

Care Quality Commission

Inspection Evidence Table

The Croft Practice (1-582348262)

Inspection date: 7th September 2022

Date of data download: 02 September 2022

Overall rating: Good

At our last inspection in July 2021, the practice was rated inadequate overall. We issued the practice warning notices in relation to our concerns and undertook a review in December 2021 where we found the practice to be compliant.

At this inspection in September 2022 we found that the practice had continued to make improvements to the management of health and safety risks, drug safety alerts, test results, a staff vaccination programme and engaging with the public. However, leaders lacked oversight of some processes and policies and therefore failed to identify risks when those processes did not operate as intended, for example in relation to significant events and complaints. The practice is now rated as good overall and requires improvement for providing well-led services.

Safe

Rating: Good

At the last inspection in July 2021 we rated the practice as inadequate for providing safe services. This was because; we found a staff vaccination programme was not always maintained, the systems and processes were not fully implemented to record and act on significant events and safety alerts, actions had not always been taken relating to health and safety risk assessments, and test results were not always follow up appropriately.

We issued the practice warning notices in relation these concerns and undertook a review in December 2021 where we found the practice to be compliant. At this inspection, we found that the practice had continued to improve, and the rating has moved to 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
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had policies for safeguarding children and adults. Staff had received training appropriate for their role and were clear about their responsibilities in relation to safeguarding.</p> <p>There were regular internal meetings to review patients on the safeguarding register and ensure that it was accurate and up to date. There were also fortnightly multi-disciplinary meetings with community health and social care professionals, to discuss patients with complex needs and identify those at risk of harm.</p>	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that the practice was unable to demonstrate that staff vaccination was maintained in line with current national guidance.</p> <p>At our review of warning notices in December 2021 we found that the practice had made improvements. They now had a complete and up to date record of staff vaccinations. The MMR (Measles, Mumps and Rubella) and Hepatitis B vaccination status was recorded for all clinical staff. Records of vaccination for temporary staff were also complete.</p> <p>At this inspection we found staff vaccination status was clearly recorded and maintained in line with current national guidance. Where staff were waiting for confirmation of their vaccine status or did not have the immunity or vaccinations required, a risk assessment had been undertaken. However, it was noted that whilst the risk assessment identified the risk to the individual staff member, risks to patients and other staff members had not been considered. The practice told us they would update the risk assessments accordingly and put mitigations in place where appropriate.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2021	Yes
There was a fire procedure. Date of fire risk assessment: January 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in July 2021 we found that, whilst the practice had conducted a health and safety risk assessment of the premises, actions identified as urgent, had not been discussed and agreed for taking forward. This meant potential risk of harm to staff, patients and visitors had not been addressed.</p>	

At our review of warning notices in December 2021 we saw action had been taken to address urgent issues, for example an asbestos survey and risk assessment documentation for third party contractors. We also saw clear health and safety action plan that was being monitored.

At this inspection we saw the practice had continued to monitor and act on health and safety issues. We also saw they were in the process of agreeing a contract with a specialist company to undertake future health and safety inspections.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: June 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: Since our last inspection the practice had analysed demand for appointments and had adjusted staffing levels accordingly. It had also commissioned a digital healthcare provider, to help increase appointment capacity.	

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. ¹	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.80	0.78	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	7.3%	11.0%	8.5%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	6.66	5.71	5.29	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	120.4‰	120.2‰	128.0‰	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.59	0.59	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.3‰	6.9‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	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. ²	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 and Improvement 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.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Prior to this inspection and with the practice's consent, a CQC GP Specialist Advisor accessed the practice's systems to undertake remote clinical searches. These searches were indicative of the number of patients at risk due to a lack of monitoring or diagnosis. We sampled a select number of patient records, where any risks were potentially identified, to assess the risks for these individual patients.</p> <p>At our inspection in July 2021 we found patients' health was not always monitored in relation to the use of some high-risk medicines. Although there was no evidence of any patient harm and the risks related to this were low, we told the practice this was something they should improve.</p> <p>At this inspection we found patients' health was now being monitored in relation to the use of the high-risk medicines. In cases where patients had not attended for the health checks required, there was evidence to show they were being proactively followed up and encouraged to attend.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, records were not always complete, and evidence of learning and dissemination was limited.

