

# Care Quality Commission

## Inspection Evidence Table

### Belgrave Medical Centre (1-9007348825)

Inspection date: 17 and 23 May 2023

Date of data download: 11 May 2023

## Overall rating: Good

At our last inspection in September 2021, we rated the practice requires improvement for providing effective services due to the low uptake of cervical cancer screening and childhood immunisations and lower than average attainment in relation to the management of some long term conditions.

At this inspection, in May 2023 we found, the practice had made improvements to the management of long term conditions and is now rated Good. However, attainment in relation to childhood immunisations and cervical screening is still lower than target rates and had not improved since our last inspection.

## 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.	Y
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
At the inspection in September 2021 we found: <ul style="list-style-type: none"><li>Not all staff had received relevant safeguarding children training level appropriate for their role.</li></ul>	
At this inspection we found	

<b>Safeguarding</b>	<b>Y/N/Partial</b>
<ul style="list-style-type: none"> <li>Practice nurses and reception staff had completed the appropriate safeguarding training. This is in line with the recommendations of the Intercollegiate guidance.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2022 Date of last assessment: Branch location White Lane Medical Centre August 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: August 2022 Date of fire risk assessment: Branch location White Lane Medical Centre August 2022 Actions from fire risk assessment were identified and completed.	Y
<ul style="list-style-type: none"> <li>There was one action to replace couches with electric couches, this was pending funding.</li> </ul>	

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met/not met.**

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: March 2023 Date of last infection prevention and control audit branch location White Lane Medical Centre: April 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
<ul style="list-style-type: none"> <li>The practice used an external cleaning company and there were daily cleaning schedules in place at both sites. Overall the practice and branch location were visibly clean. We saw one bedframe in a treatment room at Belgrave Medical Centre had visible dust on the frame. The practice agreed to implement their own system to monitor cleanliness. We saw evidence of this after the inspection.</li> <li>The flooring in the treatment rooms at both sites was slightly torn and stained in places. The practice had a refurbishment plan in place and they confirmed the flooring would be prioritised.</li> </ul>	

## 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
<ul style="list-style-type: none"><li>• Staff rotas were in place and managed effectively. Staff covered for each other during busy periods or when staff were absent. Admin and secretarial staff had dual roles to provide cover and this was in line with a competency framework.</li><li>• The practice used regular long term locum GPs or nurses when required.</li><li>• The practice had recruited an assistant practice manager and a salaried GP. They had a low staff turnover, and some staff had worked at the practice for many years.</li></ul>	

## 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. <sup>1</sup>	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
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

## Appropriate and safe use of medicines

### The practice had 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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.72	0.77	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	5.5%	8.2%	8.5%	Tending towards 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 Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	5.50	5.18	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	112.8‰	136.6‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.38	0.55	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	4.6‰	6.3‰	6.7‰	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

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.	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. <sup>1</sup>	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. <sup>2</sup>	Y
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.	NA
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
<ul style="list-style-type: none"> <li>• Clinical searches showed excellent management of patients on Methotrexate (Anti-rheumatic Drugs). The practice was linking all of the methotrexate to the underlying disorders and also indicating the day of administration following national guidance.</li> <li>• Clinical searches showed good management of patients on Metformin (used to treat type 2 diabetes) with all patients receiving appropriate monitoring.</li> <li>• We reviewed medication usage for Metformin (used to treat type 2 diabetes). There was only one patient highlighted as having a low level kidney function when on this medication but the review of their records showed they were not receiving medication as the medication was stopped. The practice confirmed the patient had been recalled for a review to monitor.</li> </ul>	

## 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: 10	Y
Number of events that required action: 10	Y
<ul style="list-style-type: none"> <li>The practice used incidents as development opportunities and shared learning with staff at meetings. Staff could provide examples of incidents and lessons learnt.</li> </ul>	

