

Care Quality Commission

Inspection Evidence Table

Kenwood Medical Centre (1-2860973972)

Inspection date: **06 February 2019**

Date of data download: 07 February 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
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The lead GP at the practice was the lead member of staff for safeguarding matters. We saw evidence that policies relating to safeguarding were accessible to all members of staff. Reception staff that we spoke with could describe what they would do if they had a safeguarding concern regarding a patient.</p> <p>Clinical staff at the practice were trained to levels two and three, whilst non-clinical members of staff were trained to level one for safeguarding.</p>	

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>We noted that all clinical members of staff who worked at the practice had been vaccinated against Hepatitis B in accordance to Public Health guidelines. All staff at the practice were offered an annual flu vaccination.</p> <p>We saw evidence of the practice medical indemnity insurance which covered clinical staff working at the practice.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: March 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: January 2019</p>	Y
There was a fire procedure.	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: September 2018</p>	Y
<p>There was a log of fire drills.</p> <p>Date of last drill: October 2018</p>	Y
<p>There was a record of fire alarm checks.</p> <p>Date of last check: January 2019</p>	Y

There was a record of fire training for staff. Date of last training: Various date in 2018. Completed online.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: January 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y
<p>Explanation of any answers and additional evidence:</p> <p>A premises risk assessment is conducted monthly because of the contract held between the provider and NHS Property Estates who own the premises.</p> <p>The most current health and safety risk assessment was conducted in January 2019. The assessment identified five actions to be completed by the practice, all of which had been completed when we checked the assessment.</p>	

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. Date of last infection prevention and control audit:	Y
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
Explanation of any answers and additional evidence:	

Risks to patients

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

	Y/N/Partial
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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 National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

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>	0.75	0.80	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>	11.5%	11.9%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	6.90	6.46	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	0.49	1.69	2.22	Significant Variation (positive)

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	Y

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.	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.	Y
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> <p>On the day of inspection, we noted that records were kept which showed monitoring of the stock levels of vaccines stored at the practice. A similar list (including expiry dates) was kept for the stock of emergency medicines held.</p> <p>We viewed a sample of the patient group directions (PGDs) and patient specific directions (PSDs) and found that the sample we check had been signed and were in date.</p> <p>The practice had a defibrillator with adult pads, but no child pads. In addition, we found that when we turned on the defibrillator that the battery warning light flashed. There was no record of checks for the defibrillator, but we were told that it was checked quarterly. The practice manager told us she was unaware that the battery was almost empty and said that a new battery would be ordered immediately.</p> <p>Subsequent to our inspection we received evidence that a new battery had been ordered and had replace the old battery in the defibrillator. In addition, the practice also obtained child pads for the defibrillator.</p>	

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:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	
We viewed two significant events recorded by the practice which were dealt with satisfactorily and changes we made to practice policy as a result of the incidents.	

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

Event	Specific action taken
Out of date vaccine for unknown patient found in practice vaccine fridge	An out of date vaccine was found in vaccine fridge. When checked on clinical system, no record at the practice of the patient whose name was on the vaccine. The lead GP contacted the pharmacy where vaccine was dispensed to establish where the prescription for the vaccine came from. Once origin of prescription was established, the lead GP contacted practice who issued prescription. It was then that the link between where vaccine found and where the prescription for vaccine was issued was identified as being a locum practice nurse who worked at both practices. Once this had been established, the locum practice nurse was spoken to by the lead GP. The locum nurse said they had no knowledge of vaccine. As a result of this event, changes were made by the practice which included the purchase of a new lockable vaccine fridge, the treatment room used by the nurses and healthcare assistant is now locked when not in use and now there is one dedicated person responsible for the ordering of vaccines held within the practice. The incident was discussed and actions documented at a subsequent staff meeting.
Self-medicating patient	It was noted that patients' blood glucose levels had decreased rapidly. Lead GP invited patient in and it was ascertained that patient had increased prescribed dosage of medication. Lead GP explained the dangers of doing so without seeking medical

	advice. Patient advised GP that they would stick to the medicine dosage prescribed by practice.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	P
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a system for managing alerts which involved the Practice Manager receiving alerts via email. All alerts are circulated amongst clinical staff to read via email, however we could not identify a follow-up system in place to ensure that clinical staff read and acknowledge receipt of the alerts.</p> <p>The alerts were printed out and stored in a central location which all staff could access.</p>	

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

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>	0.14	0.82	0.81	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. Patients aged 75 and older had a named GP. 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. Patients with multiple medical problems could access the practice via the bypass number. The practice conducted frailty reviews for patients who have been classed as being moderately to severely frail.

