Care Quality Commission

Inspection Evidence Table

Norton Canes Health Centre (1-571345888)

Inspection date: 10 June 2019

Date of data download: 04 June 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	N/A
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
There were systems 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
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
Explanation of any answers and additional evidence: Patient information leaflets about abuse were readily available in the waiting area. These included information about the categories of abuse and telephone contact details of local agencies.	

Safeguarding	Y/N/Partial
Staff we spoke with demonstrated a clear understanding of what would constitute a safeguarding concern and the action they would take or had taken. The practice nurse was able to share an example of when they had liaised with the health visitor to share concerns regarding a family with young children. A GP was able to share action taken when a female adult patient had presented with bruising. Since the last inspection the practice had introduced and carried out monthly searches on the practice clinical system for children not brought to the practice for their immunisations and these children were followed up. The health visiting team and school nurse team were based on site and therefore were readily accessible for advice or to share any concerns. Weekly contact with the health visitor was maintained.	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 18/12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 18/12/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: March 2019	Yes
There was a log of fire drills. Date of last drill: 02/05/2019	Yes
There was a record of fire alarm checks. Date of last check: Each Tuesday at 10.00	Yes
There was a record of fire training for staff. Date of last training: March 2019	Yes

There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 20/07/2017	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Hazardous substances were securely stored centrally, and associated risks were managed by the NHS building landlord. Fire risk assessments were undertaken bi-annually. The next assessment was planned for 20/07/2019. A legionella risk assessment was undertaken in October 2018. Evidence of water outlet flushing was available.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 07/06/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Yes
Explanation of any answers and additional evidence: Shutters were fitted to the reception area and cupboards and doors were lockable. Arrangements to ensure security was maintained was managed by the practice staff and secured at the end of each day.	

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:	18/02/19
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.	Yes
Explanation of any answers and additional evidence: The practice was one of three GP practices located on the ground floor of the health centre. The clinical areas were separate although the waiting room was shared. The practice was visibly clean and tidy on the day of the inspection. Feedback we gained from patients suggested they were satisfied with the cleanliness of the practice and the infection prevention measures in place. All cleaning was performed by the NHS building landlord. However, the practice maintained a cleaning schedule and staff demonstrated a clear understanding of their responsibilities for promoting infection control in their own work areas. The practice nurse was the designated lead for infection prevention and control (IPC). They had	

requested an IPC audit be undertaken by the IPC lead for the Midlands Partnership NHS Foundation Trust. This was undertaken in February 2019 and the practice achieved an overall rating of 95%. Some areas requiring action were the responsibility of the landlord and these had been addressed. Other areas included the need to replace some torn cloth chairs and these had since been replaced. The outcome of the external audit was shared and discussed practice wide and recorded.

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
Explanation of any answers and additional evidence: Clinicians we spoke with demonstrated an awareness of sepsis guidelines and had the equipment needed for diagnosis. We saw information about sepsis and associated symptoms was displayed in the waiting room. Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had received sepsis awareness training in primary care. Sepsis had also been discussed in a recent staff meeting.	

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	Yes

summarising of new patient notes.	
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

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.90	1.03	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	11.1%	9.3%	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 (01/10/2018 to 31/03/2019) (NHSBSA)	5.57	5.85	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.46	2.15	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
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.	N/A
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 changes to a patient's medicines including changes made by other services.	Yes
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
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
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.	N/A
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

Explanation of any answers and additional evidence:

The practice did not employ non-medical prescribers.

No controlled drugs were held on the practice premises.

At the previous inspection in April 2015 we made a good practice recommendation that the provider should review and improve the availability of emergency medicines. This was to ensure that the practice was able to respond appropriately to the range of medical emergencies likely to be experienced in general practice. We saw the provider had since actioned this and the suggested medicines were now available.

Medicines management	Y/N/Partial
The practice participated in the NHS Electronic Prescription Service (EPS) and advised that the uptake was above 75% which is higher than the national average.	

