

Care Quality Commission

Inspection Evidence Table

Palmerston Road Surgery (1-9776117935)

Inspection date: 15 June 2022

Date of data download: 27 May 2022

Overall rating: Good

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
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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had clearly defined and embedded system, processes and practices in place to keep patients safe and safeguarded from abuse.• Staff members we spoke with were familiar with the practice's safeguarding policies and were confident who the safeguarding lead at the practice was and the method of escalation if a safeguarding incident arose.• Administrative staff had safeguarding children training to level two.• The practice held adult and children safeguarding registers and reviewed these on a regular basis. The practice regularly discussed patients on the register at practice meetings which all staff were	

Safeguarding	Y/N/Partial
<p>encouraged to attend. The practice maintained effective working relationships with other safeguarding partners such as health visitors, district nurses and social prescribers who attended meetings regularly.</p> <ul style="list-style-type: none"> • There was a process in place for following up on missed appointments and escalating if required. 	

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> <ul style="list-style-type: none"> • Recruitment checks were organised, and we found that appropriate recruitment checks had been undertaken prior to employment and all members of staff were required to have an enhanced recruitment check. • We saw the practice had a system in place to capture the immunisation status of staff at the point of recruitment. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 7 June 2022	Yes
There was a fire procedure. Date of fire risk assessment: July 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had undertaken a range of health and safety assessments, for example COVID-19 risk assessments for all staff during the pandemic. Actions had been taken to improve health and safety in the practice, and we saw that there was a process in place to monitor risk. • Control of substances hazardous to health (COSHH) risk assessments were in place for practice consumables. • At the last inspection staff at the practice had not undertaken any fire evacuation drills. At this inspection we saw that fire drills had been completed and documented, however not all staff we spoke with knew the location of the fire assembly point. • Since the last inspection the practice had introduced and embedded a risk register to monitor high level risk, we saw that this included health and safety risks. 	

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: 9 October 2020	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • On the day of the inspection we observed the premises to be clean and tidy. • The practice had completed an infection prevention and control audit and had a process in place to monitor actions identified. • There were areas within the practice that were not in line with current infection prevention and control (IPC) standards, for example carpet flooring in clinical rooms. Staff assured us that risk assessments had been undertaken and an enhanced cleaning schedule were in place within these areas. The practice had identified flooring as an area for improvement and a rolling programme was in place to replace all carpeted clinical areas. • Additional measures had put in place due to the COVID-19 pandemic to minimise the risk of the spread of infection. For example, <ul style="list-style-type: none"> ○ Personal protective equipment was used by all staff. Patients and visitors were requested to wear face coverings in the building. ○ All staff were responsible for cleaning surfaces of their work area. ○ Entrance and exits plans had been identified for patients with potential systems of COVID-19 to minimise the risk to other patients in the building. 	

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.	Partial
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had delivered in-house sepsis awareness training. Staff had access to information to identify signs of sepsis and described the actions taken if they encountered a deteriorating or acutely unwell patient. However, staff we spoke to told us that additional training would support them in their role. • The practice utilised the panic alarm system integrated into their clinical system. Staff we spoke with were aware of how to raise the alarm in the event of an emergency. 	

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.	Partial ¹
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.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹As part of our inspection, the CQC GP specialist adviser reviewed a selection of patient records without visiting the practice. These searches were visible to the practice. We saw that patient consultations did not always contain appropriate information to demonstrate that care and treatment was being delivered in a safe way. We reviewed five care plans, two of the care plans reviewed did not contain documentation in line with current guidance and relevant legislation. For example, we saw that a relative was utilised to assist with a care plan, but it was not clear whether the patient had consented for these discussions to take place. ²We reviewed two patients who had been prescribed an immunosuppressant medicine. We could not find evidence within the patient's records that recent blood tests had been recorded. During the inspection the provider wrote to us confirming both patients had undergone the required monitoring and a system to ensure ongoing monitoring had been implemented. The practice had a policy for managing and monitoring two week wait referrals for suspected cancer. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization, however improvements were required.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) <small>(NHS Business Service Authority - NHSBSA)</small>	0.65	0.95	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) <small>(NHSBSA)</small>	9.9%	9.2%	8.8%	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) <small>(NHSBSA)</small>	6.10	5.88	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) <small>(NHSBSA)</small>	33.2‰	85.7‰	128.2‰	Significant Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) <small>(NHSBSA)</small>	0.39	0.45	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	4.4‰	6.6‰	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

