

Inspection Evidence Table

Alexandra Medical Centre

(1-542924809)

Inspection Date: 7 December 2023

Date of data download: 07/11/2023

Overall rating: Good

At the last inspection on 6 August 2015 the practice was rated Good overall. At this inspection in December 2023, the practice was rated as good overall.

Context

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 4th lowest decile (4 out of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 86% White, 7% Asian and 7% Black, Mixed and other ethnicity. The practice had reduced management capacity for a period of six months due to unforeseen circumstance. This had impacted on some areas of leadership and governance oversight.

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.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y

Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a safeguarding lead for adults and children and policies in place to support staff in the event of a safeguarding concern. Staff we spoke with knew what to do if they had any concerns about a patient. • Most staff had completed safeguarding training to the required level for their role. We found that 2 non-clinical staff training was overdue training, however this was actioned promptly. • The practice held a safeguarding register, and patient records we reviewed showed that they had been appropriately coded where safeguarding concerns had been identified. • Clinical system alerts were used to identify patients who were at risk of harm or abuse. The system also identified other close contacts so that staff were aware of other family members who could potentially be at risk. • We saw evidence that the practice held safeguarding meetings in the last 12 months to review patients at risk. In addition, they also attended weekly multi-disciplinary meetings as part of the primary care network (PCN) to review vulnerable patients. • The practice previously held meetings with the health visitor to review safeguarding concerns, however there had been no recent meetings in the last 12 months. As part of the practice's development plan, we saw evidence of plans to re-engage with this. • There was a policy in place for the renewal of DBS checks. Records we examined showed that all staff had a DBS check in place or in the absence of a DBS there was a documented risk assessment to explain why a recent DBS was not required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable • Clinicians followed up children and young people who were not brought to their appointments both at the practice and for secondary care appointments. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed 3 personnel files and found appropriate checks such as references, DBS and proof of identity had been sought in line with relevant guidance. The practice had a system in place to complete an annual declaration for DBS checks with staff as part of their appraisal. • We found that the practice held records of staff immunisation status or in the absence of this appropriate risk assessments were in place for staff who had not received the Hepatitis B vaccine to demonstrate potential risks of infection had been considered for both staff and patients. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 23/11/2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: 23/11/2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had access to a health and safety policy and a health and safety risk assessment had been carried out in the last 12 months. • Monthly water risk assessments including Legionella (a bacteria found in water) were being carried out. Calibration checks for equipment and portable appliance testing was undertaken in March 2023 to ensure they were fit for purpose and were in good working order. • We found that only 44% of staff had completed health and safety training in the last 12 months. • A fire risk assessment had been carried out for the building in November 2023. There were fire procedures in place and weekly fire alarm testing carried out. • The practice had an appointed fire marshal and training records showed that the practice had completed a fire drill in May 2023. Evidence provided demonstrated that staff had completed fire safety training in the last 12 months. 	

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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 23/03/2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had policies in place for infection, prevention and control. There was an infection control lead in place and an infection control audit had been carried out by the integrated care board (ICB) in March 2023 with an overall score of 98%. • We reviewed infection control training and found that 44% of staff had completed up to date infection prevention training relevant to their role in the last 12 months. • Cleaning rotas were in place, and we observed the general environment to be clean and tidy and the layout and facilities were spacious. 	

- Staff we spoke with told us about the systems and processes they followed to ensure clinical specimens were handled safely.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A rota system was in place to manage staffing and the practice had an induction pack to support temporary staff and newly appointed staff working at the practice. • Systems were in place to ensure emergency medicines and equipment was checked on a regular basis. • We found that that practice had completed basic life support training in September 2022 and were in the process of booking refresher training in the upcoming months. • We found that only 1 clinician had completed sepsis training in the last 12 months. During our inspection there was information available throughout the practice on sepsis and measles, mumps and rubella (MMR) outbreak and staff explained the procedures to follow when encountering deteriorating or unwell patients. • Reception and administration staff who handled calls to the practice and arranged appointments with the clinical team were aware of potential red flag symptoms. Staff knew when to notify a GP or other clinicians with concerns. • During our inspection, some staff told us 2 members of the admin team had left the practice, and they could benefit with additional staffing to replace the losses. The management had reviewed this and carried out an audit on the staffing and telephone access. They were continuing to review this as part of their oversight, leadership and service need. 	