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:	Three
Number of events that required action:	One
Explanation of any answers and additional evidence Staff we spoke with demonstrated a clear understanding of the process and were able to share an example of a significant event. Staff had access to a standard incident reporting form and significant events were shared, discussed and recorded in practice meetings.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Staff had misinterpreted information concerning a patients' blood results.	A letter was sent to the patient requesting they make an appointment concerning the results and they received an explanation and apology. Staff were advised to ensure they check all results prior to advising patients of the outcome of blood tests.
Error in labelling a blood sample.	The practice contacted the laboratory and advised them not to process the sample. The patient was contacted and provided with an apology and advised to have a further blood test. Staff were advised to double check labels.
During an external infection control audit the gate on the property waste disposal compound was found open and the lock to the clinical bin found broken.	This was immediately reported to the property contractors, the gate locked, and a new clinical bin obtained

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:

Medical safety and device alerts were received by the practice manager and disseminated to clinicians and a hard copy retained in a folder. Where relevant, searches were carried out for any patients on any identified medicines or devices and affected patients were contacted and recalled for consultation when required and reviewed. Appropriate action had been taken in relation to the alerts we checked.

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

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) (01/04/2018 to 31/03/2019) (NHSBSA)	1.10	0.86	0.77	No statistical variation

Older people Population group rating: Good

Findings
• 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. • 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 on request.

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 with suspected hypertension were referred locally for 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) (QOF)	70.8%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.0% (5)	15.3%	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)	81.5%	82.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.4% (6)	8.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	80.9%	79.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	3.5% (9)	14.6%	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)	79.6%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (2)	8.1%	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)	97.6%	90.8%	89.7%	Variation (positive)
Exception rate (number of exceptions).	4.5% (4)	11.2%	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) (QOF)	82.7%	83.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (15)	3.6%	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) (QOF)	89.1%	90.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (3)	5.2%	6.7%	N/A

Any additional evidence or comments

The practice had a positive variation in one of the respiratory indicators for the percentage of patients with COPD who had a review in the preceding 12 months. Ninety eight percent of patients had received a review compared to local 90.8% and national 89.7%. Exception reporting for the practice was significantly lower than local and national averages. (Practice 4.5%, local 11.2% and national 11.5%.)

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were above 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.

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)	36	38	94.7%	Met 90% minimum (no variation)
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)	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	33	34	97.1%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including new patient checks. The practice nurse was available for clinically appropriate advice and support. • 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)	74.0%	74.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) **(PHE)**	68.8%	71.1%	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)**	48.7%	56.2%	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. (01/04/2017 to 31/03/2018) **(PHE)**	81.8%	76.1%	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)	50.0%	45.1%	51.9%	No statistical variation

Any additional evidence or comments
The practice's uptake for cervical screening was 74%, which was lower than the 80% coverage target for the national screening programme, and in line with local and national averages. The practice was aware of their uptake and were actively encouraging patients to attend for screening. Screening had been discussed in a practice meeting held. We saw posters and leaflets displayed in the waiting area encouraging patients to attend for screening. The practice nurse was trained to undertake cervical cancer screening. Appointments were available across a range of days and up until 6pm on a Wednesday and from 7am on a Friday to assist working age patients. Non-attenders were flagged on the practice clinical system and followed up. Information was also available on the NHS Abdominal Aortic Aneurysm (AAA) screening programme for men 65 years and above to attend screening to check if they have an enlargement of the main blood vessel in the abdominal which if left untreated can be fatal. The practice was hosting a AAA clinic on 4 July 2019.

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 20 patients with a learning disability on the register and of these 76% had received an annual health check. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • The practice demonstrated that they had a system to identify people who misused substances. • The practice reviewed young patients at a local residential home.