- The practice offered an in-house phlebotomy service.
- Patients over the age of 60 were offered an electrocardiogram (ECG) as part of an initiative by the practice to identify undiagnosed atrial fibrillation.
- Seasonal influenza/shingles/pneumonia vaccines are offered to this population group.
- The practice had 16% of its practice population over the age of 65, compared to the national average of 27%

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.
- Staff 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 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 were sign posted to local exercise programmes (if required).
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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>	65.4%	71.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	1.3% (6)	8.2%	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) <small>(QOF)</small>	79.7%	80.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.3% (6)	5.2%	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>	79.1%	75.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	2.4% (11)	7.8%	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>	76.4%	76.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (2)	2.8%	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>	91.4%	89.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.5% (5)	7.6%	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>	78.2%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.6% (12)	2.6%	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>	92.9%	88.5%	90.0%	No statistical variation

Exception rate (number of exceptions).	2.3% (1)	5.8%	6.7%	N/A
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Any additional evidence or comments

The practice has recently start working alongside an NHS England approved organisation on an initiative designed to encourage patients diagnosed with diabetes to use digitally-led programs to help manage their condition. Patients on the initiative are given support remotely to make a change in their lifestyle via their diet and physical activity, with the intention of lowering their current blood glucose levels.

The practice monitors the progress of patients through feedback from the coaches who assist patients remotely and with discussion with patients when they are at the practice. There are currently 11 patients on the initiative.

The practice had an electronic spirometer which recorded the respiratory functions of a patient and provided a printout of the readings, which is scanned onto the patient clinical record. This reading is part of the annual check for patients with COPD. These patients are also offered annual flu vaccines and are provided with “rescue pack” of an antibiotic and a short course of prednisolone in winter months.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- 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 arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- 8-week check for mother and baby
- Same day appointments for unwell children.
- After school appointments available with the practice nurse and healthcare assistant.

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) (NHS England)	52	58	89.7%	Below 90% minimum (variation negative)
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) (NHS England)	56	64	87.5%	Below 90% minimum (variation negative)
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) (NHS England)	55	64	85.9%	Below 90% minimum (variation negative)
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) (NHS England)	55	64	85.9%	Below 90% minimum (variation negative)

Any additional evidence or comments

We spoke with the practice about the uptake levels for child immunisations.

The practice told us that it was continuing with its programme of inviting parents to bring their child in to have their child vaccinated. On the day of inspection, the practice nurse was not on site and therefore we could not discuss with them the process in place for encouraging take-up of childhood vaccinations.

We spoke with the practice manager who told us that the practice had a system in place whereby parents/guardians of children who had not had the appropriate vaccinations would be invited into the practice, so that the lead GP or the practice nurse could discuss any concerns parents/guardians may have about vaccinations. We were also told that vaccinations were given to children who had previously not been vaccinated if they were at the practice for another reason. This would be subject to consent by the parent/guardian with the child.

The practice also provided flu and whooping cough vaccinations for pregnant women.

The practice had a register for mother found to be Hepatitis B positive and liaises with local obstetric team to ascertain schedule for vaccinations for the baby.

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 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)	57.5%	64.0%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.2%	68.3%	70.0%	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)	44.0%	45.5%	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)	75.0%	71.5%	70.2%	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)	72.2%	52.4%	51.9%	No statistical variation

Any additional evidence or comments

We were told how the practice was proactively working to improve uptake of cervical screening. Both the practice nurse and members of the administration team took responsibility to run searches and contact patients who were due by telephone to invite them for an appointment. The practice manager told us that the practice nurse offered screening opportunistically when patients attended for other reasons.

The practice take-up for cervical screening was 57% which was comparable with the clinical commissioning group (CCG) average but lower than the national average of 72%.

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, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Patients in this population group were given longer appointments with clinical staff.

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.
- 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) (QOF)	97.3%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	3.8%	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) (QOF)	97.3%	92.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	2.4%	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)	77.3%	85.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (2)	4.3%	6.6%	N/A

Any additional evidence or comments

The practice told us that patients were offered annual reviews, which included a medicine review and updating care plans to reflect any changes that affected the patient.

