

Inspection Evidence Table

Graham Road Surgery

(1-7627763965)

Inspection Date: 20/09/2023

Date of data download: 13/10/2023

Overall rating: Inspected but not rated

We carried out an announced inspection at Graham Road Surgery on 18 May 2023. Overall, the practice was rated as inadequate. We rated the practice as inadequate for providing safe and well-led services, requires improvement for providing effective, caring and responsive services. Breaches of regulations were identified, and we issued both a Warning Notice and a Requirement Notice as part of our enforcement action.

This inspection, carried out on 20 September 2023, was to check progress against the requirements of the Warning Notices issued on 9 July 2023, for breaches of:

- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment
- Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

The rating of inadequate awarded to the practice following our full comprehensive inspection on 18 May 2023 remains unchanged.

Safe

Rating: Inspected but not rated

At our previous inspection, we rated the practice as inadequate for providing safe services because:

- The practice had not implemented necessary improvements to address breaches in regulations previously identified.
- Practice safeguarding processes were not embedded.
- The practice could not demonstrate that individual care records were managed appropriately, and that staff had access to relevant information to ensure safe care and treatment.
- The practice had not ensured medicines were administered by staff with appropriate authorisation.
- There was no oversight of the prescribing practices of staff employed in advanced clinical practice.

At this inspection, we did not rate the practice for providing safe services, due to only checking the progress made against the requirements of the Warning Notices issued on 9 June 2023, however improvements were seen.

We found:

- The practice had implemented the necessary improvements to address breaches in regulations identified in the Warning Notice.
- Practice safeguarding processes had been embedded.
- The practice was able to demonstrate that individual care records were managed appropriately, and that staff had access to relevant information to ensure safe care and treatment.
- The practice ensured medicines were administered by staff with appropriate authorisation.
- Oversight of the prescribing practices of staff employed in advanced clinical practice had improved.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
<p>Explanation of any answers and additional evidence: At our inspection in May 2023, we found that practice safeguarding processes were not embedded, and that not all staff had received training appropriate to their role. We found:</p> <ul style="list-style-type: none"> • Clinical staff had completed appropriate safeguarding training however, non-clinical staff had received level 1 safeguarding training for adults and children, which was not in line with national guidance. • The practice could not demonstrate how they effectively monitored patients identified as at risk. The practice did not have a protocol or formal guidance for staff to monitor patients on safeguarding registers. Staff told us they kept files on their shared computer system for all patients on their safeguarding registers, and this information would be updated as required. However, they could not demonstrate how frequently the information was updated or reviewed. Also, the number of patients identified on these files was different from the number of patients identified at risk on their clinical system. The practice could not provide assurance that they had oversight of all patients identified at risk on their clinical system. • The practice had a large backlog of documents awaiting coding and could not be assured that all information relating to safeguarding was up to date and relevant codes applied to patient records. <p>At our September 2023 inspection, we found that the practice had made improvements to safeguarding processes and that staff had received training appropriate to their role. We found:</p> <ul style="list-style-type: none"> • All staff had completed safeguarding training at the appropriate level for their role, in line with national guidance. • There was a protocol providing guidance for staff in relation to patients on the safeguarding registers. Monthly searches were carried out to ensure safeguarding information was up to date on the clinical system and that patients were appropriately followed up. Monthly safeguarding meetings were held by 	

the safeguarding leads. There was a safeguarding sheet for staff to record and share any new safeguarding concerns as part of the daily huddle held within the practice. Information of concern was then escalated to the patient's own GP or the safeguarding leads for follow up.

- The practice had cleared the backlog of documents that had been awaiting coding. As part of their process for clearing the backlog, they undertook harm reviews where there was potential harm or where there were concerns such as safeguarding. This involved raising concerns as a significant event and undertaking internal and external reviews of any patient impact so that lessons could be learned, and improvements made.