Medicines management	Y/N/Partial
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.	Partial ¹
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial ²
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.	Partial ³
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was aware of their prescribing outcomes. The practice had utilised the support of the Primary Care Network (PCN) pharmacist. They engaged with the clinical commissioning group (CCG) Medicines Optimisation Team on prescribing initiatives to ensure safe and effective prescribing. ¹ Staff employed through the Additional Roles Reimbursement Scheme (ARRS) met regularly with senior management and were provided with support and training. At the inspection staff confirmed minutes from these meetings were not documented and the practice had not undertaken any audits of non-medical prescribers. After the inspection the practice introduced a system to monitor the competencies of non-medical prescribers and provided assurances that this process would be monitored in the future. ²The practice did not have full oversight of medicine reviews and we saw evidence that medicines were re-prescribed without a completed review. We also found that where an activity was completed by secondary care, such as prescribing and monitoring tests, this was not always clearly reflected in the patient record, inclusion would further support safe prescribing and 	

management of these patients. After the inspection the practice confirmed that all the patients identified had been reviewed and contacted. The practice had introduced a new monitoring schedule and staff had been allocated time to undertake future monitoring.

- ³We reviewed prescribing of medicines that required additional monitoring and saw that this was not always consistently completed prior to prescribing. We identified 111 patients prescribed a direct oral anticoagulant medicine. Patients should be monitored for signs of bleeding or anaemia, in addition creatine clearance levels help to calculate safe prescribing doses. We reviewed five records for patient who required regular monitoring, at either three or six-monthly intervals dependant on their creatine clearance level. In four of the cases reviewed there was no evidence in the record that the prescriber had checked monitoring was up to date prior to issuing a prescription. This was immediately reviewed by the practice and patients were contacted to discuss future management plans.
- Patient had access to online forms on the practice website to ask the practice a question about their medicines, such as missed dose advice, potential medicines side effects and what to do if they occur.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff we spoke to were aware of how to raise concerns and felt confident to do so. Staff were able to give some examples of recent incidents and outcomes. For example, the practice had reviewed and revised their Hormone Replacement Therapy (HRT) prescribing process to ensure patient safety. Not all staff we spoke to stated they were invited to meeting where significant events and incidents were discussed, however staff had access to minutes of meetings. 	

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

Event	Specific action taken
Delay in two week wait referral process	Review completed, incident reported to secondary care provider, learning at Trust level implemented.
Delay in potential significant diagnosis	Review completed, actions identified, and raised through the local Clinical Commissioning Group for learning.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We reviewed a safety alert which identified patients being prescribed a medicine at a dose higher than recommended at the age of 65 years or over. We found limited evidence that the risks associated with this dose had been discussed with the two patients identified. After the inspection the practice told us that it had recalled these patients for review. We saw that alerts were co-ordinated centrally through the Primary Care Network (PCN) and all alerts were shared with the practices in the PCN. 	

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.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Processes to monitor referrals were in place. On the day of the inspection we reviewed the clinical system and noted there were no overdue referrals.• The practice had a system in place to action referrals made to the practice from secondary care to provide patients with advice and guidance.• The practice held monthly multi-disciplinary meetings (MDT) attended by the community matron, social prescriber, social services and the district nursing team.	

Effective care for the practice population

Findings

- Patients had access to a range of online review forms including epilepsy and contraceptive pill reviews.

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had employed a social prescriber through the Additional Roles Reimbursement Scheme (ARRS) who worked closely with external support services.

