

Care Quality Commission

Inspection Evidence Table

Kensington Health Centre (N82645)

Inspection date: 15 January 2019

Date of data download: 08 January 2019

Overall rating: Good

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had policies in place covering adult and child safeguarding that were accessible, updated and reviewed. All staff had access to these procedures, including new and locum staff. • All clinical staff had received level 3 competences for clinical staff. • Information on safeguarding was shared in a timely way and reports and learning from safeguarding incidents was available to staff. • The practice had a system to highlight vulnerable patients on records e.g. children on child protection plans, female genital mutilation (FGM) victims, patients diagnosed with a mental health condition or patients with mobility issues. The practice had recently updated their children's safeguarding policy to include FGM but the detail for this was very lengthy and required a supportive protocol which they agreed to complete. Risk registers were in place and robust processes were in place to monitor the register weekly. Ongoing and dynamic records were made of patients at risk and those that practice staff identified as potential patients at risk. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. • The practice had recruitment and induction checks should be carried out for bank, agency and locum staff. • Four staff files were observed and were satisfactory. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent	Yes

person. Date of last inspection/test: Feb 2018	
There was a record of equipment calibration. Date of last calibration: June 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Next date for test is 2013. Contract in place with Intergral.	Yes
There was a log of fire drills. Date of last drill: 05/06/2018	Yes
There was a record of fire alarm checks. Date of last check: 08/01/2019	Yes
There was a record of fire training for staff. Date of last training: 08/11/2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 05/06/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • A sample of premises safety information was observed, including appropriate risk assessment information. • The practice benefited from being within a modern, purpose built Neighbourhood Centre. The practice was located on the first floor with another GP practice with whom it had good working relations. The ground floor was host to a variety of community services including phlebotomy services, Talk Liverpool Counselling, podiatry, ABACUS sexual health services, a Citizens Advice Bureau, the Liverpool Community Alcohol Service, opticians, anti coagulation services and the Liverpool Diabetes Partnership. Children's services were close to the practice at the Life Bank Sure Start Children's Centre. Embedded within the Neighbourhood Centre was an independent pharmacy which was open 7 days a week from 07.30 to 22.00. • Effective monitoring arrangements were in place to ensure that facilities and equipment were safe and in good working order. This included leadership oversight by an external provider who owned the building. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • An annual and regular internal infection control risk assessment was carried out. Results showed almost 100% compliance with infection control standards and action plans were in place where this figure had dropped. • Arrangements for managing waste and clinical specimens were in place. However, some of the sharps bins we observed during the inspection were out of date, had been in use for a long period of time and there was no monitoring system for this. • Procedures were in place for the management of specimens and the safe transfers of these to hospital. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had plans for undertaken training in awareness of sepsis and there was written guidance for staff to refer to. • The practice had recently developed a 'Blue Light' pathway. This was to be used when a patient attends the practice who was very unwell, patients with central chest pain, those experiencing emotional distress and conditions causing severe concern. If no immediate appointment was available all GPs were alerted to the patient concerns, for immediate and urgent clinical assessment and action. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Procedures were in place to ensure individual care records, including clinical data, was written and stored in a way that keeps people safe. For example, all patient records were stored safely in locked cupboards. However, we observed that the storage key for the cupboards was not 	

securely locked.

- The practice shared information in a timely manner, including patient onward referrals. Any delays were monitored by the practice along with monitoring that patients attended clinic appointments. A system was in place to add checks to the practice computer to contact patients who were vulnerable to remind them to attend their appointment, for example, for a blood test.
- The practice had recently implemented a three week follow up code to ensure important clinical results or interventions were actioned or completed. Similarly, blood test due codes were introduced to assist the follow up of interval scans or blood tests.