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence: At the May 2023 inspection, we found the practice was still unable to demonstrate that staff had received vaccinations in line with current guidance. We found:</p> <ul style="list-style-type: none"> • There were records of what vaccinations staff had received, but these were not complete. The practice sent emails to staff in August and September 2022 to find out whether they had received the vaccines or whether they had declined to be vaccinated. This had not been followed up. • There were no risk assessments in place to demonstrate what actions should be taken if vaccination records were incomplete or a staff member had declined a vaccination. The practice said they would send staff a letter advising them of the benefits of receiving vaccines if they had declined. <p>At the September 2023 inspection, we found improvements in the way the practice monitored staff vaccinations and action in line with current guidance. We found:</p> <ul style="list-style-type: none"> • Staff were up to date with their vaccinations, except where they had declined them. Managers met with staff to ensure they were fully aware of the risks, and they had recorded risk assessments to demonstrate this. 	

Information to deliver safe care and treatment.

Staff mostly had the information they needed to deliver safe care and treatment.

Coding of documents received into the practice had improved and a backlog cleared, although the timeliness of coding still needed some improvements.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. 1	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes. 2	Yes

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals. 3	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the May 2023 inspection, we found that staff did not have the information they needed to deliver safe care and treatment. This was because:</p> <ol style="list-style-type: none"> 1.The practice could not demonstrate that individual care records were managed appropriately, and that staff had access to relevant information to ensure safe care and treatment. The practice had a significant backlog of approximately 19,000 documents which required coding (to ensure appropriate follow up) which dated back to 2021. Documents included discharge summaries from secondary care and letters from consultants, which could include changes to prescribed medicines and new diagnosis. The practice could not provide assurance that actions from these letters had been completed to ensure appropriate patient care and treatment. 2.There was a backlog of approximately 292 patient records which required summarising. The practice told us that records requiring summarising were monitored using an oversight document, however, we found that only 44 patient records had been identified on this document and had not accounted for the additional 248 patient records which remained outstanding. 3.The practice did not have an effective system to monitor two-week-wait (2WW) referrals (for suspected cancer) to ensure all patients received appropriate care and treatment. <p>At the September 2023 inspection, we found improvements to the way that information was managed to deliver safe care and treatment. This was because:</p> <ol style="list-style-type: none"> 1.The practice had cleared the backlog of documents that required coding. As part of their process for clearing the backlog they had identified risks to safe care and treatment for individual patients and had ensured a comprehensive process of harm review to ensure patients received the appropriate follow up. The practice had reviewed and improved staffing levels to ensure coding backlogs did not occur and had use a systematic approach to understand how staffing levels impacted on their ability to undertake the coding in a timely way. We found that while the backlog had been cleared, this process had an impact on the length of time it took for the practice to code documents as they came into the practice. For example, we were told they aimed to code urgent documents on the day they were received and routine within 3 days. However, routine coding was taking approximately 2 to 3 weeks at the time of our inspection. In addition, we found 1 discharge summary that had been waiting for coding for nearly 3 weeks and this included that the patient was no longer for cardiopulmonary resuscitation in the event of a cardiac arrest. However, this had not yet been coded on their record. 2.The backlog of patient records requiring summarising had been cleared. The practice had a process of summarising records on a weekly basis to ensure these were managed in a timely way. 3.The practice had developed an effective system to monitor 2-week-wait (2WW) referrals to ensure all patients received appropriate care and treatment. They maintained a log of all 2WW referrals and had a process of checking on a weekly basis that patients had received their appointments, attended their appointment and that an outcome of the appointment had been recorded and appropriate follow up was arranged. We reviewed the log and saw that where patients had not yet received an appointment, staff had followed this up on a weekly basis and recorded reasons for any delays. For example, where there was an increase in waiting times in secondary care. 	