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
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y

There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. • There was a system in place to ensure all patient information including documents, laboratory test results and cytology reports were reviewed and actioned in a timely manner. • We found that test results were managed in a timely way and all workflow was followed up and actioned appropriately. • Our review of patient records in relation to the clinical searches identified that care records were not always managed in line with guidance and legislation. We found inconsistencies for example, some of the records contained minimal information and the quality of some medicine reviews we sampled lacked detail regarding safety netting and there was a lack of contemporaneous notes. In addition, patients had not been informed of the risks during reviews and medication codes had been added without the patient having had the proper assessment and the results of blood tests being taken into account. We discussed this with the provider who took action to address this. • The practice had established systems for monitoring two week wait referrals to ensure patients were seen. • The practice held multidisciplinary meetings with other agencies to share and discuss information relating to patient care and treatment, for example, those on the practice palliative care register. 	

Appropriate and safe use of medicines

The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	1.35	0.92	0.91	Variation (negative)
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). (01/07/2022 to 30/06/2023) (NHSBSA)	3.5%	5.7%	7.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and	5.76	5.25	5.24	No statistical variation

Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	108.4‰	143.0‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.62	0.62	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	8.9‰	9.0‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> National prescribing data showed the practice prescribing was in line with local and national averages in all categories, with the exception of the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit which showed higher prescribing in comparison to local and national averages. The practice was continuing to review antimicrobial resistance in line with best practice. As part of our inspection, we reviewed a sample of patients on Disease-modifying antirheumatic drugs (DMARDs) which are medicines used to treat autoimmune conditions and high-risk medicines that required regular monitoring due to the risk of side effects. We found that all patients identified had the required monitoring in place. During the review of the clinical system, we reviewed patients who had been prescribed Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) a group of medications for treating high blood pressure. We found 28 patients had not received the appropriate monitoring in the past 12 months. We sampled 5 of these patients and found that 4 out of the 5 patients required follow up. Our searches identified 6 patients as having a misdiagnosis of diabetes. We sampled 5 of these patients and found that 2 out of 5 required further action. Our searches identified 20 patients who had been prescribed more than 10 prescriptions for benzodiazepines and other Z drugs. We sampled 5 of these patients and found that 1 patient had no detailed review in their medical records. There was clinical oversight for all requests to medicine changes and a clear process was in place to demonstrate what actions had been taken. We found that blank prescriptions were kept securely and there was a system in place to monitor usage. Emergency medicines, vaccines and medical equipment were appropriately stored and there were clear monitoring processes in place. There were appropriate arrangements in place for the management of vaccines and for maintaining the cold chain. We saw fridge temperatures were routinely monitored and vaccines reviewed at random were in date and stored appropriately. We looked at patient group directives (PGDs - a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). We saw that they had been authorised appropriately. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y

Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had a significant event monitoring policy and reporting template in place. Evidence of the 2 significant events we reviewed demonstrated that these had been thoroughly investigated and staff were kept informed and updated of the outcomes. There had been no recent staff meetings since March 2023, due to an absence of the practice manager who had recently returned to work; however, staff told us that incidents were investigated, staff were kept informed and all learning was shared. 	

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

Event	Specific action taken
Prescription continued to be issued to patient in error when advised to stop.	The practice realised the mistake when they were contacted by the patient's carer. This was investigated and the practice found that correspondence from secondary services had not been actioned appropriately and had been filed in error. This was discussed with staff and action was taken to ensure processes were correctly followed by staff working in practice with incoming correspondence.
Aggressive behaviour by patient in the reception area.	Zero tolerance policy and health and safety of staff was reviewed including the removal of objects in the reception area. This was discussed with staff and emergency appointments was also reviewed, and staff agreed to updates patients with any delays in being seen when attending for an appointment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had a system in place to review and action safety alerts, but work was needed to make this process more robust. We carried out a clinical search for a safety alert in 2019 concerning medicines used to lower blood sugar by causing the kidneys to remove sugar from the body through the urine and the potential risks of 	

Fournier's gangrene. We found 90 patients on these types of medicines. We reviewed a random sample of five patients and found all 5 patients had not been informed of the possible side effects. We were provided with evidence that this had been previously actioned, however had not been coded on the system. We discussed this with the provider who took immediate action to review this and provide assurances that this process had been reviewed, patients had been contacted again and it had been accurately coded on the system.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Clinical staff kept up to date in their clinical practice through local networks and evidence-based guidance such as those from the National Institute for Health and Care Excellence (NICE). Provider policies and procedures were in place which promoted evidence-based practice. 	