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>	0.85	0.97	0.94	No comparison available
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>	6.0%	8.4%	8.7%	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Medicines and medicines related stationery were managed (that is, ordered, transported, stored and disposed of) safely and securely. On the day of inspection however, we noted that there was no system of signing for the use of written prescription pads. We discussed this with the team who reported that written pads were never used. The decision was made by the practice to remove and destroy the pads at the time of inspection. The practice had a pharmacist who worked at the service for five sessions each week. This had a positive impact on the processing of electronic prescriptions and the integrity of medication reviews. The pharmacist role also incorporated the monitoring of high risk medications and the introduction of reduction programmes for Dependence Forming Medications. Monitoring arrangements within the Brownlow Group and with support from the local Clinical Commissioning Group (CCG) were in place monitor prescribing patterns (such as anti-biotic prescribing). Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines by either the practice nurse or the practice pharmacist. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Weekly and monthly clinical and non-clinical meetings took place to review and investigate patient safety incidents. Minutes of meetings were viewed demonstrating how the practice learnt from such events and took actions to prevent reoccurrence. The reports for such events were detailed and comprehensive with demonstrating robust actions plans and learning events took place when things went wrong or when near misses occurred. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Patient presented in an aggressive and distressed manner.	Staff initiated the 'Blue Light' pathway and escorted patient to private room. Immediate actions taken by on call GP and prompt clinical assessment completed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Patient safety incidents and reports were cascaded to staff via email centrally. Data was captured to show the practice had received and reviewed each notification and a record was made of any actions taken. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patient records and care plans were viewed (4) showing that their physical, mental health and social needs were holistically assessed. • Interviews with clinicians confirmed that patient care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes. • The practice used technology and equipment to enhance the delivery of effective care and treatment and to support people's independence e.g. online appointment systems and repeat prescribing. • Staff we spoke with demonstrated a good understanding and regard for the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice. 	

Prescribing	Practice	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>	0.96	1.10	0.81	No comparison available

Older people

Population group rating: Good

Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. Care plans we looked at showed prescriptions were updated to reflect any extra or changed needs. The practice introduced a three-weekly code system to ensure that planned investigations were carried out and if not to follow this up with older patients.
- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Systems were in place to follow up older patients discharged from hospital. The practice employed an in-house pharmacist to support safe prescribing, urgent prescription queries, regular medication reviews and the reconciliation of medication when older patients were discharged from hospital
- Staff we spoke with demonstrated they had appropriate knowledge of treating older people including their psychological, mental and communication needs. The practice had developed a list of vulnerable patients over 75 years and these were discussed and reviewed at weekly management meetings.

People with long-term conditions

Population group rating: Good

Findings

- Records showed that 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. For example, diabetic patients.
- Staff we spoke with who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- Clinicians demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had recently introduced a new traffic light system for all diabetic patients. This included a more robust call and recall system, an audit of complex patients and a close look at why diabetic patients might not be attending the practice for support, advice and treatment. The practice took steps to work closely as a team to review diabetic registers, they introduced a simple traffic light system to identify complex patients, and flow charts were introduced to enable staff to target those patients in most need of support. Immediate results were showing positive outcomes

for patients, a re-audit was planned in the future.

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) (QOF)	77.4%	79.9%	78.8%	No comparison available
Exception rate (number of exceptions).	11.9% (28)	13.2%	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) (QOF)	75.9%	80.5%	77.7%	No comparison available
Exception rate (number of exceptions).	6.8% (16)	9.7%	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) (QOF)	87.7%	84.1%	80.1%	No comparison available
Exception rate (number of exceptions).	14.0% (33)	12.0%	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) (QOF)	76.9%	75.1%	76.0%	No comparison available
Exception rate (number of exceptions).	1.7% (4)	8.2%	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) (QOF)	91.0%	90.3%	89.7%	No comparison available
Exception rate (number of exceptions).	3.3% (5)	8.2%	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) <small>(QOF)</small>	84.3%	83.8%	82.6%	No comparison available
Exception rate (number of exceptions).	3.2% (18)	4.7%	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) <small>(QOF)</small>	98.1%	89.3%	90.0%	No comparison available
Exception rate (number of exceptions).	5.4% (3)	5.8%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- The practice had systems and processes in place to ensure information about risks and vulnerable families was shared weekly. This included an in-depth review and record made for each individual patient on the risk register and this was discussed at weekly management meetings.
- Regular meetings took place with the health visitor to ensure on-going communications about safeguarding concerns for children and families.
- A designated room was available for breastfeeding mothers.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Action plans were in place to address the reduced rates of immunisation uptake by adopting a more flexible approach to appointments and access.
- Arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation were in place.
- 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 had joined up our appointments for baby checks, immunisations and post-natal consultations and they had appointed a care navigator to coordinate this activity.
- Contraceptive advice, support and treatments were provided. Patients needing sexual health services were sign posted to appropriate services.