Management of people with long term conditions

Findings

- As part of our inspection, we conducted a series of searches to assess the practice's procedures for the management of long-term conditions. A review of the searches was undertaken by the CQC GP specialist advisor without visiting the practice. Overall, the management of patients with long-term conditions was found to be satisfactory. We highlighted to the practice a small number of patients who had not been followed-up in line with guidance. For example, we identified 136 patients with hypothyroidism. We reviewed five records for patients who required monitoring within the previous 18 months. We found that three patients had not had the required monitoring. After the inspection the practice provided evidence to confirm the patients identified had been contacted to discuss future monitoring plans.
- Patients had access to online review forms for asthma, breathlessness and a self-assessment tool for patients with hypothyroidism.
- 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.
- 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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)	63	67	94.0%	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)	53	58	91.4%	Met 90% minimum
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)	55	58	94.8%	Met 90% minimum
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)	54	58	93.1%	Met 90% minimum
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)	61	66	92.4%	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 had met performance targets for childhood immunisation. Those who failed to attend were followed up by telephone and letter. Throughout the COVID-19 pandemic, patients had access to childhood immunisations services at the practice.

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: 31/12/2021) (UK Health and Security Agency)	75.9%	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)	64.6%	56.7%	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)	68.2%	66.6%	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)	30.8%	52.1%	55.4%	No statistical variation

Any additional evidence or comments

- The practice was aware that cervical screening outcomes were slightly below the England target. The practice demonstrated recall systems for those eligible for cervical screening. Patients who failed to attend were contacted by telephone.
- The practice continued to provide access to cervical screening during the COVID-19 pandemic.
- The practice had identified a member of staff to actively target patients for recall.
- We saw information to raise awareness of the importance of cervical screening was available in the reception.

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
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- Telephone consultation audit – May 2021. The purpose of the audit was to determine the effectiveness of remote consultations and assess outcomes. Fourteen telephone consultations were reviewed. The audit concluded that patients needs were met and appropriate follow up had been arranged.
- We reviewed two addition audits undertaken using the Quality Improvement (QI) methodology. The audits had been led by the PCN and reviewed bowel and cervical screening uptake and a review of the care for people with a learning disability.

Any additional evidence or comments

The practice worked closely with the Primary Care Network (PCN) to identify quality improvement initiatives. Staff told us this programme of work had been suspended during the COVID-19 pandemic.

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.	Partial ¹
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a mandatory training and frequency schedule in place for clinical and non-clinical staff. Training included safeguarding children and adults, basic life support, equality and diversity, fire safety, first aid, infection control, information governance and moving and handling. • ¹A formalised competency process for all identified staff was not in place. • Staff shared evidence of a process in place to monitor and assurance the competency of the practice pharmacists, however we did not see evidence of the clinical observations undertaken to provide this assurance. • The practice conducted regular appraisals with staff members and identified development needs during this process. 	

Coordinating care and treatment

Staff worked together and 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 and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had access to a social prescriber who helped patients improve their health, wellbeing and social welfare by connecting them to community services. 	

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.	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.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice discussed Do Not Resuscitate Cardiopulmonary Resuscitation (DNACPR) decisions with patients or their families and carers where appropriate. During the inspection the practice identified that coding of DNACPR decisions on patient records required improvement and we saw evidence of a plan to improve this going forward. We reviewed three records and noted that DNACPR forms were not visible in the patient's clinical record. The practice shared an improvement plan to address this issue and identified this as an area for quality improvement in the future. Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Staff were aware of the need to request consent to share records in line with General Data Protection Regulations (GDPR) principles. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• During our inspection we observed that members of staff were courteous and helpful to patients and treated them with kindness, respect and compassion.• Patients we spoke with were positive about their experience of the service.	

