

# Care Quality Commission

## Inspection Evidence Table

### Hednesford Medical Practice (1-9254951126)

Inspection date: 20 September 2021

Date of data download: 14 September 2021

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

## Safe

## Rating: Good

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Staff we spoke with had access to safeguarding children and adults policies and procedures and were aware of the practice safeguarding lead. Staff were able to share examples of what constituted a safeguarding concern and the action they had taken when abuse was suspected. This included an example of where they had sought advice from the Safeguarding First Response Team. We saw the action taken had been clearly documented on the patient's record. In addition, staff shared a further	

Safeguarding	Y/N/Partial
<p>example of a recent event where immediate action had been taken to safeguard a patient, which included working with external emergency services in the best interests of the patient concerned.</p> <p>During our inspection we saw safeguarding information was readily accessible to staff including contact telephone numbers of external agencies. Training records shared with us showed staff had received training in safeguarding relevant to their role apart from two staff, including a clinician, however, this training was completed post the inspection. We saw minutes of practice meetings where safeguarding incidents and concerns had been shared and discussed.</p> <p>The practice did not hold routine meetings with the health visiting team as identified at the last inspection, however the team were accessible by phone. A clinician shared an example of where they had liaised with the health visitor in relation to the nonattendance of a child for their immunisations.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the personnel files for four new staff employed with different roles. Files were well presented, and information was readily accessible. We found the required checks had been obtained prior to new staff commencing work apart from a disclosure and barring service check (DBS) for one new member of staff. The member of staff had commenced work while awaiting receipt of their DBS check. The practice advised us that the member of staff had been closely monitored during this short period, however a documented risk assessment had not been undertaken to mitigate any risk, particularly given the information detailed on the disclosure.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 19 September 2021</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: September 2020</p>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion: 12 September 2019</p>	Yes

Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The next date for the calibration of equipment had been scheduled for 1 October 2021. The provider advised that the fire risk assessment was due to be reviewed by NHS Property Services shortly. Other health and safety checks included the weekly testing of the fire alarm system. A fire drill had been undertaken on 9 September 2021 and fire extinguishers serviced in July 2021. A hardwiring electrical certificate was available, dated November 2016 and a legionella risk assessment had been undertaken in November 2019. Display screen equipment (DSE) assessments had also been undertaken by staff.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 9 March 2021	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2021	Yes
Explanation of any answers and additional evidence: NHS Property Services were responsible for the health and safety checks within the Health Centre. Staff spoken with confirmed regular checks were undertaken and they had no concerns in relation to health and safety matters. Staff had access to health and safety policies located on the shared drive. We saw that the practice had also carried out a detailed Coronavirus COVID-19 office risk assessment.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 23 August 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice had arrangements in place to manage infection, prevention and control (IPC). The premise was visibly clean and tidy in the areas we accessed on the day of the inspection. Cleaning charts were displayed in all clinical rooms and completed daily. NHS Property Services were responsible for cleaning the entire Health Centre including floors, furniture, sinks and waste bins. Staff had access to the local commissioning body's IPC contact details.	

The practice had a designated IPC nurse lead who demonstrated a clear understanding of their role and responsibilities. The practice manager was the non-clinical lead. Staff had access to the infection, prevention and control policy, which had been reviewed in September 2021, and personal protective equipment (PPE). Staff spoken with confirmed adequate supplies of PPE was readily available, including during the COVID-19 pandemic and that additional arrangements had been implemented to protect both patients attending the practice and staff safety in the workplace. Training records shared with us showed all but two staff had completed infection prevention and control training however, this training was completed following the inspection. IPC was discussed in practice meetings held.

The practice held a record of staff that had received a COVID vaccination in addition to any who had declined. A safety assessment and decision tool had also been undertaken with staff during the pandemic and signed by both parties.

The IPC audit undertaken in August 2021 included an action plan which included the description, required action, person responsible, resources, target date and completion. This included the replacement of some fabric chairs in the reception area with easy wipe plastic chairs as they were difficult to clean and a swing bin in the patients' washroom.

