sought to manage staff appropriately.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.1%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (7)	0.4%	0.8%	N/A

### Any additional evidence or comments

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## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	4
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	4 of the 8 comment cards were positive about the service experienced. Comments included that staff were professional, friendly, caring and welcoming. Four mixed responses were regarding long queues at the reception desk and the waiting time to be seen.
Patient discussions	Patients we spoke with across both sites were positive about how staff treat patients and felt they were given plenty of time during their consultations.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16382	256	110	43%	0.67%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	94.3%	93.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.7%	90.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.2%	96.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.8%	88.2%	83.8%	No statistical variation

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

Any additional evidence
The practice completed a monthly 'Friends and Family' satisfaction audit.
The practice had recently carried out a survey in October 2018 focusing on health topics for patients. Feedback was used to develop a programme of educational sessions to patients on topics such as mental health, arthritis and asthma.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The patient participation group held bi-monthly sessions in the reception area. They regularly signposted patients to services in the community.	

Source	Feedback
Interviews with patients.	We interviewed six patients who were positive about aspects of care and told us they felt fully involved in their care and treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.8%	95.3%	93.5%	No statistical variation

**Any additional evidence or comments**

The practice reviewed feedback regarding care and treatment and told us that the practice had started to trial 13 minute appointment slots to give patients more time during their appointments.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
Due to the high uptake of online access the practice was in the process of developing their website further to be mobile and tablet friendly.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 314 carers (approximately 2% of the practice population).
How the practice supported carers.	The practice had a dedicated carers lead and there was literature and a newsletter in the practice waiting room of the support available. The practice participated in the annual carers week and the patient participation group had engaged with the carers association to assist them in their drop-in session provided to patients bi-monthly. All patients who were carers in the practice were invited to an annual wellbeing clinic for a review of their health needs.
How the practice supported recently bereaved patients.	The practice held a list of patients who had passed away and this was regularly reviewed and assessed by a GP and if deemed appropriate they would contact the family for follow up.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

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

# Responsive

**Rating: Good**

We rated the practice as good overall for providing responsive services and good in all of the population groups with the exception of long term conditions which we rated as outstanding.

The practice had been rated outstanding for responsive at the last inspection in 2015. It was rated as good on this inspection because:

- The practice were previously involved in a number of initiatives such as The X-PerT Diabetes Programme and providing cover for Worcester Intermediate Care Unit, however a number of these services had stopped and were now being carried out externally.

## Responding to and meeting people’s needs

**The practice organised and delivered services to meet patients’ needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence:	
A same day overflow system was available after morning surgery and before afternoon surgery when patients could wait to be seen. The practice placed no maximum limit on the numbers of patients for this. Online booking and telephone consultations were also available.	

Practice Opening Times	
Day	Time
Opening times:	
	<b>Haresfield</b>
Monday	7.15am – 8pm
Tuesday	7.15am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7.15am – 6.30pm
Friday	8am – 6.30pm

Opening times:	
	<b>Kempsey</b>
Monday	8.15am – 12pm and 3pm-6pm
Tuesday	8.15am – 1pm
Wednesday	8.15am-12pm and 3-6pm
Thursday	8.15am – 1pm
Friday	8.15am-12pm and 3pm-6pm
Appointments available:	
	<b>Haresfield</b>
Monday	7.15am – 1pm and 2pm – 7.40pm
Tuesday	7.15am – 1pm and 2pm – 5.30pm
Wednesday	8am – 1pm and 2pm – 5.30pm
Thursday	7.15 am – 1pm and 2pm – 5.30pm
Friday	8am – 1pm and 2pm – 5.30pm
	Extended hours appointments Monday, Tuesday and Thursday 7.15am-8am are nursing appointments only.
	Late evening appointments Mondays 6.30pm-7.40pm (for pre-bookable appointments).
Appointments available:	
	<b>Kempsey</b>
Monday	8am – 12.30pm and 3pm – 6.30pm
Tuesday	8am-1pm
Wednesday	8am – 12.30pm
Thursday	8am-1pm
Friday	8am – 12.30pm and 3pm – 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16382	256	110	43%	0.67%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.1%	95.6%	94.8%	No statistical variation

### Any additional evidence or comments

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice had a system where a GP was designated each morning to carry out all home visits. This enabled patients to receive treatment at home promptly, including any medicines they needed and so decreased the potential for them to need a hospital admission. The practice showed us the latest data to evidence they were third out of ten practices in the City with the fewest numbers of emergency admissions.
- The practice undertook weekly GP visits to two care homes and all patients had an annual review including medical optimisation.
- The practice followed up on older patients discharged from hospital and ensured that patient care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs