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

Event	Specific action taken
Delayed referral	Action taken, explanation and apology to patient. Investigated and learning discussed at the team meeting. Audit completed of clinicians tasks to avoid further missed referrals.
Access – incorrect appointment given	Apology and explanation given to patient. Additional training provided to reception staff regarding clinical presentations. Learning discussed at the team meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. <sup>1</sup>	Y
Staff understood how to deal with alerts.	Y
<ul style="list-style-type: none"> <li>We saw examples of actions taken on recent alerts for example, regarding sodium valproate.</li> <li>There was a system for acting on safety alerts when they were received. We reviewed a historic medicines alert issued in April 2022 for patients on teratogenic (a substance that can cause abnormalities or birth defects in a developing foetus) medicine. Patients were sent a message in December 2022 to specify the risk. The practice acknowledged the delay and had logged it as a significant event and lessons learned had been implemented and discussed at the team meeting. For example, amended the safety alerts protocol, completed an audit and have a lead to monitor actions have been completed.</li> <li>We also saw evidence the practice completed regular audits following patient safety alerts. For example three patients were contacted following an audit of a medication used for the emergency treatment of severe acute allergic reactions.</li> </ul>	

## Effective

## Rating: Good

At our last inspection in September 2021, we rated the practice requires improvement for providing effective services due to the low uptake of cervical cancer screening and childhood immunisations.

At this inspection, in May 2023 we found, the practice had made improvements and is now rated Good.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. <sup>1</sup>	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. <sup>2</sup>	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. <sup>3</sup>	Y
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 prioritised care for their most clinically vulnerable patients.	Y
• The medical records we reviewed during the inspection were of good quality and clearly written.	

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• We carried out a clinical search to identify any patients who may have a missed potential diagnosis of diabetes from blood tests. Three out of the five patient records we reviewed showed that they had not been followed up in line with national guidance to ensure they received appropriate care. The practice investigated this as a significant event and following the inspection all 3 patients have been reviewed.</li><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.</li><li>• Those identified received a full assessment of their physical, mental and social needs.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li></ul>



- 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. Regular multi disciplinary meetings were held.
- 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.

## Management of people with long term conditions

### Findings

- We carried out a clinical search relating to patients requiring high dose steroid treatment for severe asthma episodes which identified 28 patients. From these we reviewed 5 records, of which all patients had received a review. However, in 3 patient records the review recorded that there had been no exacerbations in the past 12 months despite showing that they had received several steroid prescriptions implying there had been an exacerbation. Records of 2 telephone based consultations resulting in the prescribing of steroids did not evidence why a face to face consultation was not required. The practice have reviewed the patients records and discussed with the lead healthcare professional. Three patients had not been issued a steroid emergency card as recommended by Specialist Pharmacy Services (SPS) guidance. The practice have since confirmed that all patients were issued cards by the pharmacy team.
- We saw appropriate monitoring of patients with an underactive thyroid. There were 225 patients on the register with an underactive thyroid. We reviewed 2 patient records and both had received blood test monitoring in the previous 18 months in line with national guidance.
- We observed there was 1 patient out of 12 patients with chronic kidney disease who required monitoring. The practice confirmed the patient would be recalled for a review.
- We saw appropriate monitoring for patients diagnosed with diabetic retinopathy; a complication of diabetes caused by high blood sugar levels.
- 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.
- 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.
- 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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	46	52	88.5%	Below 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)	35	40	87.5%	Below 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)	35	40	87.5%	Below 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)	35	40	87.5%	Below 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)	64	76	84.2%	Below 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

At the last inspection in September 2021, the practice has not met the minimum 90% for four of five childhood immunisation uptake indicators and attainment had deteriorated for three of the five indicators from the previous year due to poor uptake and a practice nurse vacancy.

At this inspection we found, the he practice were aware their data fell below the 90% minimum standard in all five areas. They told us demographically the practice was in a deprived area, a hard to reach cohort of patients and had a lot of patients who did not attend appointments. Due to patients not attending they were looking at introducing a disclaimer form to confirm patients had received the vaccination information, but they were declining. The practice told us they were continually trying to improve the data and had put things in place to address it. For example, having a nominated admin lead to monitor the system, extended access on Saturdays, evening appointments 3 days a week, sending

reminders via text or letters, the lead nurse will call parents to discuss the importance of vaccinations. They were also working with Public Health England to improve uptake and raise awareness.