Patient feedback	
Source	Feedback
On site	Patients we spoke on the day of the inspection were complimentary about the way they were treated. Patients told us: <ul style="list-style-type: none">• 'The Practice Manager goes over and beyond to help patients'• 'This is the best practice I have ever been registered with, and I feel confident in the clinical care'
NHS.uk	One review on the NHS website in December 2021 with a one-star rating. The practice had not responded to the review.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	95.5%	87.5%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	93.6%	86.9%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.4%	95.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	95.2%	80.5%	83.0%	Tending towards variation (positive)

Any additional evidence or comments

Feedback from the National GP Survey for 2021 showed that patient outcomes were in line, or above the local) and England average for patient experience. The percentage of respondents who responded positively to the overall experience of the GP practice was above the local average of 80.5% and national average 83.0% at 95.2%

Question

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

Y/N

Yes

Any additional evidence

The practice had undertaken an 'improving our practice' survey in December 2021. The survey identified strengths and weakness and areas for improvement. The practice had plans in place to undertake a further survey with a focus on new roles and enhanced access.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	97.7%	92.2%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There were a wide range of health information leaflets that patients could refer to in the reception area. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 48 patients with caring responsibilities. This equated to 1% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice identified carers at the point of registration. Carers had access to a social prescriber. Support information was available in the patient waiting area and on the practice website.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice had a bereavement process and telephone calls were made by a GP to offer support and care. Families were signposted to bereavement support service, including a social prescriber.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> On the day of the inspection we observed confidentiality at the reception desk. We saw computers on the reception desk were positioned so patients could not view the screen. Staff we spoke to told us they followed the practice's confidentiality policy when discussing patient's treatments. A small card was available at reception for patient to present if they wished to discuss something of a confidential nature. This enabled them to raise an issue without other patients hearing and gave them greater levels of privacy. 	

Responsive

Rating: Good

At our last inspection in October 2014 we rated the practice Outstanding. This was because:

- An additional telephone line was available for the frail and elderly who were at risk, so that they could contact the practice in a timely manner. At this inspection this dedicated line was no longer available, however patients were able to access in a timely way.
- A representative from the MIND organisation, a mental health charity, attended the practice twice weekly to run a clinic to support patients experiencing poor mental health. This service was no longer available at the practice. Patients now had access to support services and were signposted to additional services through the social prescriber.
- On one day each week, at the end of mother and baby clinics, walk-in paediatric consultations were available that did not require patients to make an appointment. The practice told us this service was not currently operational due to the impact of the COVID-19 pandemic.

At this inspection we rated the practice as good for providing responsive services because:

- The appointment system in use met the needs of the patient population in a consistent manner.
- A small card was available at reception for patients to present if they wished to discuss something of a confidential nature.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice responded to changes to people's preferred gender, name and title.• The practice did not have access to an induction loop, however staff we spoke to described ways in which adjustments were made to support deaf patients and those who were hard of hearing.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
GP Appointments available:	
Monday	8.40-10.40am 4.40-6pm
Tuesday	8.40-10.40am 4.40-7.30pm
Wednesday	8.40-10.40am 4.40-6pm
Thursday	8.40-10.40am 4.40-6pm
Friday	8.40-10.40am
Nurse Appointments available:	
Monday	8.40am-12.30pm 14.00-17.50pm
Tuesday	8.40am-12.50pm 14.00-6pm
Wednesday	8.30-11.20am 14.00-3.50pm
Thursday	No appointments
Friday	9.00-11.40am
Combined GP/Nurse practitioner clinic times :	
Tuesday	12.45-1.15pm antenatal and postnatal
	1.45-2.45pm child development and vaccinations (no appointment necessary)
<ul style="list-style-type: none"> The practice made use of extended hours service to book routine appointment with a GP, practice nurse or health care assistance in the evenings and weekends. This service operated on Monday to Friday evening 6.30pm to 10pm and Saturday and Sundays from 8am to 2pm . 	