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.	Partial
Number of events recorded in last 12 months:	17
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in July 2021 we found the practice had not fully implemented its policy and procedure for significant events. The practice had not maintained an accurate audit trail of events and was unable to demonstrate learning from events had been shared effectively with staff. It was unable to fully demonstrate actions taken as a result of a significant event had improved safety.</p> <p>At our review of warning notices in December 2021 we found the practice had made improvements. We saw the practice recorded significant events in a more consistent format. Details of the event, the lessons and actions to be taken were recorded on its computer system. The system was accessible to all staff which meant learning could be shared more systematically. Significant events were discussed in detail at practice meetings and minutes were circulated to all staff. We also saw an accurate log of significant events which clearly identified key responsibility for actions to be taken, timescales and dates for follow up and closure. This meant the practice could monitor and ensure improvements had been implemented.</p> <p>At this inspection the staff we spoke with knew how to raise a significant event and could provide examples. We saw the details of each significant event, the lessons and actions to be taken were recorded on the practice's computer system. When we looked at these, we saw evidence action had been taken, however the audit trail for some records was incomplete and for some inaccurate. We also found some significant events referred to by staff were not recorded on the system. At our review in December 2021 there was evidence significant events were discussed in detail at practice staff meetings, however at this inspection there was limited evidence of meetings taking place where significant events could be shared and discussed with the wider team. The practice therefore relied on staff reading the learning points on the computer system. It was unable to provide assurance that learning had been properly disseminated and understood.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in July 2021 we saw the practice had systems for recording, disseminating and acting on safety alerts.</p> <p>However, for some alerts action had not always been taken. For example, we saw the practice had not thoroughly dealt with an alert relating to an anti-depressant medicine. Four out of seven patients identified as being prescribed this medicine were on a dose higher than recommended for their age. There was no evidence in their records their medicine had been reviewed or that they had been informed of the risks of taking the current dose. The practice told us they would review these patients and ensure appropriate action was taken.</p> <p>At our review in December 2021 we looked at the same alert related to an anti-depressant medicine. We found the practice had reviewed the patients identified at the last inspection and had managed their medicines appropriately. None of the patients were on a dose higher than recommended for their age. At this inspection we saw the practice had made changes to their system for recording and acting on safety alerts, the practice's clinical pharmacist took the lead on dissemination and acting on medicines safety alerts. Records were kept centrally of each alert and the action required. There were monthly reviews to monitor action and close when complete.</p> <p>Our clinical searches indicated not all safety alerts had been responded to appropriately. We saw for one medicine used for the management of diabetes, patients had not always been informed about or given specific advice about a rare but serious side effect. We spoke with the practice about this and they told us they had made a deliberate decision not to add it to their log of alerts as the risk of the side effect was so low. They told us they had now added it and had shared the learning from this with their primary care network (PCN). Practices within the PCN have searched for affected patients and contacted them to provide information about the risks of this medicine. A webpage was also being developed to provide relevant information about medicine safety, including the risks associated with this medicine. The intention was for the PCN to share this webpage to ensure patients receive consistent information.</p> <p>The practice was auditing all other relevant alerts and it was only due to the risk-based decision this one had not been included.</p>	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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.

Effective care for the practice population

Findings

- The practice worked with multi-disciplinary teams 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 undertook home visits to older, frail patients who were housebound.
- The practice engaged with the voluntary sector and social prescribing schemes that supported older people in the community and helped prevent social isolation.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Same day appointments were available for children who were unwell.
- The practice provided a comprehensive family planning service.
- Young people could access services for sexual health and contraception.
- Patients had access to a practice-based physiotherapy service for musculoskeletal problems.
- All patients with a learning disability were offered an annual health check.
- Patients could access a social prescribing service at the practice for support, guidance or help with issues including benefits, housing and social isolation.
- 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.
- Same day appointments were available for people suffering with acute mental health issues.
- The practice worked with a multi-disciplinary team to support people with mental health problems and had good liaison with the mental health liaison practitioner attached to that team. There were good links also with mental health and dementia crisis teams.
- 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.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered 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.
- Our clinical searches found patients with long term conditions received appropriate monitoring and review of their condition. However, we found 30 patients with hypothyroidism (a condition in which the thyroid gland does not produce enough of certain crucial hormones) had not had a thyroid function test monitoring within 18 months or longer. We looked at five patient records and found patient monitoring had not been checked before their last prescription was issued. The risk for most of these patients was low and we saw the practice had been actively inviting patients for their blood tests. The practice told us they would follow these patients up immediately.
- 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, our clinical searches highlighted four patients who potentially had a missed diagnosis of chronic kidney disease. For two out of the four patients there was evidence plans were in place for monitoring, however none of the patients were coded correctly which meant they might be missed for future follow up.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	93	99	93.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	81	85	95.3%	Met 95% WHO based target
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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	81	85	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	82	85	96.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	114	121	94.2%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice met the minimum 90% target for two out of five childhood immunisation uptake indicators. It met the WHO based target of 95% for three of the five (the recommended standard for achieving herd immunity). The practice contacted the parents or guardians of children due to have childhood immunisations.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	71.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	70.1%	67.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.9%	70.6%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	49.2%	55.9%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments
The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme. The practice told us non-attenders were contacted either by telephone or letter to encourage them to re-book. This was recorded in their notes so clinicians could opportunistically encourage uptake if they were seeing or speaking with the patient. Since our last inspection the practice had scheduled additional weekend appointments for cervical screening to increase their capacity for providing this service. Cervical screening appointments were also available at the weekends via the local GP access hub for people who were unable to attend during the week.