The practice worked closely with local access and intervention teams when required. Patients are encouraged to make use of the improved access for psychological therapies (IAPT) as part of their management of their condition.

The practice held a disease register for patients with dementia and offered regular health assessments, alongside annual reviews for these patients. Care plans for these patients were updated accordingly.

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)	534.2	533.4	537.5

Overall QOF exception reporting (all domains)	2.9%	4.9%	5.8%
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	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

We viewed a clinical audit conducted by the practice on the prescribing of Methotrexate (a high-risk medicine taken under regular clinical guidance), which is prescribed for a variety of conditions. The audit was undertaken with view to ascertaining whether the practice was adhering to local and National Patient Safety Agency (NPSA) guidelines with regards to prescribing and monitoring of patient usage of this medicine is being followed.

The first cycle of this audit identified that of the 24 patients having been prescribed Methotrexate, that all but two patients had recent blood tests and that their medical records had been reviewed and updated to show that the patient was in receipt of the correct dosage of this medicine. The two patients whose records did not reflect current blood test, it was identified that these patients were under the care of a hospital consultant and that the most recent blood test results were being requested and reviewed by the hospital.

The second cycle of this audit identified that 33 patients were being prescribed Methotrexate. As part of this re-audit, the diagnosis of each patient on Methotrexate was coded and entered on the patient's clinical notes. Prescriptions for this medicine were issued for only eight weeks at a time to ensure that required blood tests whilst on this medicine were completed within the expected timescales. The practice shared care protocol meant that if patients' most recent blood test was not conducted by the practice, but by the hospital, that a record of the most recent blood test result was on the patient's clinical notes. The outcomes for this audit showed that the practice had oversight of all patients on this medication, which ensured that prescription of this medicine was consistent with local and national guidelines.

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

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

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:	
We were told on the day of inspection that both the practice encouraged patients to take ownership (where possible) of their health needs.	
Both the practice nurse and the practice manager had been trained in smoking cessation and the healthcare assistant was trained in providing advice regarding implementing changes to patient lifestyle and diet.	

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>	98.8%	96.6%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.3% (4)	0.5%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y

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.	49
Number of CQC comments received which were positive about the service.	44
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
NHS webpage	The practice received 3.5 stars out of 5. Most reviews on this website were positive about the practice. From the reviews that were not, the common theme was the difficulties patients experienced when trying access services at the practice by telephone.
Friends and Family Test (F&F)	The practice provided us with analysis of their F&F test for 2018 which showed that 338 out of 399 patients would recommend the practice to family and friends.
Comment Cards	We received 49 comments cards as part of our inspection, 44 of which were extremely positive regarding the service and staff at the practice. The theme around the cards which did not give an overall positive response were linked to issues with gaining an appointment, waiting too long to for their appointment once in the practice and a prescribing issue.

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
5932	398	107	26.900000000000002%	1.80%

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)	82.8%	86.0%	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)	77.3%	83.0%	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)	94.3%	94.1%	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)	66.9%	73.9%	83.8%	No statistical variation

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

Any additional evidence

We viewed a recent in-house survey which focused on patient experience of their last visit to the practice and the member of clinical staff they saw. Forty-nine patients who responded to the survey, 48 patients stated that they were confident in the lead GP's ability to provide appropriate care.

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 practice staff spoke a number of different languages between them. The practice could also book language interpreters for patients when required.	

Source	Feedback
Interviews with patients.	<p>We spoke with five patients on the day of inspection, many of who had been patients at the practice for many years.</p> <p>They told us that they were happy with the practice and the care they received at eh practice. They told the inspection team that they did not have difficulties in obtaining a suitable appointment when they need one.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	87.8%	90.8%	93.5%	No statistical variation

	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.	N
Explanation of any answers and additional evidence:	
The practice does not have a website. We spoke with the lead GP about this and he informed us that discussions had taken place regarding the construction of a website shortly.	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 83 patients from their patient list. This represents approximately 1.5% of the practice list size. The practice actively sought to identify patients and did so through having signs within the practice telling patients to let staff know if they are a carer.
How the practice supported carers.	The practice provided flu vaccinations to carers. In addition, appointments could be scheduled to fit around the carers responsibilities where possible.
How the practice supported recently bereaved patients.	The practice waiting area had leaflets on bereavement services. Staff at the practice are made aware of any bereavements and the lead GP would write to the bereaved family to offer condolences and support.