- Our clinical system reviews found that appropriate follow up, care and treatment was not always consistent. For example: we were unable to evidence that patients were issued with steroid cards following an asthma exacerbation and some records lacked detail regarding safety netting. After the inspection the practice provided evidence that an audit was undertaken in 2021 and steroid cards were sent to patients, however a new system was put in place to monitor, review and code this on their system.

Effective care for the practice population

Findings

- 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. At the time of our inspection the practice had carried out 71% of learning disability reviews in the last 12 months.
- 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. The practice had offered all patients a mental health review, however 72% of these had been completed and 18% of patients had declined a review in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective 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 searches found a potential 50 patients with diabetes who's latest HbA1c was above 75mmol/l. We reviewed a sample of five patients and found that all 5 patients had been monitored, however 4 out of the 5 medication reviews lacked detail.
- We reviewed the records of 4 patients with hypothyroidism who had not had a thyroid function test monitoring in 18 months. We found that codes had been added to determine that a review had been carried out in the last 12 months, however clinical records lacked detail and it was unclear whether a review had included the check of thyroxine monitoring. After the inspection the practice took action to address this.

- We reviewed the records of five patients with asthma who have had two or more courses of rescue steroids in the last 12 months and found 4 out of 5 required further actions and follow up. After the inspection the practice reviewed their processes for managing patients with COPD, asthma exacerbations and rescue packs.
- We reviewed records for 3 patients with later stage chronic kidney disease and found that all 3 patients had appropriate monitoring in place.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the practice nurse specialised in diabetes and routinely reviewed and followed up patients for ongoing monitoring.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	37	40	92.5%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	37	40	92.5%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	37	40	92.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	37	40	92.5%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	42	46	91.3%	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>

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	56.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	59.7%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.0%	48.3%	54.9%	No statistical variation
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). (3/31/2023 to 3/31/2023) (UKHSA)	68.4%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments

Practice performance for the uptake of cervical screening was below the 80% national target. The practice was aware of difficulties in their patient population and were working through their recall processes to engage patients to attend for screening. An area of engagement to encourage uptake was attending the local cultural centre to educate communities of the importance of attending for screening. The practice told us that the GP regularly attended the local mosque to encourage attendance and that the practice employed a nurse 2 days per month to carry out cervical screening clinics. Unverified data at the time of our inspection could evidence that practice had achieved 63% of screening for ages 25 to 49 and 86% for ages 50 to 64 years old.

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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> The practice had carried out a two cycle audit for the monitoring of patients prescribed direct oral anticoagulants (DOACs). The aim of the audit was to ensure patients prescribed a type of anticoagulant drug had their current weight and creatinine recorded and calculate Creatinine Clearance to ensure the dose is appropriate for indication. The first audit found that 53% of patients had a weight recorded and 17% required a dose increase. The second cycle audit found that 85% of patients had a weight recorded and 7% required a dose increase. The audit remained ongoing annually. Other examples of audits the practice had carried out included: GLP1 diabetes audit, access standards audit, end of life audit and gold standards framework audit. 	

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however some areas of mandatory training had not been completed.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found gaps in some areas of mandatory training for staff such as safeguarding, health and safety, whistleblowing and equality and diversity. After the inspection, the practice assured us this would be actioned. There was an appraisal system in place. We found that some staff had completed an annual appraisal, but others were now due. We were told that following a period of illness by the practice manager who had recently returned to work that the remainder of appraisals had been scheduled for completion. Clinical staff had opportunities to attend local networks and online events to help maintain skills and development. 	

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice held regular integrated care meetings with community health care staff and community teams to discuss the care and support needs of all patients. 	

Helping patients to live healthier lives.**Staff were consistent and proactive in helping patients to live healthier lives.**

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice website detailed information and links for health promotion, for example, health conditions and common health questions. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. 1	Y
Explanation of any answers and additional evidence	
<ul style="list-style-type: none">Clinicians understood the requirements of legislation when considering consent and decision making and had access to policies to support them; however, training records we viewed showed that staff had not completed training relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.	

Responsive

Rating: Good

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice was flexible to the needs of the community and offered extended access appointments to allow ease of access for patients, they shared this information on the practice website to increase uptake.	

- The practice understood the needs of the diverse population they had. The practice staff spoke multiple languages and regularly attended the local cultural centre to deliver key messages and health topics to engage with the community.
- There was access to interpretation services when needed.