## People with long-term conditions

## Population group rating: Outstanding

### Findings

- The practice coordinated a wellbeing clinic for the review of long terms conditions for patients and their carers. This took place annually during the patient's birth month. Patients were contacted prior to their appointment and invited to attend a preparation appointment which was followed up with a bespoke appointment dependant on their health needs. Multiple conditions were reviewed in one appointment and were coordinated with clinicians in the practice.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

- Clinicians opportunistically reviewed patients if necessary when they had failed to attend for reviews.
- The practice carried out near patient testing, anticoagulation, D-dimer, INR, minor surgery, cryotherapy, Epley manoeuvre (a procedure for vertigo or problems with posture), leg ulcer, bronchiectasis and joint injection clinics.
- Chest clinics were led by a GP and held twice per month. Bronchiectasis patients were offered annual reviews. The practice could evidence that 82% of their patients had undergone a review during the past twelve months.
- All patients with multiple sclerosis were offered an annual review.
- Any patient with a neurological condition were offered an annual review by a GP. The practice could evidence that 80% of their patients had completed a review of their medicines/and or condition during the past twelve months.
- The practice ran a leg ulcer clinic and all new patients underwent a leg ulcer assessment.
- Opportunistic monitoring and screening was undertaken to help identify those patients at potential risk of developing a long-term health condition such as diabetes.
- Patients with osteoporosis were regularly monitored and had reviews.
- The practice specialised in diabetes and had upskilled their nurse to carry out insulin initiation and administration. The nurse had been trained in the X-PerT diabetes programme and patients benefitted from dietary advice, patient education and referrals to educational programmes if required. Capacity to manage diabetes patients had increased due to the upskilling of staff and the need for secondary care had been reduced. Patients could attend two weekly clinics ran by a diabetes nurse and a weekly clinic led by a GP which offered 15 minute appointments. The practice held quarterly joint clinics with the Worcestershire diabetes specialist nurse.
- The practice liaised regularly with the local district nursing team and community services to discuss and manage the needs of patients with complex medical issues.
- Monthly multidisciplinary team and neighbourhood team meetings were held, where those with complex needs were highlighted.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Information sharing through secure electronic pathways was established and this promoted continuity of care.
- The practice collaborated with another practice in the building to host educational sessions for patients and their families on topics such as arthritis and asthma.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse and GP appointments were available from 7.15am to 7.40pm throughout the week for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Children subject to protection plans were highlighted in clinical records.
- The practice offered a full range of family planning services such as intra-uterine device (coil) insertion, barrier contraception hormone contraceptive implants, injections and sexual health advice.
- The practice building was suitable for children and babies with changing, feeding facilities and a designated children's corner in reception.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on Mondays and telephone consultations were available. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Patients could access a range of in-house services such as phlebotomy, minor surgery, counselling and orthopaedics.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, substance misuse, patients living in hostels, women refugees and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and home visits could be carried out.
- The practice had implemented a process to support practice staff for requests of name changes for transgender patients.

**People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients diagnosed with dementia were provided with advanced care planning. Carers were opportunistically reviewed and monitored for their wellbeing, and signposted to any support services for example, The Alzheimer's Society, Dementia UK and the Dementia Café.
- The practice hosted educational sessions in conjunction with the patient participation group delivering information to patients and their families on mental health issues.
- Home visits were carried out for patients with complex mental health needs for annual reviews and dosette boxes were provided to patients if required.
- The practice was working with social prescribing services to provide additional avenues of support to patients.

## Timely access to the service

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

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	*Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found that the practice had continued with their system in place to carry out home visits. The practice had a system where a GP was designated each morning to carry out all home visits between 8am-12pm. This enabled patients to receive treatment at home promptly, including any medicines they needed and so decreased the potential for them to need a hospital admission. Request for hospital admissions which were necessary could be arranged early in the day. Any further requests for home visits were triaged with the duty GP after 12.30pm and if deemed appropriate a visit would be made.</p> <p>The practice could evidence that their hospital admissions were the third lowest in their area.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.9%	73.5%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	72.7%	73.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	66.4%	68.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.3%	78.9%	74.4%	No statistical variation

#### Any additional evidence or comments

The practice was aware of some of the lower results for timely access for patients. The practice told us

that a new telephone system had been installed in 2017 however they were limited to the maximum number of lines the main site could have but were trying to improve this further.