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)	95.2%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	15.8%	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)	95.0%	94.2%	90.0%	No statistical variation

Exception rate (number of exceptions).	4.8% (1)	11.9%	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) (QOF)	100.0%	84.2%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0 (0)	6.8%	6.6%	N/A

Any additional evidence or comments
QOF indicators show the practice had a significant positive variation in one of the mental health and neurology indicators concerning the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. Practice 100%, Local 84% and national: 83%. Exception reporting for the practice was 0%. The practice exception reporting rate was significantly lower than local and national averages across the majority of clinical indicators, meaning more patients were included.

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)	547.5	547.1	537.5
Overall QOF exception reporting (all domains)	3.1%	5.8%	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

The practice had carried out an audit of patients prescribed pregabalin and gabapentin which showed that following GP review and the introduction of new prescribing guidance that 100% of patients were now being prescribed these medicines in line with current guidance. An audit of patients with type II diabetes controlled by metformin showed that 100% of patients had renal function testing to ensure that no patients with chronic kidney disease were being prescribed metformin inappropriately.

An audit of patient consent forms for the fitting of a contraceptive implant identified one consent form was missing. The form was found and scanned to the patient records.

Audits and outcomes were shared and discussed with staff in practice meetings.

The practice had very recently received a letter from Public Health England in recognition of all the hard work throughout the flu season in 2018/2019. The practice achieved the highest flu vaccine uptake of 90.5% in the pregnant women cohort across Shropshire and Staffordshire.

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.	N/A
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.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Explanation of any answers and additional evidence:

The practice did not employ a health care assistant (HCA) or staff in advanced clinical roles.

Staff had received training from the specialist learning disability nurse in relation to communicating with patients with a learning disability and autism and completing health checks. The practice had sourced training for staff in dementia care from a dementia advisor and this was being arranged to take place in the Summer.

Staff had completed care navigation training to ensure patients were signposted to the appropriate clinician or service.

The practice had a small and well-established staff team. Staff told us they were supported in their learning and we saw they were up to date with their essential training. Staff were provided with protected learning time. The practice nurse shared their training file with us and we saw they had

completed a range of training courses appropriate to their role. They had also attended a primary care nurse course that took place annually and focussed on hot topics. The most recent course covered a range of topics and included diabetes, elderly medicines, end of life care, mental health, lifestyles, women's health, pain and wound management. They were also provided with a resource book with useful links to websites for additional information.

The practice was looking to take on an apprentice to join the reception and administrative team. Interviews had recently been held.

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
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

Explanation of any answers and additional evidence:

At the previous inspection in April 2015, we made a good practice recommendation that patients be provided with more detailed information on appropriate ways to access out-of-hours services when the practice was closed. We saw this had been actioned and posters were displayed in the waiting area advising patients of what to do when the practice was closed.

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 (01/04/2017 to 31/03/2018) (QOF)	97.9%	96.1%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.8% (7)	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: Clinicians we spoke with demonstrated an understanding of best practice guidance in obtaining consent. An audit of patient consent forms for the fitting of a contraceptive implant identified one consent form was missing. This was found and scanned to the patient records.	

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	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:

We found there was compassionate, inclusive and effective leadership. Leaders were visible and approachable and understood the strengths and challenges of the services provided. Regular meetings were held with staff to enable the effective sharing of information and open informal discussion was held daily.

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:

At the previous inspection in April 2015, we made a good practice recommendation that the provider consider the development of a formal practice vision and values. We saw a Mission Statement had since been developed and was displayed on the reception desk. This was:

- To provide patients with professional, continuous, confidential and personalised medical care in all aspects of medicine.
- To make every effort to provide the service in a friendly and caring professional environment and promote shared decisions between patient and carers.
- To endeavour to treat patients as individuals with dignity and respect that we would want for ourselves, and our families. Being polite, considerate and honest at all times promoting openness and transparency. To treat patients fairly and without discrimination or prejudice.
- Being committed to the care of all staff and promoting a happy working atmosphere.

Staff we spoke with were aware of the mission statement.