However, attainment for 4 of the 5 indicators had deteriorated since our last inspection indicating that further work was required to improve uptake.

Cancer Indicators	Practice	SICBL 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: 30/06/2022) (UK Health and Security Agency)	53.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.6%	61.1%	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)	62.5%	66.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	61.5%	51.4%	54.9%	No statistical variation

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.

#### Any additional evidence or comments

At the last inspection in September 2021, performance averages was significantly below local and national averages for cervical cancer screening, due to the practice nurse vacancy. Patients were offered these appointments at local hubs but often they chose not to attend due to the distance required to travel to the hub. Staff reminded patients of the importance of attending for screening at every opportunity and followed up those who did not attend.

At this inspection, we found, the practice was aware their cervical cytology data was lower than the national average and they were proactively trying to recall patients, for example sending reminders via text or letters. They have worked with NHS England to review the wording of the reminders to have a positive psychological impact. They were also working with them to improve patient engagement to improve uptake and avoidance of non attendees. The practice told us, patients can book online to dedicated smear clinics and they offered enhanced access (6.30pm – 9.30pm Monday, Wednesdays and Fridays) and extended access on Saturdays. They had received positive feedback from patients who said they appreciated the convenience and familiarity of using their own practice.

Although publicly available data showed that cervical screening uptake had deteriorated from the last inspection when it had been 59.9% the practice were able to share unverified data to show improvements of cervical screening uptake in the last 5y 6m, aged 50-64 in May 2023 was 65%. Smear performed in the last 3 y 6m, aged 25-49 was 52%.

## Monitoring care and treatment

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

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

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

The practice had an audit programme in place.
<ul style="list-style-type: none"><li>An audit of patients who were receiving medication to help prevent blood clots had been completed to identify they were on the appropriate therapy and had received a renal function assessment. 165 patients were identified. No patients were identified with incorrect dose or severe interactions and they had received an assessment.</li><li>An audit of patients on a medication to treat anaemia had been completed to ensure appropriate prescribing. The audit showed patients were being managed in line with guidance.</li></ul>

## Effective staffing

**The practice was able to demonstrate 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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
<ul style="list-style-type: none"><li>All staff were up to date with training and they were supported and encouraged to develop through an academic pathway. The practice said they were keen to upskill and empower their</li></ul>	

staff to deliver the best possible service. For example supporting a member of staff to train to become a healthcare assistant and complete management courses.

## 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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<ul style="list-style-type: none"> <li>The practice worked collaboratively with their Primary Care Network (PCN) and where appropriate involve other professional agencies and organisations to deliver care to their patients.</li> </ul>	

## 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

## 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.	Y
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. <sup>1</sup>	Y

- Our clinical review of three patients notes where a DNACPR decision had been recorded, showed patients views had been sought and respected and information had been shared with relevant agencies.

## Caring

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
Patient discussions	We spoke with 3 patients during the inspection who spoke positively about the care they received.
Friends and Family Test	The practice had received 5 positive responses from patients. They said staff were helpful and kind.
Thank you cards from patients	The practice had received thank you cards and compliments from patients. They spoke positively about the care they had received and commended staff for their support.

## 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 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 (01/01/2022 to 30/04/2022)	74.7%	86.2%	84.7%	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 (01/01/2022 to 30/04/2022)	76.2%	85.6%	83.5%	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 (01/01/2022 to 30/04/2022)	87.9%	94.5%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	54.5%	74.6%	72.4%	No statistical variation

### Any additional evidence or comments

At the inspection in September 2021, we found the practice was aware of the lower satisfaction from patients relating to treating patients with care and concern. The provider had not received any complaints or feedback relating to staff attitude and dissatisfaction with patient consultations in the last 12 months. Staff shared with us the accolades and thanks received from patients and continued to work to improve this. However, data shows that patient satisfaction regarding being treated with care and concern had deteriorated compared with the previous year so further improvement in this area is still required. The provider told us they would continue to review this in future patient satisfaction surveys.