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
Explanation of any answers and additional evidence: The practice had developed a detailed induction pack to assist new clinicians in their work. A new member of staff told us they had found the pack valuable. At the previous inspection we found that not all staff were up to date with adult basic life support training. At this inspection training records indicated staff had since received this training.	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: The practice had introduced task slots within the calendars to enable staff to follow-up on tasks such as reviewing test results and completing referrals.	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.53	0.82	0.69	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	10.4%	10.6%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	5.76	5.89	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	261.4‰	182.5‰	126.0‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.16	0.64	0.65	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	7.2‰	5.5‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Following the last inspection and the formal merger of the two practices, emergency medicines had been located centrally to ensure they were easily accessible to staff. Staff we spoke with were aware of the location of these medicines and the emergency equipment.</p> <p>There were systems in place to monitor the stock levels of emergency medicines. However, two of the suggested emergency medicines were not stocked at the time of the inspection. Following the inspection, the practice sent us a risk assessment detailing the rationale for not stocking these.</p> <p>During our inspection we found a fridge containing vaccines was not locked and neither was the room. Some gaps were noted in fridge monitoring checks although the practice held a data logger. The practice advised the gaps were due to the unexpected absence of a clinician.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: Staff spoken with confirmed they were comfortable raising concerns and knew the procedure for reporting concerns and safety incidents. They were able to share examples of recent events, the action taken, how information was shared and learning outcomes. Significant events were discussed in clinical and practice meetings held.	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Staff had stock checked and put away a delivery of vaccines and then discovered that the fridge temperature had been out of range, but the alarm did not sound.	The vaccines within the fridge were removed and placed within another fridge. The vaccine manufacturer was contacted for advice. The practice had a data logger, which monitored the temperatures consistently within the fridges. The data was obtained, which showed that the temperatures had remained within range. The fridge engineers were contacted for guidance regarding the faulty alarm.
A child had attended for immunisation and was given a vaccine they had previously been given.	The parent of the child was advised, and a letter of apology issued. Advice was sought from relevant external bodies. No harm came to the child.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: There was a system in place for acting on safety alerts. The practice agreed to periodically review the older alerts to ensure no patients were affected. Following the inspection, the practice shared their action plan and had provided updated evidence, which demonstrated patients had since been followed up.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

## Older people

## Population group rating: Good

### Findings

- The practice had 925 patients over the age of 70 registered and used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.
- Ninety four percent of patients within this population group had received two COVID 19 vaccination doses.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.0%	75.9%	76.6%	Tending towards variation (positive)
PCA* rate (number of PCAs).	8.7% (15)	10.9%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	95.5%	88.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	8.2% (6)	11.1%	12.7%	N/A

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	77.0%	82.9%	82.0%	No statistical variation
PCA* rate (number of PCAs).	7.6% (5)	3.5%	5.2%	N/A

The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	52.1%	64.9%	66.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	14.6% (24)	13.3%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	52.1%	72.3%	72.4%	Variation (negative)
PCA rate (number of PCAs).	4.9% (16)	3.5%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.4%	91.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.1% (1)	3.7%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	50.7%	78.3%	75.9%	Variation (negative)
PCA rate (number of PCAs).	15.9% (26)	7.4%	10.4%	N/A

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

### Any additional evidence or comments

Clinical remote searches undertaken by a specialist CQC advisor found that 19 patients had been identified as having a potential missed diagnosis of diabetes. We tracked the care of four patients and found issues with the monitoring of their condition, including the referral to appropriate screening.

The practice was aware they were below local and national averages for long-term conditions overall. They advised they had inherited some legacy issues for example reviews of patients with diabetes in addition to the reluctance of some patients not wishing to attend the practice for reviews during COVID-19. Temporary changes to the delivery of the NHS National Diabetes Prevention Programme meant group based in-person services were cancelled and moved to a remote delivery model.

The practice told us they had made changes to improve their uptake on reviews. For example, patients were now recalled on their birth month. A month prior to their review they were contacted by text or phone to advise their review was due shortly and to call the practice to make an appointment and systems were in place to follow this up.

The practice told us a staff member was looking to develop their current role and was aiming to provide dedicated blood pressure clinics to ensure patients were effectively monitored.

Findings

- The practice had not met the minimum 90% for four of five childhood immunisation uptake indicators. The percentage of children aged 5 who had received immunisation for measles, mumps and rubella (two doses of MMR) however had exceeded the 95% WHO target.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2019 to 31/03/2020) (NHS England)	24	28	85.7%	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) (01/04/2019 to 31/03/2020) (NHS England)	16	22	72.7%	Below 80% uptake
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) (01/04/2019 to 31/03/2020) (NHS England)	16	22	72.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	16	22	72.7%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	22	23	95.7%	Met 95% WHO based target

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

### Any additional evidence or comments

The practice was aware their child immunisation uptake rate was below target for four of the five indicators. They told us from January 2021 they had implemented a designated weekly child immunisation clinic offering 12 appointments per week to help improve uptake. If the clinic time was not suitable for parents a convenient time could be arranged outside of the clinic. Clinicians we spoke with were confident uptake levels would improve. Following the inspection, the practice sent us a copy of their immunisation figures for the current year up to 23 September 2021, which showed they were working towards meeting the WHO target.

