

Care Quality Commission

Inspection Evidence Table

David Lewis GP service (1-4254159177)

Inspection date: 9 January 2019

Date of data download: 02 January 2019

Overall rating: add overall rating here

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.	N/A
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 were systems to support appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	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 to support and protect patients at risk of significant harm.	Y
Explanation of any answers and additional evidence: The clinical and non-clinical staff interviewed were aware of what steps to take to safeguard patients from abuse. The David Lewis Centre shared information about any safeguarding concerns relating to patients of the	

Safeguarding	Y/N/Partial
GP service. They were in the process of developing quarterly meetings to discuss safeguarding.	

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>No new staff have been employed since the service was registered with CQC. The practice had a recruitment procedure which would ensure all the necessary information was obtained prior to employment. This was discussed with the practice manager who demonstrated a good awareness of safe recruitment practices.</p>	

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: 17/07/2018	Y
There was a record of equipment calibration. Date of last calibration: 06/12/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 09/01/2019	Y
There was a log of fire drills. Date of last drill: 07/08/2017	Y
There was a record of fire alarm checks. Date of last check: 09/01/2019	Y
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: September 2018	Y
Actions from fire risk assessment were identified and completed.	None identified
<p>Explanation of any answers and additional evidence:</p> <p>We found one item of equipment that had not been calibrated in the last 12 months. This did not belong to the GP practice and the GPs advised that they would address this and ensure any equipment accessible to them was calibrated prior to use.</p> <p>Fire drills were organised by The David Lewis Centre. A further drill had been scheduled.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2018	Y
<p>Explanation of any answers and additional evidence:</p> <p>The GP practice was situated within premises owned by The David Lewis Centre. The David Lewis Centre maintained the building and equipment used by the GP practice apart from portable medical equipment which was retained by individual GPs.</p> <p>Issues regarding the premises, such as repairs were reported to the Estates Management Team.</p>	

The David Lewis Centre employed a fire and health and safety advisor to ensure the premises and equipment were safe.

Outside contractors carried out maintenance and periodic checks of the fire safety systems.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	29/10/2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
The clinical staff employed by The David Lewis Centre took responsibility for the infection control audits and ensuring rooms and clinical equipment were clean. There were daily, weekly and monthly schedules to monitor this. All the GP practice staff had received training in infection control. GPs had access to cleaning materials to ensure their equipment was cleaned in between seeing patients where necessary.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Staff 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
<p>Explanation of any answers and additional evidence:</p> <p>All patients were assessed by a centre cover nurse employed by The David Lewis Centre prior to an appointment with a GP being made. This was to determine that GP appointments were accessed when necessary.</p> <p>The provider told us that Centre cover nurses had been trained in identifying medical emergencies such as sepsis. Carers who were employed by The David Lewis Centre to support patients had also received this training and there was a quick identification visual aid to assist staff to identify a patient with possible sepsis.</p> <p>The receptionist employed by The David Lewis Centre had not received this training. This was brought to the attention of the provider.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>When a two-week referral (the two-week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible) was made. The administrative staff monitored whether patients had been provided with an appointment.</p>	



Appropriate and safe use of medicines

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

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).	N/A
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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N/A
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
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.	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	N/A

Medicines management	Y/N/Partial
to ensure they remained safe and effective.	
<p>Explanation of any answers and additional evidence:</p> <p>No high risk medication was held, however there were systems to ensure that other medication which could have serious side effects was appropriately monitored.</p> <p>The practice worked with the Clinical Commissioning Group (CCG) Medicines Management Team to review and implement cost effective prescribing recommendations, address potential medicine safety issues and review repeat prescribing processes and procedures to ensure safe systems were in place. The CCG funding for medicines costs included pharmaceutical support and supply. Some specific projects that had been undertaken in the previous 12 months with pharmaceutical support included:</p> <ul style="list-style-type: none"> • Review of medication of people with a learning disability and autism to prevent over medication. • Development and introduction of a standard operating procedure to support the safe and appropriate use of homely remedies. • Implementation of recognised guidelines for prescribers and other clinical staff to support the safe and appropriate prescribing and administration of medicines for patients with swallowing difficulties where a licensed liquid formulation was not commercially available. <p>The GPs worked closely with the doctors and healthcare professionals at the David Lewis Centre to best manage the medicines needs of the patients. The shared clinical system supported this joint working, allowing an integrated approach to prescribing as well as providing a further level of safety to prescribing, and a tool for audit purposes.</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:	6
Number of events that required action:	6