At this inspection we found, the practice had made improvements. For example, reviewed the clinical rota to ensure good access was maintained, and supported staff wellbeing. There were also plans to promote the friends and family test and to work with the PPG to develop a patient survey.

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

## Involvement in decisions about care and treatment

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

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

Source	Feedback
Patient discussions	We received feedback from 3 patients during the inspection. No concerns about care and treatment were received.

## 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 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 (01/01/2022 to 30/04/2022)	83.5%	91.3%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<ul style="list-style-type: none"> <li>The practice had clinicians who were multilingual.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	118 carers identified from a patient population of 6,740. This equates to 1.8%.
How the practice supported carers (including young carers).	Carers are identified on the patient record system and given priority appointments for vaccinations. The practice arranged for vaccinations to be given at home for those whose circumstances made them particularly vulnerable. Carers were identified through consultations with staff and through a questionnaire completed by new patients joining the practice.



How the practice supported recently bereaved patients.	The practice sent a letter of condolence to bereaved families if they were registered with the practice. The practice link worker supported bereaved families and shared details of support organisations with them.
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## 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<ul style="list-style-type: none"> <li>The practice used a green card system should patient's wish to speak with staff in private. Patients could collect a green card from reception.</li> </ul>	

## 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
<ul style="list-style-type: none"> <li>The practice were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services. For example, as part of the Primary Care Network (PCN) the practice coordinated a diabetes support group. This was led by a multidisciplinary team consisting of dieticians, GPs, health coach, link workers, and a lead nurse. The aim is to create a safe space for patients to share their experiences and access resources to independently manage and improve their diabetes. Feedback from 17 patient forms was positive. They said it had made a difference to how they manage their diabetes, learnt more about the condition and how to control it.</li> <li>The practice were part of a menopause pilot within their PCN to raise awareness and increase support to staff and patients. The aim was to achieve menopause friendly accreditation at work. They have a clinical lead to provide education for clinicians, where to refer and guidance on medications. They have menopause champions in each practice within the PCN to support both patients and staff. The practice also supports staff, by offering extra breaks where needed.</li> <li>The practice extended mental health awareness week to an awareness month as part of their PCN network for both staff and patients. This included mindfulness exercises, mindful eating and staff appreciation cards. They created a staff well being garden to enable them to have time out or to plant in the garden.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00pm – 6.30pm both sites
Tuesday	8.00pm – 6.30pm both sites
Wednesday	8.00pm – 6.30pm both sites
Thursday	8.00pm – 12.00pm both sites
Friday	8.00pm – 6.30pm both sites
Saturdays	Pre-booked Saturday morning appointments are available and patients are also offered appointments during the evening 3 days a week at one of the GP access centres across Sheffield.

### 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.
- Additional nurse appointments were available on Saturday mornings for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- 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.

### 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 minimize 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
<ul style="list-style-type: none"> <li>• Patients with multiple conditions, those with complex needs or people in vulnerable circumstances could access double appointments at the practice.</li> </ul>	

### 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 average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	49.7%	N/A	52.7%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	49.9%	57.8%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	46.1%	56.2%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	66.4%	74.2%	71.9%	No statistical variation

#### Any additional evidence or comments

At the last inspection in September 2021, we found patient satisfaction regarding overall experience of making an appointment was lower than local and national averages but had improved since the previous year. The practice had introduced a new telephone system across the main practice and branch site to improve telephone access. Staff told us they received less feedback about difficulties accessing the practice by telephone from patients. Video consultations between clinicians and patients had also been introduced.

At this inspection, we found the practice had completed an access audit and had made numerous improvements in response to the GP Patient Survey results. For example to improve telephone access, they had reviewed the workforce to ensure maximum call handlers at busy periods, care navigation and communication/education to patients to contact the practice if non urgent after 9.00am.

To improve patients overall experience of making an appointment, they have educated patients on routes available to make appointments (website and onsite information), reception staff have received additional training and promoted other services available within the practice.