Source	Feedback
Discussions with patients	<p>The majority of patients we spoke to at The Kempsey surgery site told us they at times experienced difficulties getting an appointment largely due to it being a smaller site with shorter opening times, in addition to there being an increase in registrations following two new housing developments. Some patients at this site told us they had been given an option to attend the Haresfield site for an appointment.</p> <p>We spoke to a number of patients at the Haresfield site who told us they could get an appointment. Two patients we spoke to had chosen to use the overflow appointment system so they could attend and then wait to be seen.</p>

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	17
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient made a complaint regarding the attitude and unhelpfulness of reception staff.	This matter was investigated with reception staff. A letter was sent to the patient with an apology which outlined the steps that had been taken.
Patient complained regarding a recent diagnosis of cancer to determine if this could have been detected earlier.	This matter was investigated with a review of the patient's medical records. The practice sought further advice with secondary services and the matter was discussed with the patient. This was discussed in a clinical governance meeting. Learning outcomes were reviewed and updated in terms of further prompts presenting with certain conditions

## Well-led

## Rating: Outstanding

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	*Y

Explanation of any answers and additional evidence:

- The GP partnership supported by the management team were united in their commitment to deliver person centred care to their patient population. They effectively used the skills and abilities of their staff team and the resources available in the local community to provide accessible care, treatment and support to their patients.
- There was a strong leadership team with clear roles, responsibilities, lead areas and values. Staff we spoke with told us how the leadership team provided clear direction and guidance which impacted on a positive working environment.
- Succession planning was in place which included the retirement of members of staff. The practice was forward thinking in embedding the management and structure in the practice and seeking out initiatives. For example, they were to commence physician associate trainee programmes with Worcester University at the time of our inspection.
- The practice leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting their patient population and the local area population and were passionate in involving patients in the management of their own health and wellbeing.
- The practice leaders attended meetings and were actively involved in promoting and facilitating joint working across a range of health and social care services. This included the GP local neighbourhood and promoting clinical excellence. A GP was responsible in providing Clinical Commission Group (CCG) updates and new practice guidance to staff on a weekly basis to support best practice.
- There was a comprehensive schedule of meetings undertaken in the practice to include all staff members. This included referrals meetings, clinical governance, palliative care, practice meetings, senior leadership meetings, multi-disciplinary meetings and clinical study group

meetings.

- The practice had developed an in-house Supervisory Forum which brought all line managers and partners together to encourage collaborative input to change in the practice from all departments. This supported managers in the consistency, structure and delivery of its staff so that they were aligned to the vision, strategy in the practice.
- The practice leadership strategy ensured GPs were responsible for an area of clinical and managerial leadership. A buddying arrangement was also in place which added an additional layer of resilience in times of unexpected absence.

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<p>The practices vision was:</p> <ul style="list-style-type: none"> <li>• To give patients more control over their health and their treatments and be supported in their communities by high quality, highly motivated GPs able to deliver, holistic, personalised, continuity of care through the NHS.</li> <li>• To allow partners and staff to have an improved work-life balance so that they can grow and progress their careers. Share the values of the best of modern medicine and looks for innovative solutions to the challenges we face.</li> </ul> <p>Its core values and purpose is:</p> <ul style="list-style-type: none"> <li>• To always be patient-centred</li> <li>• To be an organisation the public can trust.</li> <li>• To develop new models of care based on integration of traditional primary and secondary care.</li> <li>• Their services, when most suitable, will be provided by General Practices enabling them to thrive and provide care closer to the patient.</li> <li>• The practice aspires to provide the highest quality care to patients and aims to achieve this by focusing on the patient journey and by developing innovative ways of delivering joined-up care. To provide support and protection to all their practices and allow them to flourish and develop.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Explanation of any answers and additional evidence:

- The practice had clear policies and procedures accessible to all staff around whistleblowing. We saw evidence of literature available for staff to raise issues around bullying, harassment, practice procedures and mistakes that could affect patient care or staff safety. Staff were able to raise concerns in confidence or in staff forums and were encouraged to do so. In addition, staff were regularly asked about ideas to improve the practice.
- Staff felt they were well supported in their roles and were able to share any concerns with the leadership team. Staff felt that there was an open-door policy and staff were approachable and worked together to achieve the best possible outcomes for their patients.
- GPs held daily meetings and coffee breaks after mid-morning surgery to discuss any clinical issues or concerns. They also held monthly evening study groups which took place in a social environment.
- All the GPs were part of a WhatsApp group and used this to share best practice.
- There was a focus on staff wellbeing which included staff forums and internal clinical appraisals which focused on the specific learning needs and diversity of staff members.
- The practice held a number of social events which included Christmas parties and the local city parkrun.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• Staff told us there was a supportive culture with an open-door policy.</li> <li>• Staff felt able to raise concerns and felt the management team were very</li> </ul>