A clinician we spoke with shared an example of the action they had taken when a child had not been brought to the Practice on a number of occasions for their scheduled immunisation.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- The practice had not met the national cervical cancer screening target for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) (Public Health England)	73.0%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	68.9%	74.3%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	56.1%	61.9%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	62.5%	87.4%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	45.0%	51.1%	54.2%	No statistical variation

### Any additional evidence or comments

At the previous inspection we made a best practice recommendation that the practice explore and implement strategies to increase the uptake of cervical cancer screening, breast and bowel cancer screening. At this inspection we saw the practice uptake continued to be below the national average and 80% target. Some patients chose not to attend the practice for screening during Covid-19. The practice told us they had two female samplers available throughout the week and they had plans in place to improve the recall of patients to help encourage uptake.

Following the inspection, the practice sent us a copy of their cytology figures for the current year up to 23 September 2021, which showed they were working towards meeting the 80% target.

### **People whose circumstances make them vulnerable**

**Population group rating: Good**

#### **Findings**

- Same day appointments and longer appointments were offered when required.
- The practice had a designated clinician for supporting patients with a learning disability. The practice had a register of 37 patients with a learning disability. Twenty-three patients had received an annual health check so far this year.
- 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.

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

**Population group rating: Good**

#### **Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Most staff had received dementia awareness training in the last 12 months. Patients with poor mental health, including dementia, were referred to appropriate services. Twenty out of 47 patients with dementia had received a face to face review.
- The practice had access to mental health practitioner via the Primary Care Network

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	72.0%	87.1%	85.4%	No statistical variation
PCA* rate (number of PCAs).	0.0% (0)	14.7%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	75.0%	81.3%	81.4%	No statistical variation
PCA rate (number of PCAs).	5.9% (1)	5.4%	8.0%	N/A

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

### Any additional evidence or comments

At the previous inspection we made a best practice recommendation that the practice continue to implement strategies to improve the management and care provided to patients experiencing poor mental health. At this inspection records showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months had significantly improved from 36% to 72% although this continued to be lower than local and national averages.

Training records showed eight staff had completed training in depression awareness. Patients had access to a Mental Health practitioner who was working with the practice as part of the Primary Care Network (PCN) from July 2021 and attended once a week.

### 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.**

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	487.4	533.9
Overall QOF score (as a percentage of maximum)	87.2%	95.5%
Overall QOF PCA reporting (all domains)	6.3%	5.9%

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

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

At the last inspection we made a good practice recommendation that the practice review and improve quality improvement activity. At this inspection we found that the practice had undertaken a number of audits, including reviewing the use of benzodiazepines, opiates and pain management within the practice. From these audits, the practice had introduced individual programmes for safe reduction of patients' medicines.

### Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
The practice had a designated member of staff to oversee training and development. Practice staff were allocated time to complete any relevant training needed and they were sent reminders when training modules were due to expire.	
At the last inspection we made a good practice recommendation that staff complete outstanding training. At this inspection records showed some gaps in staff completing essential training, for example safeguarding, whistle blowing, moving and handling and infection, prevention and control. Following the inspection, the practice shared evidence that most staff had since completed the outstanding training modules.	
Staff told us they were offered good training opportunities and told us learning and development was discussed as part of their annual appraisal and ongoing work. A clinician we spoke with told us they	

were due to commence a part-time course to gain a specialist practitioner qualification in order to pursue their career.

A new member of staff told us about the induction pack they had been provided with when they joined the practice. They considered it was comprehensive and contained the information they required to support them in their work. New staff were offered a two-week induction and provided with a buddy colleague for support.

The practice monitored the competence of staff employed in advance roles by randomly sampling and reviewing a set number of consultation records each quarter. Clinicians we spoke with told us they always worked within their competence and that GPs were readily available should they need support or advice. Protected time was available for staff supervision.

Clinicians had allocated time each morning to meet as a team and discuss any patients with complex needs or raise any clinical queries. Clinicians we spoke with told us these short daily meetings were valuable and provided opportunity to share and learn from one other.