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	57	60	95.0%	Met 95% WHO based target

type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (to) (NHS England)England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)England)	52	60	86.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (to) (NHS England)England)	53	60	88.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	54	60	90.0%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had recently introduced a more systematic approach to daily telephone access and telephone consultations with all our clinicians. They ensured a combination of same day access appointments and pre- bookable appointments for clinicians was available for patients. They had also introduced the texting of results to facilitate smoother communication for those patients who in work.
- The practice nurse had improved access to flu clinics with a whole day promotional event. We were told the practice had actively encouraged their student population to have Meningococcal C and MMR vaccinations.
- The practice had recently improved their website encouraging patients to sign up for on line services.
- All patients 40 years of age who did not have any existing chronic disease were invited for an annual health check.
- Travel vaccination appointments were available for patients travelling abroad. Chlamydia testing was routinely offered by the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	58.4%	67.3%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in	54.2%	63.3%	70.3%	N/A

last 36 months (3-year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	37.1%	50.3%	54.5%	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)	82.4%	74.7%	71.2%	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)	72.7%	44.1%	51.9%	No comparison available

Any additional evidence or comments

- The practice’s uptake for cervical screening was 58.4%, which was below the CCG and national average and the coverage target for the national screening programme. To increase coverage of cervical screening the practice offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.
- The practice’s uptake for breast and bowel cancer was also below local and national averages and the same flexible approach was adopted. Systems were in place to closely monitor this data.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Regular practice meetings took place to ensure end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- A register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability was viewed. This register was regularly monitored at weekly at management meetings.
- The practice had a number of patients who were asylum seekers or had been the victims of human trafficking. Arrangements were in place to support these patients using interpretation services and working closely with local agencies for hard to reach patient groups.
- A system for vaccinating patients with an underlying medical condition according to the recommended schedule was in place. Records showed the practice was up to date with this.
- The practice carried out regular health checks for patients with a learning disability, they trained practice staff on how to care for such patients and they worked closely with local agencies to support them.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

Findings

- Clinicians 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.
- The practice worked closely with the local mental health teams.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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) <small>(QOF)</small>	87.3%	90.6%	89.5%	No comparison available
Exception rate (number of exceptions).	2.5% (2)	6.8%	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) <small>(QOF)</small>	98.8%	89.7%	90.0%	No comparison available
Exception rate (number of exceptions).	1.2% (1)	4.9%	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) <small>(QOF)</small>	77.8%	84.7%	83.0%	No comparison available
Exception rate (number of exceptions).	5.3% (1)	4.9%	6.6%	N/A

Any additional evidence or comments

- All staff had completed specific suicide prevention training.
- A Primary Care Mental Health Team Practitioner worked with the practice to support those individuals who fall out of secondary care or who were waiting to access it. Regular professional meetings took place with the practice to monitor this.
- The practice had recently initiated a program to proactively identify and reduce the use of Dependence Forming Medication. They had also synchronised all patient medication for a local care home for

patients with severe mental health conditions.

- The practice had developed a “Blue Light” pathway for those who arrived in distress and in need of urgent attention.

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)	546	Data Unavailable	537.5
Overall QOF exception reporting	6.4%	Data Unavailable	5.8%

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

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

Several medication audits had been carried out to ensure appropriate prescribing. For example, a comprehensive audit was completed by the practice which reviewed diabetes patients with cardiovascular indications who were also prescribed aspirin. The audit was undertaken in September 2017, in line with NICE guidance. The audit identified those patients on aspirin and actions were taken by the practice. Relevant patients were notified and advised to cease taking the medicine. Alert codes were added to patient records and all clinical staff were notified of the outcome of the audit. The practice further audited this in October 2017 and January 2019. Results showed that 71% of diabetic patients who had been taking aspirin unnecessarily were no longer taking this. It showed that 29% remained on aspirin and these patients would be closely monitored by the practice. The audit was discussed at a practice meeting with all members of the practice staff.