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

Event	Specific action taken
During a review of a patient it was identified that a specific medication prescribed to be used as and when needed had not been reviewed in a timely manner.	The policy for use as required medication was reviewed and changes put in place to raise the need for David Lewis Centre staff to request a review with a GP when this medication has been used after an agreed number of times
Following a consultation with a patient with diabetes, plans were made for follow up after changes were made to their medication, however a follow up appointment was not made.	A review of the diabetic patient re-call system was undertaken and the process of booking follow up appointments.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

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/carers were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Population group rating: Good

Older people

Findings
<ul style="list-style-type: none">• The practice provided a specific service to patients who lived at The David Lewis Centre who had a learning disability and epilepsy.• The practice identified patients who were frail due to older age and ensured they received appropriate support.• 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.

People with long-term conditions

Population group rating: **Good**

Findings

- The GPs worked with other health and care professionals to deliver a coordinated package of care to meet the complex needs of the patients who lived at The David Lewis Centre.
- Multi-disciplinary meetings were regularly held in each of The David Lewis Centre residential homes to review the needs of patients.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with newly diagnosed cardio-vascular disease were offered statins, following an assessment to determine if this was appropriate.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately, following an assessment to determine if this was appropriate.

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>	100.0%	82.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	0 (0)	11.7%	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>	50.0%	79.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	10.3%	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>	75.0%	78.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	0 (0)	19.2%	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>	75.0%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	27.3% (3)	7.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	93.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	11.6%	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>	100.0%	82.8%	82.6%	Variation (positive)
Exception rate (number of exceptions).	12.5% (1)	4.6%	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>	100.0%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.6%	6.7%	N/A

Families, children and young people

Population group rating: Not applicable

Findings

A service was not provided to this population group.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice assessed patients for cervical, breast, bowel and abdominal aortic aneurysm screening and vaccinations.
- A system was in place to provide eligible patients with the meningitis vaccine if this was in their best interests. All patients in this risk group had received this vaccine. 80% of patients had received the flu vaccination. Nurses employed by The David Lewis Centre administered vaccinations.
- The GPs worked closely with the doctors and health and social care professionals at the David Lewis Centre to best manage the needs of patients.

Cancer Indicators	Practice	CCG average	England average	England comparison
(to) <small>(Public Health England)</small>		-		-
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (to) <small>(PHE)</small>		-	-	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(to) <small>(PHE)</small>		-	-	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,		-	-	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (to) (PHE)				
(to) (PHE)		-		-

Any additional evidence or comments

Public Health England reporting for the practice has historically been included within data for the providers other practice (Chelford Surgery) moving forward this will be reported independently and will enable the practice and CCG to monitor outcomes more effectively.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice reviewed medication prescribing to ensure that this supported the vulnerable patients who used the service. For example, in the last 12 months a review had taken place to prevent over medication of patients with a learning disability and autism. A standard operating procedure to support the safe and appropriate use of homely remedies had been developed and guidelines put in place to further support the safe prescribing and administration of medicines for patients with swallowing difficulties or who develop swallowing difficulties and where a licensed liquid formulation is not commercially available.
- The practice had put in place a Red Bag system (pre-prescribed medication with details as to when the nurses from The David Lewis Centre were to use this). This was in place for a small number of patients who were at high risk of acute physical deterioration and hospital admission. The system allowed timely access to health care, prevented morbidity and reduced hospital admissions. The out of hours GP service had access to the care plans of any patients who had been prescribed medication under the Red Bag system.
- A system was in place to ensure that where a patient was not able to consent to screening or vaccinations an assessment as to whether this was in their best interests was carried out which involved consultation with all relevant people, including the representatives and advocates of the patient.
- The practice worked with The David Lewis Centre to ensure carers could appropriately support patients with screening. For example, carers had received guidance in supporting patients with the bowel screening process. They had also received training about advocacy and involving them in the health and welfare of patients.
- An annual learning disability health check was provided. The practice and The David Lewis Centre had developed a comprehensive patient assessment tool for annual health checks. This provided a detailed record of all the patients' needs, including health, communication, mobility, daily living skills, vision, hearing, screening, vaccination, behaviour and mental health and end of life care. There were also links to guidance within the record such as the Royal College of General Practitioners (RCGP) annual health check for people with learning disabilities, easy read leaflets and advice regarding the management of consent.