Monitoring care and treatment

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

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

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.	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
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	Y/N/Partial
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

Helping patients to live healthier lives

Staff were consistent 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
Patients had access to appropriate health assessments and checks.	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 and tackling obesity.	Yes

Consent to care and treatment

The practice was able to demonstrate that it 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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes

Responsive

Rating: Good

Access to the service

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

We continue to receive high volumes of concerns from people and stakeholders across England about access to general practice. Our inspection of the responsive key question was focused on the management of access to appointments. The data and evidence we reviewed in relation to the Responsive key question as part of this inspection did not suggest we needed to review the rating for Responsive at this time. Responsive remains rated as good.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: Patients could make an appointment by telephone, online or in person. Details were taken by the receptionists who went through a set of questions to determine the most appropriate appointment type. Receptionists were supported by the GP on duty for that day. As well as on the day appointments with either a GP, nurse practitioner or paramedic, patients could pre-book GP and nurse appointments. The practice offered both telephone appointments or face to face depending on patient preference and clinical appropriateness. Extended access was provided locally by a federation of GPs, where late evening and weekend appointments were available. The practice supported patients with communication needs such as interpreting services a hearing induction loop.	

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	34.3%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	40.0%	58.8%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	34.6%	56.3%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	58.7%	73.4%	71.9%	No statistical variation

Any additional evidence or comments

Results from the GP national patient survey showed patient satisfaction in relation to patient access was lower than the local and England average. The practice was aware of this and we saw evidence of action they had taken to improve. This included the provision of additional video appointments via an agreement with a digital healthcare provider. They had also increased the number of telephone lines and recruited additional reception staff.

Well-led

Rating: Requires improvement

At the last inspection in July 2021 we rated the practice as inadequate for providing **well-led** services because the governance arrangements were not always effective. For example, in relation to health and safety risk assessments, drug safety alerts, significant events, complaints, staff vaccination programmes. We also found the practice did not always engage with the public the public in planning and delivery of services.

We issued the practice warning notices in relation these concerns and undertook a review in December 2021 where we found the practice to be compliant.

At this inspection in September 2022, the rating has moved from inadequate to requires improvement as the practice had continued to make improvements to the management of health and safety risks, drug safety alerts, staff immunisation status and engaging with the public. However, we found there were some systems and processes that were not implemented effectively or were not yet well embedded. Leaders lacked oversight of some processes and policies and therefore failed to identify risks when those processes did not operate as intended, for example in relation to significant events and complaints.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Partial
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: Practice leaders understood the challenges to quality and sustainability. Since our inspection in July 2021 they had increased management capacity with the appointment of a new practice manager and the introduction of a new management structure. Recruiting and retaining clinical staff remained a challenge, however the practice had embraced the introduction of additional roles in primary care, including; clinical pharmacists, first contact musculoskeletal practitioners and mental health practitioners. The practice had continued with its efforts to recruit additional GPs to cope with increased demand and had increased video appointment capacity via an agreement with a digital healthcare provider. Since our last inspection the practice had made progress on its business case for new purpose-built premises. Construction work had commenced, and the practice planned to move into the new building in August 2023. This would enable the practice to accommodate additional clinical staff and improve access.	

Feedback from staff on the inspection indicated that managers were approachable and supportive. They told us there was an 'open door' policy.

At our inspection in July 2021 we noted the practice had implemented a new web-based system which would allow sharing of information between teams, action tracking and the storing of accurate, up to date information for staff who needed it. We found the practice had not been able to implement the system to allow its benefits to be fully realised and there were gaps in management capability and capacity to do this. This meant the practice had not been able to implement improvements to the management of complaints and significant events as planned.