### **Coordinating care and treatment**

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

<b>Indicator</b>	<b>Y/N/Partial</b>
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Our remote clinical searches found that details of DNACPR decisions were not always clearly noted in the patient records. Following the inspection, the practice had put together a policy to ensure all clinicians were aware of the practice's expectations with regards to recording decisions made within the patients' notes.</p>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

Source	Feedback
Observations	We saw patients were treated with care and respect when they arrived for their appointment. One patient apologised to the reception team for how they had spoken to them.
Staff discussions	Staff demonstrated a good knowledge of patients' needs and the care and treatment provided. They spoke passionately about providing patients with kindness and respect.
NHS website	We found there was no opportunity available to review this Practice on this website.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	78.0%	87.5%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	81.6%	87.8%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	90.8%	95.5%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	67.5%	82.6%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice was aware that the national GP patient survey results for the practice for 2021 were below local and national averages. Two of the four indicators had improved on the previous year in relation to providing caring services. However, the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had decreased from 75% on the previous year to 67.5%. The practice told us they planned to carry out their own patient survey in November 2021 by surveying patients attending the practice, on the practice social media page and on the website.

### Involvement in decisions about care and treatment

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

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

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	89.5%	92.6%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: A member of the reception team told us staff were able to access translation and interpreting services should patients require support in this area.	

Carers	Narrative
Percentage and number of carers identified.	The practice had 238 patients identified as carers, 3.8% of the practice population.
How the practice supported carers (including young carers).	Staff told us that they held a carers' register. New patient registration forms contained questions, which encouraged carers to make themselves known to the practice. Once identified, carers were sent a letter to enable them to register with the carers hub. The practice sent messages to carers, attaching information leaflets. Links were also available on the website, which enabled appropriate signposting. Patients and carers had access to a mental health practitioner who worked at the practice one day per week as well as a social prescriber.  Training records showed five staff had completed carer awareness training.
How the practice supported recently bereaved patients.	The practice advised us when they get notified of a death, a clinician called the bereaved relative to gain more information and offer condolences and support.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: Signed confidentiality agreements were available on the four staff files we reviewed, and most staff had received training in privacy and dignity.	

## Responsive

## Rating: Requires improvement

At the last inspection on 5 February 2020 we rated the practice as good for providing responsive services. At this inspection we have rated the practice as requires improvement because:

- The national GP survey results 2021 for the practice were below local and national averages for questions related to access relating to care and treatment. In particular patients satisfaction around telephone access, the type of appointment offered and the overall experience of making an appointment.
- There was a pattern of complaints relating to access to the service and availability of appointments.

We have rated this key question as Requires Improvement for providing responsive services and Requires Improvement for all population groups. This was because of the concerns raised regarding timely access to the service and lower than average National Patient survey satisfaction results. This affected all population groups.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The premise provided level access with patient facilities located on the ground floor, two patient disabled toilets and one disabled staff toilet. A lift was available to access the first floor. A hearing loop was available for patients who were hard of hearing. A large patient and staff car park was also available. Home visits were available for patients who had difficulty in accessing the premises. Training records showed most staff had completed Accessible Information Standard training.	

#### Practice Opening Times

Day	Time
Opening times:	
Monday to Friday	8am-6.30pm

Appointments available:	
Monday to Friday	Appointments were available at various times according to the clinician. No appointments were available on a Wednesday afternoon with a GP.
Extended hours	<p>Extended hours appointments were available from 7.30am on a Wednesday morning and until 7.30pm on a Thursday evening.</p> <p>Patients were able to access additional extended hours GP appointments through the Cannock Practices Network based at Cannock Hospital and these could be booked in advance by calling the practice during usual opening hours.</p> <p>Appointments were available Monday to Friday 6.30pm to 8pm and on a Saturday and Sunday from 9am and 1pm.</p>

## Older people

## Population group rating: Requires Improvement

### Findings

- All 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 also had access to the Single Point of Access and Acute Visiting Services.
- The practice provided effective care coordination between GPs, Physician Associate and Pharmacists to enable older patients to access appropriate services.
- The practice provided a designated Physician Associate (PA) as lead clinician for registered patients in the three local care homes. Remote telephone consultations were available in addition to bi-weekly ward rounds. Care homes were provided with a direct landline and the PA's mobile number and email address.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- The practice aimed to review patients with multiple conditions annually during their birth month at one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Requires improvement

### Findings

- Additional clinical appointments were available from 7.30am on a Wednesday and until 7.30pm on a Thursday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A designated child immunisation clinic was offered weekly offering 12 appointments. Appointments were also available outside of the clinic if parents were unable to access the clinic.