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

Population group rating: Good

Findings

- Where a patient experienced poor mental health their condition and any prescribed medication was monitored.
- The GPs liaised with health and care support services to support patients experiencing poor mental health.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	0.0%	91.0%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	0 (0)	15.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	40.0%	88.5%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0 (0)	13.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	66.7%	83.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.8%	6.6%	N/A

Monitoring care and treatment

The practice carried out 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)	-	-	537.5
Overall QOF exception reporting (all domains)	4.2%	5.1%	5.8%

Any additional evidence or comments

Due to the number and specific needs and complexities of the patients who used this service not all the Quality Outcomes Framework (QOF) indicators were appropriate. As a result key performance indicators had been jointly agreed with the practice and the Clinical Commissioning Group (CCG). The CCG informed us that these were robustly monitored at quarterly contract meetings and enabled the practice to demonstrate how they were reviewing all aspects of the service to ensure the patients' needs and requirements were met fully.

	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

Specific projects had been undertaken in the last 12 months with pharmaceutical support which had included a review of medication of people with a learning disability and autism to prevent over medication. Audits had taken place of the number of patients who received the influenza vaccination to determine whether this achievement could be improved and how. An audit was undertaken to identify patients with vitamin D deficiency as the patients of the practice were at high risk from this. The audit found all patients needed vitamin D supplements. A protocol for this was put in place.

The practice reviewed its Red Bag system. A system where medication was pre-prescribed with details as to when the nurses from The David Lewis Centre were to use this. This was in place for a small number of patients who were at high risk of acute physical deterioration and hospital admission. The review indicated that the system was effective and allowed timely access to health care, prevented morbidity and reduced hospital admissions.

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.	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.	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.	N/A
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
Explanation of any answers and additional evidence: The David Lewis Centre had developed patient passports, a document which recorded a patients' care and health needs. This document accompanied patients when they attended an external service. The passports included information provided by the GP service.	

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
Explanation of any answers and additional evidence: The practice had easy read materials available to assist patients to understand screening and vaccination	

services.

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>	95.8%	94.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0 (0)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The GPs had all received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Two had trained as Mental Health Assessors for undertaking deprivation of liberty safeguards assessments. The GPs were able to demonstrate a clear understanding of legal requirements and the process for assessing capacity and obtaining consent for care and treatment	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had undertaken training on promoting equality and diversity. They had also undertaken training on supporting adults with a learning disability.</p>	

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards completed by patients, carers and relatives.	<ul style="list-style-type: none"> All staff treat me with respect. Staff listen to the patient. Staff are polite and helpful. Great service. Staff are caring and understanding towards the patient.

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
136			%	0.00%

Any additional evidence or comments

The practice did not participate in the survey as it assessed that given the complexities of the patients' needs and the type of questions asked there would be a limited number of patients who would be able to meaningfully respond. The practice had an easy read questionnaire that was completed by patients and carers following a consultation where appropriate.

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

Any additional evidence

The practice had modified the NHS Family and Friends test questionnaire (FFT) to make this easier to understand. The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. The practice manager and registered manager reviewed the results from the easy read questionnaire and the FFT and they were discussed at quarterly contract meetings with the Clinical Commissioning Group and The David Lewis Centre governance meetings. Feedback about the GP service was also a standing item on the residents committee agenda.