At our review in December 2021 we found the practice was utilising the system more effectively and that it had made improvements to the management of health and safety, significant events and complaints.

At this inspection, although the practice had continued to realise the benefits of the system for managing health and safety and human resources, progress on its use for managing significant events and complaints had not been sustained.

Vision and strategy

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

	Y/N/Partial
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

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
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with felt supported in their roles and told us they could raise concerns without fear or blame. We spoke with the new practice manager who told us, since our last inspection, greater emphasis was being given to staff well-being with access to an occupational health service and an employee assistance programme. Some staff were being trained as mental health first aiders and well-being risk assessments were being undertaken for all staff.</p>	

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

Source	Feedback
Interviews Staff survey	Staff described the workplace as caring and supportive. They told us managers were approachable and open to new ideas and suggestions. For example, the implementation of additional phone lines and the recruitment of more reception staff to deal with increased demand. They said management structures, roles and responsibilities were clearer since our last inspection and they had been encouraged to develop in their roles and learn new skills. They talked about improved morale and were all looking forward to moving to the new building. They described the positive impact this would make to their working environment and the service they provide to patients.

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:	
With the appointment of a new practice manager, the governance and structures had been reviewed. Roles and responsibilities had been clarified. Clear lines of accountability were illustrated in a revised structure chart which was visible throughout the practice for all staff to refer to.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however these were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
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:	
At our inspection in July 2021 we found improvements to arrangements for identifying, managing and mitigating risks had not sufficiently improved since our inspection in January 2020. This was particularly in relation to managing significant events and complaints. We also found the practice had not held any formal meetings during the last year. There was therefore no evidence to demonstrate risks and practice performance issues were regularly identified and routinely discussed, for example, health and safety risk assessments, complaints and drug safety alerts.	
At our review in December 2021 we found the practice had clear processes for managing risks, issues and performance. We saw there was a clear audit trail for action taken and lessons learned in relation to significant events and complaints. There was an action plan for monitoring health and safety risks, and action had been taken to address urgent issues. We also saw practice meetings were held monthly. The minutes of the meetings showed significant events, complaints, health and safety and drug safety alerts were regularly discussed.	

At this inspection the practice continued to manage risks related to health and safety and drug safety alerts. However, improvements to the way significant events and complaints were managed had not been sustained. Records of significant events were not always complete, accurate and up to date. We found the practice's policy for managing complaints was not being implemented consistently. There was limited evidence to show practice meetings had taken place or that the learning from significant events and complaints was shared and discussed with the wider team.

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	
The practice used a range of data to monitor and improve performance, which included the quality and outcomes framework and the national GP survey. The practice was developing a set of key performance indicators which included data on appointments, outstanding medication reviews and the number of documents processed. This was work in progress.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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
The practice had an active Patient Participation Group (PPG).	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:	
At our inspection in July 2021 the practice had still not set up a patient participation group (PPG). This had also been raised at our inspection in January 2020.	
At our review in December 2021 we saw the practice had recruited several new patient representatives who had agreed to form a new patient group. We saw an initial meeting had been held with the practice in December 2021.	
At this inspection we saw significant progress had been made with recruiting additional PPG members and holding regular meetings. We obtained feedback from one of the group members who told us the practice had become more proactive in its approach to the group and had scheduled monthly meetings. The practice had been keen to get feedback from the group and were committed to implementing meaningful change. An example of this was how the practice had recently responded to feedback about poor communication, difficulties accessing appointments and getting through on the phone. In response, the practice had re-launched its website which provided more information about how to book appointments and use a remote appointment service. Additional appointments were now available on a Saturday morning and early in the morning on weekdays to improve access for patients who worked during the day. Patients could also now order their repeat prescriptions online instead of having to phone the surgery. They told us that receptionists were more caring and helpful and that there had been a positive shift in attitude towards patients.	

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, there was limited evidence to show learning was shared effectively.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
At our inspection in July 2021, whilst significant events and complaints had been dealt with, the practice had not always identified and shared learning with the wider team, which meant some opportunities for learning and improvement had been missed.	

At our review in December 2021 we saw minutes of monthly meetings showed that the learning from significant events, complaints was routinely discussed and shared with the wider team.

At this inspection we saw the systems and processes to ensure learning was shared had not been sustained. There was limited evidence of meetings where significant events and complaints had continued to take place. The practice relied on staff reading the learning points on the compliance system. The practice was unable to provide assurance that learning had been properly disseminated and understood.

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 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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- **‰** = per thousand.