Any additional evidence or comments

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had re- introduced a monthly half day training session which had previously been abandoned. This was reintroduced in the first month of taking over the contract and involved all regular staff members. The practice was covered by the Out of Hours service permitting a full afternoon once a month. This now incorporated a single site practice meeting followed by a Brownlow Health wide development session for single disciplines or the whole team. A training needs analysis had been completed for non-clinical staff and a training programme was set up to support them. 	

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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Regular meetings took place with the district nursing teams and these were now timetabled. The practice had access to a community care team and the most vulnerable adult patients were referred into this for assessment. The Gold Standard Support Framework was recently refreshed and supportive care registers (SCR) were set up using a new SCR Template. Regular meetings took place with the health visitors and a robust vulnerable child List was created to incorporate children at or potentially, at risk. Quarterly meetings took place with a liaison mental health worker (MHW) from community care. This allowed the practice to discuss the patients with mental health needs who had fallen out of follow up or who were awaiting specialist care. All vulnerable patients were checked at the weekly management meeting and those most vulnerable highlighted at the monthly practice meeting. The practice pharmacist had also helped the practice respond to patients not previously thought of as vulnerable. 	

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months	95.6%	95.3%	95.1%	No comparison available

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	1.0%	(9)	0.7%	0.8%
				N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
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 extremely positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We spoke with two patients and reviewed the 36 patient cards. All comments made to us indicated that patients considered staff to be kind, caring and sensitive to individual patient needs. 	

CQC comments cards	
Total comments cards received.	36
Number of CQC comments received which were positive about the service.	36
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient	The staff are brilliant, very helpful and always willing to listen. The doctors never rush you during the appointment. The practice is always clean and hygienic.
Comments cards	Comments made included: Very helpful staff. No problem getting an appointment. The care I receive is excellent. Excellent service, we really appreciate it. Staff are always helpful and respectful. Staff are very caring and treat you with dignity and respect. The doctors practice is very good and staff do try their hardest to look after patients.

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
Not available	416	111	26.700000000000003%	Not available

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)	93.3%	90.3%	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)	88.1%	88.6%	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)	97.4%	95.6%	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)	83.0%	85.9%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> A patient's survey was undertaken by the practice in June 2018. Results showed positive answers for matter relating to the location of building, caring staff, friendly staff and ease of patient access. Improvements were identified for appointment system, the availability of GPs out of hours and the

reception area. The practice implemented an action make in response to the results.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff we spoke with told us they helped patients to be involved in decisions about care and treatment. They discussed with us the challenges of patients who were asylum seekers and the barriers to communication when the English language was not understood. We were told the practice was the highest use of translators at Language Line across the city, in efforts to improve communications with patients. Staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given). The practice GP patient survey results were in line with local and national averages for questions relating to patients feeling involved in decision making. 	

Source	Feedback
Interviews with patients.	We spoke with two patients who both told us they felt that staff listened to them, gave them enough time and they involved them in decisions about their treatment and care.

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)	94.4%	92.9%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	180 patients (2%).
How the practice supported carers.	The practice manager confirmed that more work could be done to support carers. Informally they were known by staff but there were no processes in place to ensure their needs were fully met.
How the practice supported recently bereaved patients.	The practice had a bereavement support protocol which indicated all families would be contacted following the death of a patient to offer condolences and support if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with showed compassion and a commitment to respecting patients' privacy and dignity. We were told that when patients wanted to discuss sensitive issues, or appeared distressed, reception staff offered them a private room to discuss their needs. 	

Responsive

Rating: Good

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: The facilities and premises were appropriate for patients with disabilities. Staff supported patients who were more vulnerable or who had complex needs, for example, with longer appointment times and referral to local support agencies. The practice monitored closely the appointment systems in place and the consultations recorded. Regular audits were taking place to assess the consultations recorded on the clinical system, to highlight any areas for development and training and to ensure data was recorded to a high standard using appropriate and consistent read codes.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	416	111	26.700000000000003%	Not available

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)	95.3%	94.9%	94.8%	No statistical variation

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.
- A dementia care strategy was in place across each of the Brownlow Heath practices including Kensington Health Centre. The practice had provided administrative staff with specific training in being "Dementia Friendly".
- The GP and practice nurse accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had developed the role of the clinical support worker and this now included added responsibility to supporting patients and families with complex needs, such as those for older people. The practice followed up on patients who had been admitted to hospital, those who needed reminders for GP appointments also liaising with district nurses and health visitors about the patient and their on-going management needs.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with a long-term condition (LTC) received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Protected time was available for home visits to housebound LTC patients.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- We were told that the incidence of cancer at the practice was higher than the national rate and patients often presented at a more advanced stage. The practice had developed a lead role for the management of patients diagnosed with cancer. This nurse liaised with all patients after they have been diagnosed. This allowed the practice to provide a special focus on cancer and to further develop cancer care pathways to support patients.