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:

Patients were assessed to determine if they were able to make decisions about their care and treatment. The practice involved appropriate professionals and informal individuals such as relatives to reach a decision about care and treatment when a patient lacked capacity. The practice involved legally appointed individuals in this process. The practice was aware of how to access advocacy services for its patients and of the role of the Independent Mental Capacity Advocate (IMCA.) An advocate appointed by the local authority where a patient lacked capacity to make a decision about serious medical treatment where there was no other appropriate individual to be consulted.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	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:	
Easy read and pictorial materials were available for different types of screening such as bowel and breast screening.	
Easy read and pictorial materials were available for health guidance such as keeping safe in the sun and hot weather.	
Photographs of the clinical staff were available when preparing patients to visit the GP practice.	
The practice did not have a website. Details about the GP service such as staff, appointment times and contact details were available on the Chelford Surgery website. The practice was reviewing the information available electronically to patients, carers, advocates and representatives. Following the inspection we were also informed that a link was going to be placed on The David Lewis Centre website to the Chelford Surgery.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider demonstrated a patient centred approach to care and treatment. They gave examples of how they had adapted the delivery of care and treatment to ensure that patients had access to the care that they needed.</p> <p>Where a patient was unable to attend the practice, for example, due to anxiety, the GPs visited the patient at home. The practice also worked with carers to encourage patients to attend for examinations by making a number of visits beforehand to allow the patient to become familiar with the staff and environment.</p> <p>The David Lewis Centre provided a range of medical and therapeutic support services. These included occupational therapy, physiotherapy, psychology and behaviour support services, speech, language and communication therapy. GPs from the practice attended multi-disciplinary meetings to support patients, the majority of whom had complex needs.</p> <p>Unplanned hospital admissions were reviewed to identify any actions that could be put in place to minimise this in future. For example, as a result referral pathways had been reviewed,</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am – 4pm
Tuesday	9am – 1pm
Wednesday	9am – 3pm
Thursday	9am – 3pm
Friday	9am – 3pm
Appointments available:	
Monday	9am – 3pm
Tuesday	10am – 1pm

Wednesday	10am – 1pm
Thursday	10am – 1pm
Friday	9am – 1pm
	A GP from the practice was on-call Monday to Friday from 8am to 6.30pm.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
136			%	0.00%

Any additional evidence or comments

The practice did not participate in the survey as it assessed that given the complexities of the patients' needs and the type of questions asked there would be a limited number of patients who would be able to meaningfully respond.

Older people

Population group rating: Good

Findings

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments if needed.
- Care and treatment for patients approaching the end of life was coordinated with other services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with staff at The David Lewis Centre and with external health professionals to discuss and manage the needs of patients with complex medical issues.

Families, children and young people

Population group rating: add rating

Findings

A service was not provided to this population group.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice assessed patients for cervical, breast, bowel and abdominal aortic aneurysm screening and vaccinations. The practice adjusted its services to meet the needs of its patients and to ensure they had access to the range of tests and treatments specific to this age group.
- The practice demonstrated how it worked with carers to ensure they had the training and information they needed to support patients with screening and vaccinations.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, if a patient was not able to have a particular test as this was not in their best interest then an alternative method of looking for indicators for a medical condition was used. The practice liaised with the hospital breast screening department to ensure action was taken to meet the needs of patients who needed to use a hoist or remain seated.
- The practice and The David Lewis Centre had developed a comprehensive patient assessment tool for annual health checks. This provided a detailed record of all the patients' needs, including health, communication, mobility, daily living skills, vision, hearing, screening, vaccination, behaviour and mental health and end of life care. There were also links to guidance within the record such as the Royal College of General Practitioners (RCGP) annual health check for people with learning disabilities, easy read leaflets and advice regarding the management of consent.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The GPs liaised with health and care support services to support patients experiencing poor mental health.
- Patients were referred for a dementia assessment and to mental health services where this was

assessed as needed.