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 7.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available: GP's	
Monday	8.30am - 7.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am - 6.30pm
Friday	8.30am - 6.30pm
Appointments available: Nurse	
Monday	8.30am – 7.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 5.30pm
Appointments available: Health Care Assistant	
Monday	3.30pm – 7.30pm
Tuesday	3.30pm – 6.30pm
Wednesday	3.30pm – 6.30pm (phlebotomy clinic)
Thursday	3.30pm – 6.30pm
Friday	3.30pm – 6.30pm
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Telephone consultations were available with a GP on Fridays between 7.30am, and 8am and 6.30pm and 8.30pm 	

- Bookable appointments were held outside the practice's core operating hours at the practice and at the other practices within their primary care network (PCN) by a range of clinicians.

Other appointments available at the practice included:

- Mondays (8.30am to 1.30pm) – paramedic appointments
- Wednesday (9.00am to 2.30pm) – community midwife appointments
- Thursdays (8.30am to 3.30pm) – first physiotherapy triage and physiotherapist appointments
- Thursdays (2.30pm to 6.30pm) – community pharmacist appointments

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

- Patients had a named GP who supported them in any setting they lived.
- The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GPs would respond quickly, to enable prompt burial.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical and life limiting issues.
- Appointments were available outside school hours for children so that they did not need to miss school to attend the practice.
- Telephone consultations and an on-line consultation service were provided, and patients therefore did not always have to attend the practice in person.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The premises were suitable for children and babies and baby changing facilities were available. We saw evidence of free nappies and baby wipes available for patients with young children.
- The provider was a member of the primary care network (PCN) and supported service developments set up to meet the needs of patients within the locality. Patients were referred to these services accordingly.
- 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 able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice website provided information and advice to patients living with health conditions.
- Patients were provided with information about how to access a range of support groups and voluntary organisations.
- The practice engaged in their local community and regularly attended the local cultural centre. We spoke to the cultural leader who told us the GP's regularly engaged with the community on health topics such as cancer, immunisations and diabetes to educate and increase health promotion.

Access to the service

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

Y/N/Partial

Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients were able to book appointments in person by calling the practice or through the website. There were telephone and face to-face appointments available. The practice was flexible to the needs of the population so that patients could access appointments in a way and at a time that suited them. Receptionists triaged calls to the most appropriate clinicians, however requests for urgent same day appointments were triaged by the duty doctor and flexibility was given to meet patient's needs. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	83.5%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	83.4%	44.4%	54.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	84.0%	46.5%	52.8%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	87.6%	65.9%	72.0%	Tending towards variation (positive)

Any additional evidence or comments

GP patient survey results were above average when compared to local and national data for the patient experience and access. The practice continued to review this and engage in areas of patient satisfaction to meet the diverse needs of their patient population. This included in flexibility in attending appointments for all patients including those who may be digitally excluded.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 3 reviews on NHS UK who were all complimentary about the service. Feedback reported that they were seen the same day for a GP appointment, the GP was very thorough and attentive, the practice was proactive in making a referral, they were seen promptly when attending an appointment and the results of investigations were followed up and explained quickly.
Telephone conversation with a member of the Patient Participation Group	We spoke with two patients who was part of the patient participation group who was very complimentary about the staff who worked at the practice. We were told that the GP's were very flexible in meeting their needs, they were happy with the service and that the GP went above and beyond to visit their family member whilst in hospital.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had not received any formal complaints. There had been 1 letter of concern received in the last 12 months which was responded to appropriately. Practice staff told us that any complaints would be shared with staff to share learning and make improvements. 	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had reduced management capacity for a period of six months due to unforeseen circumstance. This had impacted on some areas of leadership and governance oversight. However, during this absence a GP had attended additional training to lead on areas such as human resources and carry out risk assessments in the practice managers absence.• We found that leaders demonstrated experience, capacity and the capability needed to deliver quality and sustainable care. There was a development plan in place with clear objectives in the next 12 months.• The leadership team understood the challenges within their local population which included health inequalities, a diverse population and barriers to accessing healthcare. They were committed to meeting the needs of the population and worked collaboratively with their Primary Care Network (PCN) and the local community to educate and achieve positive outcomes for their patient population.• Staff told us that the practice management were approachable and always took time to listen to all members of staff. At the time of our inspection, practice manager was on a phased return to work and there were some areas within the practice that required updating/actioning. Throughout our inspection, the practice team were engaging and took action to address any shortfalls found.	