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.
- Clinicians were on site from 8am-6pm each day. All appointments were 15 minutes appointments -bookable in advance and same day access.
- The practice had recently introduced a more systematic approach to daily telephone access and telephone consultations with all our clinicians. They ensured a combination of same day access appointments and pre- bookable appointments for clinicians was available for patients. They had also introduced the texting of results to facilitate smoother communication for those patients who in work.
- Registration -packs were available for patients and this included on-line registration to encourage students to register.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice had many patients who were asylum seekers or had been the victims of human trafficking. Arrangements were in place to support these patients using interpretation services and working closely with local agencies for hard to reach patient groups.
- A register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability was in place.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability with longer appointment times.
- Patients were referred to appropriate services such as drug and alcohol support, domestic abuse

services, counselling services and to services for support with finances and employment issues. The practice also participated in the food bank scheme.

People experiencing poor mental health

Population group rating: **Good**

(including people with dementia)

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 considered most at risk were discussed at weekly practice meeting and staff were alerted to this.
- The practice instituted a 'Blue Light' pathway to support patients who arrived in distress. A private room was available for patients to be seated and an alert would be passed to the on-call GP to attend to the patient as soon as possible.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had 15-minute GP appointments. We were told the additional time facilitated a more holistic approach and improved the management of patients with complex co morbidities, those who needed an interpreter, those with severe mental illness, the elderly and those who simply need more time. • Access levels were maintained by creating telephone consultation clinics which also helped to broaden access options. • Home visits appointments were embedded in the working day to facilitate a more proactive approach to supporting the housebound. 	

- With their consent, patients received text reminders for appointments and obtained results and bespoke messages via text. We were told this had helped to create a closer more immediate bond with patients who had appreciated the additional communication channel.
- A review of patient referrals showed patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were closely monitored by the practice and were minimal. Clinicians told us that patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- The practice monitored closely the appointment systems in place and the consultations recorded. Regular audits were taking place to assess the consultations recorded on the clinical system, to highlight any areas for development and training and to ensure data was recorded to a high standard using appropriate and consistent read codes.

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)	81.9%	N/A	70.3%	-
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)	78.6%	72.8%	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)	77.4%	69.7%	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)	83.4%	77.4%	74.4%	No statistical variation

Source	Feedback
Patient interviews	We spoke with two patients. They told us that it was easy to get appointments, they regularly saw the same GO, they felt doctors listened to them and they told us that staff were very helpful when trying to get an appointment.
Comment cards	We received 36 comment cards. All were positive.

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.	6
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Interviews with staff demonstrated the practice took complaints and concerns seriously. • Information about how to make a complaint or raise concerns was available. Complaint responses we viewed showed that staff treated patients who made complaints compassionately. • The complaint policy and procedures observed were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that there were long waits while trying to get through to the practice on the telephone.	The practice apologised to the patient. They reviewed the issue and knew there were IT issues for front line staff which may have caused this along with a shortage of staff. On reflection the practice acknowledged that back office staff could have answered the call. All staff notified of incident and reception training to prevent reoccurrence took place.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all level. 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice vision was to always provide high quality health care to patients. They intended to continue to grow and adapt through education and training, striving to achieve excellence in patient care.• Leaders had the capacity and skills to deliver high-quality, sustainable care. The practice had regular and long-standing GPs who were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and talked with us about how the practice was responding to this.• Staff we spoke with told us they had regular contact with the leadership team for this practice and the support given by Brownlow Health. The practice manager was supported by Brownlow Health and a support plan was in place for her continuing development. Nurses we spoke with told us doctors were accessible and gave good support for complex cases.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• A clear vision and set of values which had been widely discussed with staff during practice	

meetings and at development days was in place.