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 7.30pm on a Tuesday.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- At the last inspection, mothers and babies were able to attend a postnatal and antenatal clinic each week and a paediatric walk-in dedicated surgery was available. The practice told us this service was not currently operational due to the impact of the COVID-19 pandemic.
- At the last inspection patients had access to an in-house counselling service, in addition a representative from the MIND organisation, a mental health charity, attended to run a clinic twice weekly where patients could support and advise. The practice told us this service was no longer in place at the practice.
- The practice had introduced a Musculo-skeletal (MSK) physiotherapist service.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice told us they constantly reviewed their access model to ensure that patients were able to make an appointment with the most appropriate member of the team. For example, GP, practice nurse, pharmacist or social prescriber. • A paramedic assisted with acute housebound patient appointments. • The practice had remained open and had continued to undertake chronic disease reviews remotely throughout the COVID-19 pandemic. • The practice facilitated links in text messaging to make appointments and there were a range of online forms available for patients on the practice website, for example a breathlessness review form. 	

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	87.7%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	82.2%	65.5%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	78.6%	62.7%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	88.2%	78.2%	81.7%	No statistical variation

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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Information on how to complain was available in the practice and on the website A suggestion form was available on the practice website to encourage feedback on how the practice could improve the patient experience. 	

- Staff we spoke to were aware of appropriate actions to take if a patient wished to make a complaint. Information was used to evaluate the service and improve the patient experience.
- The practice recorded all written and verbal complaint to ensure all opportunities to learn from feedback was captured. Complaints were discussed at meetings.

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint was made about the wearing of face masks in the surgery.	Message added to the practice telephone messaging to confirm infection prevention and control national guidance.
A complaint was made about a delay in providing an external medical report.	Complaint investigated, action taken, staff reminded of contractual requirements.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had an experienced leadership team in place, who understood both local and national challenges to healthcare.• The management team were open and transparent about the recent challenges with the retirement of a long-standing partner and the recruitment of a new partner and change in the clinical management team.• The practice was responsive and proactive to feedback during the inspection process and acted immediately upon findings. For example, patients identified as part of our clinical search for further management were immediately reviewed.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice told us their vision was underpinned by their values to put patients first.• The practice had a process in place to monitor and identify areas for improvement, this included a detailed action plan of service improvement.	

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.	Partial
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff enjoyed working at the practice and spoke highly of the culture. • Managers had organised a training day for staff to reflect on the past 18 months of the COVID-19 pandemic and build understanding and skills on a patient first approach and jointly define the future standards of service and values for the practice. • The practice had access to a Freedom to Speak up Guardian, but not all staff we spoke to knew how to access them. 	

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

Source	Feedback
Staff interviews and questionnaires	<ul style="list-style-type: none"> • We spoke to several members of staff during the inspection and received staff questionnaires. All staff stated they felt supported and that there were good, effective working relationships between managers and staff. Staff told us: <ul style="list-style-type: none"> ➤ 'The practice focused on helping patients and it was a pleasure to work in an environment where suggestions are listened to' ➤ 'As a small practice we know our patients well and there is continuity for the patients. We work well as a team and support each other' ➤ 'Very pleasant atmosphere where the door is always open to discuss any concerns'

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:	
<ul style="list-style-type: none"> We saw that the management team facilitated communication within the practice through an internal meeting structure. The practice had recently introduced a reception team meeting, staff told us the structure of the meeting allowed the reception team to raise areas of improvement directly with managers. We saw evidence of minutes and actions identified and completed in these meetings. We saw that new staff had received a role specific induction, and new members of the team we spoke with had felt supported during their induction. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We reviewed the practice risk register and saw evidence of risks identified by staff in practice meetings had been included in the risk register for monitoring and action. 	

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

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 involve 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.	No
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: <ul style="list-style-type: none"> • The practice had developed good working relationship with their patients, the wider community and other stakeholders. Staff and managers worked to deliver and adapt their service in conjunction with stakeholders, to ensure it continued to meet the needs of their patients. • The practice did not have an active Patient Participation Group (PPG), this service had been paused during the COVID-19 pandemic. Managers told us that there were plans to restart the PPG. • Staff fed back through meetings, annual appraisals and conversations. Staff told us that as a small practice staff engaged with managers daily. 	

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice engaged with the CCG and neighbouring practices in local current and future initiatives which included the PCN. • The practice made use of internal incidents and complaints. Learning was shared and used to make improvements. 	

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.