Improvements to increase patient satisfaction with the appointment they were offered included; an access audit, sharing do not attend (DNA) statistics with patients to increase patient responsibility and usage of provision, reviewed DNA policy, signposting to other appropriate services, promoting friends and family test, offering appointments at other practices within the PCN.

Source	Feedback
NHS Choices	None within the last year
Online reviews	Two positive reviews regarding access.

## 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.	7
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
<ul style="list-style-type: none"><li>The practice had a system in place to monitor verbal/written complaints and compliments. From the two complaints we reviewed, both gave a clear explanation, apology where appropriate and details of any actions taken as a result.</li></ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient did not receive a booked telephone appointment	Additional training provided to staff. The patient received an apology and explanation. Discussed at the practice meeting.
Online repeat prescription	Medication reauthorised to patient. Explanation and advice given to the patient.

## 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
<ul style="list-style-type: none"><li>Leaders and staff had an in depth understanding of their patient population and demographics and had been proactive in adapting and implementing systems, processes and services to meet these needs. For example by upskilling staff, recruiting more staff and increasing access in the evenings and at weekends.</li><li>Feedback from staff was positive about working at the practice and leaders were described as being visible and approachable. There was a patient centred focus from all staff. They said it was a good friendly team who worked well together.</li><li>The practice had a succession programme in place and staff were supported to develop within the practice to meet the needs of patients.</li></ul>	

### 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
<ul style="list-style-type: none"><li>The practice had a mission statement in place to 'implement improvements to maintain a good care quality commission rating and continue to provide excellent patient care'.</li></ul>	

### Culture

**The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support 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.	Y
<ul style="list-style-type: none"> <li>• Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of staff satisfaction. Staff told us they enjoyed working at the practice, they said it was a good friendly team who worked well together.</li> <li>• The practice said they had an open door policy and actively encouraged staff to raise any concerns or improvements, staff confirmed this. Staff said, they felt supported and listened to and managers were approachable and visible.</li> <li>• There was a system in place to document and monitor significant events, complaints and compliments and these were discussed at meetings.</li> <li>• The practice told us the wellbeing of staff was important to create a positive working environment and encouraged open communication. They had created a wellbeing garden and organised fun and wellbeing activities.</li> </ul>	

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

Source	Feedback
Staff feedback	We received 5 staff feedback forms. All were very positive about working at the practice and staff said they enjoyed working there. Staff said they felt supported, appreciated and listened to and managers were approachable and visible. There was a patient centred focus from all staff. They said it was a good team and an enjoyable working environment

#### Governance arrangements

#### There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<ul style="list-style-type: none"> <li>• The practice had established a suite of policies, procedures and activities to ensure safe systems were in place for patients and staff.</li> <li>• Appropriate recruitment checks had been completed for all staff.</li> <li>• Managers had oversight of staff training and there was a training schedule in place.</li> <li>• Staff understood their duty to raise concerns and report incidents and near misses and were encouraged and supported by leaders to do so.</li> </ul>	



## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was 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
<ul style="list-style-type: none"><li>• The practice used complaints, compliments, significant events and risk assessments to improve services, systems and processes.</li><li>• Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.</li></ul>	

## 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

## 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
<ul style="list-style-type: none"> <li>The practice had an established PPG and they were recruiting new members. The PPG and the practice had plans to develop a patient survey for 2023.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
The PPG told us the group worked well with the practice and they felt listened to. They spoke positively about the practice. They said learning from complaints and incidents were shared where appropriate.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<ul style="list-style-type: none"> <li>The practice was committed to train and develop staff. Staff were proactively supported and encouraged to acquire new skills. For example, they had a healthcare assistant apprentice, a trainee nurse associate, they were training/supporting a member of staff to become a practice manager and another to become an assistant practice manager. The practice was a GP training practice. The practice also hosted nurses from secondary care/return to work by providing both support and on the job training.</li> </ul>	

- There was collaborative working with the other practices in the PCN to share best practice and learning. For example the diabetes support group and menopause initiative.

#### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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 SICBL 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 SICBL 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.