## Working age people (including those recently retired and students)

Population group rating: Requires Improvement

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Additional clinical appointments were available from 7.30am on a Wednesday and until 7.30pm on a Thursday evening.
- Pre-bookable additional extended hours GP appointments were available through the Cannock Practices Network based at Cannock Hospital.
- Remote consultations were available in addition to Online Consult.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including 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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and had a designated clinical lead to support these patients.

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

**Population group rating: Requires Improvement**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff were aware of how to seek help from the mental health crisis team.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients had access to a Mental Health practitioner who was working with the practice as part of the Primary Care Network (PCN) from July 2021 and attended the practice once a week.

## Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered telephone, video, online consultations as well as face to face appointments to accommodate patients. Urgent telephone on-the-day appointments were offered, and if clinically necessary, patients were seen face to face. Routine appointments could be pre-booked over the telephone or on-line. In addition to CQC and Healthwatch receiving complaints, the practice had also received numerous complaints about access to appointments and getting through to the practice by phone. Therefore, we reviewed this during our inspection and found the waiting times for a routine pre-bookable appointment was around 2 to 3 working days.</p> <p>The practice had also increased its clinical capacity with the introduction of the two Physician Associate (PA) roles in June 2021, which we were told had helped to meet patient demands. PA's are medically trained and work alongside and under the supervision of GPs. Staff told us that they have also worked to improve patient communication via text messages and through their social media site.</p> <p>We saw appointments had been discussed during a staff meeting with reception staff reminded to utilise appointments with the nursing practitioner, physician associate followed by GP. Staff were asked to ensure all appointments were relevant and within the clinical remit and to ensure they familiarised themselves and understood each clinician's role.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	35.3%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to	48.1%	68.3%	70.6%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	51.0%	63.0%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	64.6%	81.2%	81.7%	Tending towards variation (negative)

### Any additional evidence or comments

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 had decreased from 70% at the previous inspection to 35.3% at this inspection. The three other indicators had also decreased. The practice was aware of this and told us they were disappointed with outcome of the national survey results.

As a result of the survey and the number of complaints received regarding access, they had developed an action plan to address three core areas. A new telephone system had been installed in June 2021 providing more phone lines and increased capacity in the queueing system. However, this resulted in more patients held in the queueing system. New software had since been obtained enabling the practice to monitor live data including calls and waiting times and provided the practice the ability to audit each telephone station. This data had been analysed and staffing increased to manage calls at peak times, for example, between the hours of 8am and 12pm and when waiting times exceeded 40 minutes. Weekly audits were sent to the practice to enable the practice to regularly analyse the data.

Information regarding the appointment model as a result of Covid-19 and telephone access had been shared with the practice patient participation group (PPG).

### 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.	37
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes

There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Information about how to make a complaint was available at the practice and on the practice website. People were encouraged to write to or make an appointment to see the practice manager, who was the designated member of staff for dealing with complaints.</p> <p>The practice maintained a record of both written and verbal complaints and kept a log in order to identify trends. Minutes of meetings demonstrated the complaints were discussed and any learning was shared. Annual complaints review meetings were held to review all complaints any identify trends.</p> <p>Staff we spoke with demonstrated an understanding of the procedure for supporting patients with making a complaint should they not be happy with the care and treatment received. Training records shared with us showed most staff had completed complaint training. Minutes of staff meetings showed complaints received had been shared and discussed including any required action. This included trying to resolve a complaint in the first instance to help reduce the volume of written complaints that the practice was currently receiving. The complaints procedure was included in the meeting minutes.</p>	

Examples. of learning from complaints.