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: Staff told us they were a well-established team. There was an open culture of reporting and sharing communication practice wide. Significant events, complaints and compliments were shared across the team to improve the future delivery of the service and patient experiences.	

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

Source	Feedback
Practice staff	Staff told us that the practice provided a positive, friendly, open and honest environment to work and they felt well supported by the GPs and the practice manager. They told us they enjoyed working at the practice and spoke highly of the inclusive culture.

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
Explanation of any answers and additional evidence: The practice held regular meetings to discuss incidents, events and governance issues to ensure staff had the information and support to deliver good quality care. Staff spoken with were aware of their roles and responsibilities and we saw there were clear lines of accountability across the team in relation to a range of areas including administrative workflow	

processes, infection control, safeguarding and clinical governance. Staff had access to a range of policies and procedures to support and guide them in their work. There were

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
Explanation of any answers and additional evidence: A range of audits had been carried out demonstrating the actions taken to improve quality and outcomes for patients. The practice had a disaster handling and business continuity plan in place. This plan was reviewed annually and included emergency contact details for staff. Copies were retained off site.	

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
Explanation of any answers and additional evidence: Data to include Quality and Outcomes Framework (QOF) was regularly monitored and discussed in staff meetings held to drive improvements in quality and sustainability.	

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:
In response to patient feedback a new telephone system had recently been installed to provide patients with improved telephone access and information.

The practice had very recently established a patient participation group (PPG) to involve patients in decisions about the service and delivery of care. The PPG had held their first meeting on 29 May 2019. Five members attended in addition to the practice manager and nurse. Apologies were received from a further five members. A range of information was shared with the group and comments and suggestions sought from the group.

Staff we spoke with told us the GPs and practice manager actively encouraged them to offer suggestions to improve the service and their working environment. They told us they had been provided with new chairs providing extra support in addition to dual monitors to improve their work space.

A new electronic information station had been implemented at the reception area informing patients of the range of services available both at the practice and in the local community.

The practice worked in partnership with external partners including CCG pharmacist, local pharmacists, health visitors, district nurses, midwives and neighbouring practices.

Feedback from Patient Participation Group (PPG).

Feedback
During the inspection we spoke with a member of the PPG. They told us the group had very recently held their first meeting and going forward meetings would be held monthly. They told us they were encouraged to offer suggestions for improving the service for patients.

Any additional evidence
The practice had been rated 5* on NHS Home website based on one review in relation to the excellent standard of care and treatment received by a patient and their family members. Staff were described as very approachable and helpful. The practice used a range of formats available to gain patient views and experiences. These included the national GP survey, the friends and family test (FFT), complaints and compliments. Feedback was shared with staff to help improve services.

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Local residential homes.	We spoke with the managers from two local residential homes. Feedback was very positive in relation to the service their patients registered at the practice received. They told us the service was responsive to the health needs of their residents and they had developed positive working relationships with the practice.
CQC comment cards	Comment cards shared positive experiences about the care and treatment patients received. Patients commented that staff were attentive, friendly, professional, efficient and caring. Mixed comments were in relation to the wait time when attending an appointment, two comments in relation to access to appointments and one shared concerns about not always feeling listened to.
Patient discussions	During the inspection we spoke with five patients. Feedback overall was very positive about the care and treatment they received. One patient told us they preferred to see a particular GP as they found the other GP was a little indecisive during their last appointment.

Any additional evidence
The practice had been rated 5* on an NHS Home website based on one review in relation to the excellent standard of care and treatment received by a patient and their family members. Staff were described as very approachable and helpful.

Continuous improvement and innovation

There was 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
The practice had taken part in piloting a dementia care clinic for the Clinical Commissioning Group over a period of 12 months. A dementia consultant attended the practice to offer patients support. However, due to a lack of demand for this service, it was no longer offered. In conjunction with other local practices, the practice was looking to develop a primary care network to create a fully integrated community-based health service.

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 practices 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 Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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.