- The practice had a risk register which ensured that local mental health services were aware of patients that were at high risk of admission to hospital due to poor mental health.

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
<p>Explanation of any answers and additional evidence:</p> <p>Carers from The David Lewis Centre contacted nurses employed by the centre to assess any patients who may need a GP appointment. Nurses assessed a patients' needs prior to an appointment being made. The GP service provided routine appointments and emergency appointments. GPs were at the practice for specific hours each day but an on-call GP from the practice was available Monday – Friday 8am to 6.30pm.</p>	

Source	Feedback
Comment cards completed by patients, carers and relatives.	Those responses that commented on access to care and treatment were positive about their experiences.

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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>An easy read version of the complaints procedure was not available. The complaints procedure did not include the contact details and function of advocacy, NHS England and the Parliamentary Service Ombudsman (PHSO). This was addressed following the inspection.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A prescription was issued for a patient without consultation with a legally appointed representative.	As a result of this complaint the medical notes were updated with information stating the patient had a legally appointed representative and their contact details. An alert was also placed on the electronic patient records. As a result of this complaint other patient records were checked/updated where there is a legally appointed representative to ensure this information is readily available when accessing the patients' medical notes.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a statement of purpose which indicated that its purpose was to provide patients with high quality, equal access (with reasonable adjustment) to healthcare and to continuously improve the services offered. To maintain a happy, sound practice which was responsive to people's needs and expectations and which reflected whenever possible the latest advances in primary health care.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The management team had oversight of the service quality and performance. Quality improvement initiatives were evident, that included audit. There were processes for providing staff with the development they needed. There were positive relationships between staff at the GP practice. We spoke with a senior member of staff from The David Lewis Centre who reported that there was good communication and effective working between the centre staff and staff from the GP service.</p>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff stated they felt respected, supported and valued. • Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. • They told us there was good communication between all staff. • They told us they had access to support and training to meet the requirements of their roles.

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

Explanation of any answers and additional evidence:
 The practice produced annual monitoring reports for the Clinical Commissioning Group (CCG) and met with them on a quarterly basis. These reports and contract meetings enabled the practice to demonstrate how they were reviewing all aspects of the service to ensure the patients' needs and requirements were met fully.

The practice had regular governance meetings with The David Lewis Centre to ensure that there was effective working between both services to meet patients' needs.

Prescribing was monitored through a Drug and Therapeutic Committee which was attended by the practice, CCG medicines management team and The David Lewis Centre.

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 clinical and internal audit to monitor service provision.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff had received training in responding to 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: A business continuity plan was in place. Staff had been provided with guidance about this. Staff had been trained in responding to a medical emergency. All had up to date cardiopulmonary resuscitation training.	

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 high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
Meetings were held with staff, The David Lewis Centre and the CCG to ensure that good quality, sustainable care was achieved.	
The practice had systems to obtain feedback from patients, carers, staff and external partners. For example, an easy read questionnaire that was completed by patients and carers following a consultation where appropriate. Feedback about the GP service was also a standing item on the residents committee agenda. As a result of patient feedback the practice had ensured that it now notified a patients carer about appointment times/visits to patients homes when the GP was making a visit from its other surgery to reduce the patients anxiety of waiting.	

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.	Y
Learning was shared effectively and used to make improvements.	Y
Examples of continuous learning and improvement	
<ul style="list-style-type: none"> The provider monitored the service to ensure it met the needs of its patient population. For example, the provider had identified that there was a high risk of its patients having vitamin D deficiency. A review indicated all patients had this deficiency and a protocol to support patients was put in place. The practice worked with external providers to ensure that the needs of its patients were met. For example, an agreement had been reached with a local hospital to agree criteria for keeping patients in hospital following a seizure until they were seizure free for 24 hours before discharge to ensure they had access to hospital services during this period should their health deteriorate. 	

- There was a programme of training and information sharing to enable the clinical staff to keep up to date with best practice.
- The practice worked closely with pharmaceutical support to ensure medication was safely and effectively managed.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was working with new information technology systems to better support the needs of the 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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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