Complaint	Specific action taken
A patient complained that a member of staff was rude during a consultation as they left the room during their consultation.	The complaint was acknowledged, and a letter of apology sent to patient directly from the member of staff, containing an explanation of the reasons for leaving the consultation. The complaint was discussed, and learning agreed, which included the need for effective communication with patients, offering an explanation should the staff member need to leave the consultation for any reason.
The practice had received a complaint regarding a data breach.	The practice shared the concern with the practice's data protection officers as well as referring the concern to the Information Commissioner's Office. The practice also undertook an internal investigation into the circumstances surrounding the breach.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Leaders were visible, approachable and understood the strengths and challenges relating to the quality and future of services. They had identified the actions to address the challenges, for example the difficulties with access to appointments.  Since the last inspection there had been changes in legal entity of the provider. Dr Geeranavar was previously registered as an individual with CQC. The practice formally merged with another practice within the Health Centre and became registered as a partnership in August 2020. Following the retirement of a clinical partner, a new non-clinical partner joined the partnership and was registered with CQC in July 2021.  In addition to the challenges experienced as a result of the Covid-19 pandemic, there had been significant changes in staffing mainly due to the merger of the two practices. The practice told us since February 2020 they had appointed three salaried GPs, two had since left. Two of the three nurses appointed had also left in addition to a nurse practitioner and four reception/administrators. Three physician associates had also joined the team, one had left, and another was not currently working. Despite these changes staff we spoke with told us they were well supported in their work by the management and leadership team and they had been kept informed of any changes.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Explanation of any answers and additional evidence:

Staff told us they had access to the mission statement, beliefs and values for the Practice. These were available in the staff induction pack.

The mission was:

‘To improve the health and wellbeing of our patient population we are committed to provide a high quality standard of care within a safe environment’.

The staff we spoke with understood their role and responsibilities and spoke passionately about providing positive health outcomes for their patients.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff training records showed all but two staff had completed training in equality and diversity. One of these staff members was on extended leave. All but four staff had completed whistle blowing training. Those staff we spoke with told us they were comfortable with raising concerns both internally and externally.</p>	

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

Source	Feedback
Staff	<p>Staff we spoke with told us they enjoyed working at the practice and felt supported in their work. They told us there had been significant staff changes and challenges during the merger of the two practices, to include having to use two clinical systems, the constraints with COVID-19 but considered the team supported one another and the team was now becoming stable.</p> <p>Observations demonstrated a positive and inclusive working environment was promoted.</p>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes

Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
Staff we spoke with confirmed practice and clinical meetings took place on a regular basis where information was shared and discussed.	
There were designated practice leads in place for key areas including infection control, safeguarding and training. Staff spoken with demonstrated a clear understanding of their roles and responsibilities.	

### 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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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

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

Staff were supported to work remotely where applicable.	Yes
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### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

### Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: The practice shared an incident concerning a breach of patient data and the action taken as a result of this. Changes had been made to mitigate further breaches.	

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice encouraged patients to leave feedback about the service through completing the Friends and Family Test (FFT), the national patient survey, completing reviews on Google, complaints and were planning to run an in-house patient survey shortly.</p> <p>Staff told us they were provided with regular opportunities to contribute to discussions and systems were in place to share information across the team. These included daily clinical meetings, weekly clinical meetings, practice meetings, emails and through four WhatsApp groups. These were reception staff, all staff, clinical staff and the management team. Staff we spoke with considered the WhatsApp groups valuable and helped disseminate information quickly and effectively. Staff were not expected to read messages in their own personal time, for example when on annual leave or days off but were provided with protected time to read messages and catch up on events in work time.</p>	

### Feedback from Patient Participation Group.

Feedback
<p>As part of the inspection we spoke with a representative of the Patient Participation Group (PPG). They told us the group currently consisted of around 4-5 core members and that the PPG usually met with practice representatives quarterly with the last meeting being held in July 2021. However, no face to face meetings had been held during the pandemic to ensure patient safety.</p> <p>The representative told us the practice valued the PPG, kept them well informed of any developments within the practice to include the merger of the two practices, change in partners and new staff appointments. They told us the PPG would like to recruit more new members to represent all patient population groups and would welcome the re-introduction of a patient newsletter.</p> <p>The representative told us the group had a very good relationship with the practice staff. They said the practice listened to the views of the PPG and acted on them. They advised us that the practice had shared information regarding the new telephone system, flu clinics, COVID vaccines and staff changes. No concerns had been raised directly with the PPG in relation to access to the service.</p>

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was a Physician Associate Internship host practice, and at the time of the inspection, two Physician Associates (PA) worked at the practice, although one was currently on extended leave. PA's were medically trained, generalist healthcare professionals and were supervised by GPs.  The practice was a member of local GP federations, GP First and Cannock Chase Clinical Alliance as well as a member of the Cannock North Primary Care Network.  The practice was a GP training practice for first and second year specialty trainee doctors.  The practice had fully introduced digital technology to their general practice. These included the use of video consultations, text messaging service to patients as well as electronic consultations.	

## 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 CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- $\text{‰}$  = per thousand.