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

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.	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

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 12:30; 17:00 – 19:30
Tuesday	08:30 – 12:30; 15:00 – 18:30
Wednesday	08:30 – 12:30; 15:00 – 18:30
Thursday	08:30 – 12:30; 15:00 – 18:30
Friday	08:00 – 12:30; 17:00 – 19:30
Appointments available:	
Monday	08:00 – 12:30; 17:00 – 19:20
Tuesday	08:30 – 12:30; 15:00 – 18:20
Wednesday	09:00 – 12:30; 15:00 – 18:20
Thursday	07:30 – 12:30; 15:00 – 18:20
Friday	07:30 – 12:30; 15:00 – 19:20

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5932	398	107	26.9000000000000002%	1.80%

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)	91.3%	93.6%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. 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.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.
- Telephone consultations were available
- The practice was open until 7.30pm on a Monday and Friday. In addition, the practice opened from 7:30am on a Thursday and Friday. 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.

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 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.

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.

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 absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had daily home visit slots available. If a home visit is requested, the receptionist would take some details from the patient and inform the doctor of the request. The doctor would call the patient to discuss further the reason for the appointment and inform them of the proposed visit time.	

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)	50.2%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an	46.6%	56.9%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment (01/01/2018 to 31/03/2018)				
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)	51.0%	56.9%	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)	66.4%	65.2%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	We noted from some of the feedback left for the NHS webpage for the practice over the last 12 months, that gaining access to the practice by telephone as well as gaining a suitable appointment was a problem for a minority of patients.

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.	2
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.	Y
There was evidence that complaints were used to drive continuous improvement.	P
Explanation of any answers and additional evidence: One of the complaints that we viewed occurred prior to the current practice manager being in post and therefore we could not identify how learning from this incident was used to drive improvement within the practice. The second complaint we looked at we noted had been discussed within the practice meeting following the complaint.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Lack of patient records	Practice contacted NHS records support team to request complete medical record for patient. Practice told by support team that no records for patient had been received from patients' previous practice. The practice to the decision to contact the patients' previous practice directly in the hope of obtaining a complete medical summary whilst awaiting receipt of the patients' full medical record. The learning from this complaint was to explore all avenues of obtaining patient medical history including contacting the previous practice to ask them to forward on a complete medical summary until patient full medical history is received.

Well-led

Rating: Good

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 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
Explanation of any answers and additional evidence: Since our last CQC inspection in February 2018, the practice had recruited an advance nurse practitioner, a healthcare assistant and a pharmacist. In addition, there had been the recruitment of a new practice manager. Staff we spoke with told us that all members of staff were visible and that no member of staff within the practice was unapproachable.	

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
Explanation of any answers and additional evidence: The lead GP could speak to us about being able to offer patients improved service taking in to account the recruitment of the advanced nurse practitioner, the pharmacist and the healthcare assistant. The lead GP told that that one of his priorities this year was to review access to services at the practice by patients and if this access could be improved in any way. Staff we spoke to on the day of inspection were able to talk with us about the practice values of providing	

high quality patient care and treating all patients with care, dignity and respect.

Culture

The practice had a culture which drove 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

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

Source	Feedback
Non-clinical member of staff	All staff are approachable and you can discuss anything with them. The practice manager is always available (as she will often sit in reception) to listen to concerns, offer advice and solutions to problems.

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

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
Explanation of any answers and additional evidence:	
We saw a copy of the practice business continuity plan which included what to do in response to a major incident.	
Staff we spoke could tell us what to do in response one of the major incident stated within the business continuity plan.	
The lead GP told us that the practice held monthly clinical meetings and that all staff meetings were held on a quarterly basis. The discussions from these meetings helped with the identification of potential risks at the practice, which were then discussed and managed accordingly.	

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain 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

Feedback from Patient Participation Group.

Feedback
We spoke with members of the patient participation group (PPG) who told us that the practice listened to and where possible acted on the views of patients. We also viewed the minutes of the most recent PPG meeting held in January 2019.

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

Examples of continuous learning and improvement

The practice introduction of actively identifying and working with patients with pre-diabetes. In working with these patients through the promoting of lifestyle and diet changes, the practice is hoping to reduce patients' chances of developing overt diabetes.

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. This indicator does not have a CCG 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:
<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.