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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

- The vision and values for the practice were clearly set out. The provider told us how they were dedicated to providing excellent patient-centred care to all of their patients within the local community.
- The practice had a realistic strategy and supporting business plans to achieve priorities which they kept under review. The business development plan included the recruitment and retention of staff, joined up working with local practices, continued engagement with the community and the sustainability and financial growth to meet the needs of the patient population.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had clear policies and procedures accessible to all staff, for example, whistleblowing, safeguarding and health and safety. • The practice had whistleblowing and duty of candour policies in place and a nominated freedom to speak up guardian to support staff if they wanted to raise an issue. • Staff told us they felt supported and were given opportunities to discuss any issues. • All the staff we spoke with told us that they felt supported by management and leaders. • There was an open culture and clear learning within the practice. The management team and leaders encouraged the reporting of incidents to identify ways in which the practice could continually improve. • We found that some staff had completed equality and diversity training. 	

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

Source	Feedback
Staff interviews	It's a very nice place to work. It's a good team everyone gets on. Staff are supportive. It can be challenging working in a small practice, but it is very rewarding.

Governance arrangements

There were 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found that although there was governance oversight for example, a workflow calendar system for clinical and non-clinical governance, we found that some areas required strengthening. For example, oversight of mandatory training. A proactive response by the provider to issues identified demonstrated a clear indication to improve. • Practice policies were accessible to all staff. • Staff were clear about their roles and responsibilities and felt supported by the management and clinical team. • Policies contained clear information about the designated lead in areas such as infection, prevention and control and safeguarding. All staff were aware of the designated leads in these areas. • The practice had policies in place for sharing information with third parties, for example primary care network (PCN) staff. 	

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were systems and oversight to manage risk but some areas required further strengthening as described in the above section on governance. 	

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.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had policies to support them on information governance.	

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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us the practice was a small friendly practice and there was an open door policy in place for staff to share ideas and concerns. • The practice was part of a primary care network which provided enhanced services to patients. For example, a paramedic, physiotherapist, dietician, pharmacist and care coordinators. • The practice monitored patient feedback through the GP National Patient Survey and the NHS Friends and Family Test (FTT). • The practice had a Patient Participation Group (PPG) and recognised they could help to reduce health inequalities through effective engagement with patients, staff and the community. They held meetings with patient representatives and attended the local cultural centre to cover a range of health topics. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • We spoke with two members of the PPG who spoke highly of the practice. We were informed that there were approximately 7 PPG representatives. They reported that the practice worked well with the PPG and that practice leaders and staff were keen to engage, involve, share information, support and listen to the views and suggestions of the PPG. They told us the practice had been key in bringing the community together and engaging them in health promotion.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was evidence of learning and improvement, however further oversight was needed to ensure staff kept up to date with mandatory training. After the inspection the practice took action to address the areas identified. 	

Examples of continuous learning and improvement

We saw evidence that clinicians kept up to date as part of their continued professional development and attended training and conference events. In addition, the GP's mentored clinicians such as a first triage physio, a paramedic and worked with a modern apprenticeship scheme and mentored staff throughout this process.

The practice manager had completed a master's degree in health services management and delivered training sessions and conferences to healthcare staff across the country.

We found that clinicians had completed training for Identification and Referral to Improve Safety (IRIS) training for domestic violence, however the practice provided evidence that they were in the process of training all staff in this area.

The practice was a dementia friendly practice who had been accredited since 2019. Training for dementia had also included members of the PPG. At the time of our inspection the practice had applied to become a Veteran Friendly Accredited Practice.

The practice supported the local cultural centre and had supported the local Yemeni community during Covid. The cultural centre had won a queen's award during the pandemic. The practice attended the cultural centre each week to cover health topics prior to prayer. They had a programme of speaker events to engage with the community. This included health topics such as:

- Understand the importance of having a flu and Covid vaccination and maintaining yours and your family immunity.
- Importance of flu nasal spray or vaccination for your children.
- Asthma and COPD – inhaler technique and ways to keep healthy.
- The Importance of MMR vaccination.
- BMI and maintaining a healthy lifestyle – healthy eating, giving up smoking, safe alcohol limits and daily exercise.
- Diabetes in Ramadan
- Caring for a family member
- Memory loss and dementia awareness
- Vitamin D deficiency
- Cancer awareness
- What causes high blood pressure and how to reduce it.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
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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 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 those aged 25 to 49, and within 5.5 years for those 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.