	<p>approachable, considerate and would address any issues.</p> <ul style="list-style-type: none"> <li>• Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture and felt appreciated.</li> <li>• Staff told us they felt that the managers were leading the practice well.</li> <li>• Staff felt they were treated equally and were given opportunities to develop further.</li> </ul>
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## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Structures, processes and systems to support good governance and management were well established, clearly set out, understood and effective. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness.</li> <li>• Governance arrangements were proactively reviewed and reflected best practice. Clinicians had clinical leadership responsibilities and this included ensuring information and best practice guidance was up to date and accessible to the whole practice team.</li> <li>• The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.</li> <li>• Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had developed a protocol and an effective and well organised system to help them manage GP availability and appointments in a planned way. This involved carefully managing clinical capacity and appointment access in a red, amber and green system to maintain appropriate on the day demand cover. Weekly checks and monthly audits were carried out to capture the data from appointments and requests from patients to ensure this was managed effectively. The monitoring and planning of this ensured the correct level of appointments were maintained and reduced the need for patients to be seen in the sit and wait overflow appointments. The National GP Patient Survey results for 2018 could evidence that the practice was higher than local and national averages to the type of appointment they were offered.</li> <li>Due to the growth in patient population the practice completed an access survey data. This was completed by patients monthly for a period of twelve months. The practice used this data to support the appointment access system, as well as determine the growth in patient population and clinical capacity. Comparisons were made from 2014 to 2018 to evidence the recruitment of more GPs to give extra access to patients in the practice due to the increase in demand.</li> <li>The practice manager had developed a business dashboard to support the day to day running of the practice and to measure its performance and mitigate any risks to the practice. This was used to measure and monitor the practices performance in all areas such as clinical capacity, patient list size, quality outcomes framework (QOF), maintenance costs and staffing. The dashboard was an efficient way of monitoring the performance of the practice in previous years in comparison to real time and to support the future forecasting. The dashboard ensured the practice was well managed and there were assurances in place to support succession planning and sustainability. The practice leaders had strategy partners meetings twice annually and used this to gain a valuable insight and give accurate decision making to support their strategic monitoring.</li> <li>The practice had a comprehensive programme of clinical and non-clinical audits to support best practice, infection control and safeguarding. A number of the audits we saw were continuous. In</li> </ul>	

addition, the practice had implemented safe processes and agreements to support the prescribing of high risk medicines for vulnerable patients.

**Appropriate and accurate information**

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

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

Explanation of any answers and additional evidence:

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems effectively to monitor and improve the quality of care. The practice could evidence that the systems for managing home visits meant they had the third lowest referrals in the area.
- GPs had access to patients’ records through remote access and used a mobile app during home visits to assist them in the dictation of letters and practice notes.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
The PPG had engaged with The Worcestershire Carers Hub to support them in their engagement with patients and carers.	

Feedback from Patient Participation Group.

<b>Feedback</b>
We spoke with the chair of the patient participation group (PPG). The chair provided a number of documents which evidenced the structure of the group, including minutes of meetings and work they undertaken, for example support for flu clinics, assisting with practice newsletters and surveys. The PPG met with the practice every two months and felt the practice were open and honest on the future and developments of the practice.
The PPG held drop in sessions for patients in the reception area twice per month and would support and signpost patients on the services available. A noticeable display was in the reception area available to patients. All new PPG members received an induction pack and were invited to attend training on engagement. The PPG were active and well established. They regularly engaged with PPG members with another practice who shared the building to host health education events to patients.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had a history of training, education and research and is an approved training practice for registrars. In addition to postgraduate medical training the practice taught first, second, third and fourth year medical students from Birmingham University and offered work experience programmes to students interested in a career in primary care.</li> <li>The practice were active participant in research and were currently working with Warwick</li> </ul>	

University on research in opioid use.

- At the time of the inspection the practice was in the process of setting up an antibiotic working group.
- The practice was reviewing their website in line with the high uptake of online use to make this more mobile and tablet friendly.

### **Examples of continuous learning and improvement**

The practice held educational events for practice staff which included specialist guest speakers. Topics discussed included ear, nose and throat (ENT) and eating disorders.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.