- The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG).
- The practice planned its services to meet the needs of the practice population and there was extensive discussion about the inequalities in health the local population was experiencing.
- Regular meetings were taking place at the practice to monitor progress against delivery of the strategy and minutes of meetings were observed by us.

Culture

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

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

Explanation of any answers and additional evidence:

- Human resource policies and procedures were in place to support the management team and staff. Systems were in place for leaders and managers to support them acting on behaviours and performance inconsistent with the vision and values.
- Staff told us there was openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice participated in a research project undertaken by Liverpool University named the 'Schwartz Round' This was a forum designed for health care staff to come together at formal meetings to discuss and reflect on the personal, emotional and social challenges associated with working in healthcare and caring for patients. Staff members we spoke with were positive about these experiences.

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

Source	Feedback
Staff Interviews	<ul style="list-style-type: none"> • Staff stated they felt respected, supported and valued. They were proud to

	<p>work in the practice.</p> <ul style="list-style-type: none"> • Staff we spoke with told us they could raise concerns and were encouraged to do so. • There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. • Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. • There was a strong emphasis on the safety and well-being of all staff.
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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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • All staff we spoke with were clear about their role and who they were accountable too. • The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. Regular meetings took place with other bodies and local professionals to ensure patients' needs were met promptly. For example, a monthly meeting was held with the district nurse and health visiting teams to review patients at risk. • Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet. • The practice was aware of their current performance and this was monitored at staff meetings on a regular basis. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes

There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Processes to manage current and future performance were in place. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Clinicians were encouraged to complete Significant Event analyses (SEAs) and all staff are encouraged to submit Potential Adverse Incident Reports (PAIRs) via the practice internet. Clinical audit was completed as part of the practice assurance framework and this had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had plans in place and had trained staff for major incidents. Service developments had recently been implemented and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients via Friends and family and 	

the patient survey.

- Quality and sustainability were discussed at regular practice and organisation meetings.
- The practice used performance information and minutes showed that this was discussed regularly at clinical and all staff meetings. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Information technology systems were in place to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

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

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

Explanation of any answers and additional evidence:

- The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Patients at the practice could feedback via text message or written comments. Results showed that patients had positive experiences at the practice and any negative comments made, were acted upon.
- A patient's survey was undertaken by the practice in June 2018. Results showed positive answer for matter such as the location of building, caring staff, friendly staff and ease of patient access. Improvements were identified for appointment system, the availability of GPs out of hours and the reception area. The practice implemented an action make in response to the results.
- The practice reviewed comments posted on NHS GP Choices. The practice manager responded to all comments made inviting patients to contact the practice where comments indicated improvements may be needed. All feedback was shared with the staff team. An annual review of comments was completed to identify any trends.

Feedback from Patient Participation Group.

Feedback

The practice did not have a Patient Participation Group.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Examples of continuous learning and improvement	
<p>There were systems and processes for learning, continuous improvement and innovation.</p> <ul style="list-style-type: none"> • There was a focus on continuous learning and improvement and all staff were involved with this. For example, as part of the General Practice Forward View, Brownlow Health embraced an NHS Pilot scheme and employed a Pharmacist to work in the practice for five sessions/week. This had a positive impact on the processing of electronic prescriptions and the integrity of medication reviews. The pharmacist role also incorporated the monitoring of high risk medications and the introduction of reduction programmes for Dependence Forming Medications. More recently the Practice has successfully implemented Direct Patient Ordering (DPO) which helps to reduce oversupply and improve patient autonomy. • Staff knew about improvement methods and had the skills to use them. For example, the incidence of cancer at the practice was known to be higher than the national rate and patients often presented at a more advanced stage. Following training, the Advanced Nurse Practitioner took on the additional role of cancer care support and liaises with all our patients after they have been diagnosed. This has allowed the practice to provide a special focus on cancer and develop are pathways for this. • The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. • Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. • The practice was keen to consider new initiatives. For example, working with Liverpool University on the Schwartz Round research project. • The practice has become a site for the training of undergraduate nurses and student physician associates who attend for eight-week placements. In the last year, the practice has also been accredited for GP Vocational Training and now has a GP Trainer and Registrar on site for two days per week 	

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.

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
- **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.