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. 1	Partial
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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>1. At our May 2023 inspection, we found that medicine reviews did not always contain necessary information. At the September 2023 inspection, we found examples where the provider recorded medicine reviews had been carried out without documenting the outcomes from the review and without addressing required monitoring or changes to treatment that should have been identified during a comprehensive review. For example, 2 out of 5 medication reviews that we looked at during our inspection were coded as complete, however, there was no detail recorded to demonstrate the quality and completeness of the review or that a discussion had been held with the patient. This included 1 patient who was prescribed medicines for pain relief that can be addictive. Staff working in the medicines team had developed a policy and training resources to improve the way that medicines reviews were carried out. We saw that this was a work in progress and there had been clear communication about expected standards of review with clinical staff.</p> <p>2. At our inspection in May 2023, we found that the practice had not introduced an effective audit process to identify all patients requiring monitoring in relation to the safe prescribing of their medicines. Staff were unable to identify what searches were being conducted by other members of their team and were unable to provide assurance that should they be absent from work, their searches would be conducted in their absence. There was no formal guidance available to staff, and our remote clinical searches identified shortfalls in patient monitoring including in relation to patients on Lithium (a medicine used to treat mood disorders) and those prescribed Gabapentinoids (medicines prescribed for pain relief and prevent seizures and can be addictive). In addition, we found that not all patients on Mirabegron (a medicine requiring annual blood pressure monitoring) had a record of blood pressure monitoring.</p>	

At our September 2023 inspection, we found improvements in the way clinical searches were conducted. The practice medicines team maintained a log and carried out searches regularly. They had identified areas where improvements were needed and took action to improve monitoring of patients prescribed medicines where monitoring was required. For example, the clinical searches identified a total of 14 patients prescribed Azathioprine (a medicine to treat autoimmune conditions). Of these, we reviewed the records of 5 patients and found all had received appropriate monitoring. In addition, the results of our searches showed that all patients prescribed Lithium had received appropriate monitoring and all patients prescribed Mirabegron had a record of an annual blood pressure check.

At our May 2023 inspection, we found that staff did not always have the appropriate authorisation to administer medicines using patient group directions (PGDs) as these were not all signed in line with national guidance. This included those that had been signed by a member of staff who did not have a professional registration and therefore would not be authorised to administer medicines under these permissions. The practice was also unable to demonstrate that the person authorising the PGDs had permissions to do so. At the September 2023 inspection, we reviewed examples of PGDs and saw that only staff with a professional registration were authorised to administer medicines using a PGD, in line with national guidance. In addition, we found that all PGDs were authorised by 1 of the GP partners within the practice.

At our May 2023 inspection, we found the practice did not appropriately monitor prescription stationary in line with practice policy. Practice policy identified that a register would be maintained that an audit of prescription forms would be carried out on a regular basis, and that a maximum and minimum stock level would be agreed with each prescriber. This had not been done. At our September 2023 inspection, we found the practice maintained a log of prescription stationery and tracked this within the practice to ensure security and traceability.

At our May 2023 inspection, we found the practice had not monitored the prescribing practices of non-medical prescribers (NMPs). At our September 2023 inspection, we saw evidence of a prescribing and consultation audit carried out for each NMP and discussions held to identify learning. In addition, overall learning from the process was shared and discussed within a NMP supervision meeting. When new ANPs started they had a 'one to one' meeting with the clinical lead to agree the scope of their prescribing. Scheduled supervision slots were incorporated into the clinical appointment system so that NMPs had time within their day to discuss specific prescribing issues.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, the practice was unable to provide assurance that all incidents were appropriately documented and investigated. Incidents were not always recorded. An incident relating to a resuscitation had led to new guidance being formulated, however, not all staff were aware of the guidance.</p> <p>At our September 2023 inspection, we found improvements to the way incidents were documented and investigated. We viewed a record of the incident relating to the resuscitation and saw that action including training and changes to the way 'do not attempt cardiopulmonary resuscitation' decisions were recorded and shared. This included the use of software to ensure information was current and accessible to all clinicians involved in the patient's care across the NHS.</p> <p>As part of the process for clearing the backlog of records requiring coding, the practice had developed a system of harm review. This involved all incidents of backlogged records leading to an assessment of risk. Incidents were then given a risk score and those with a score of 6 or above were subject to both an internal and external clinical review to ensure learning was identified and improvements made.</p> <p>The practice had implemented a system of significant event meetings Wednesday every 5 weeks so that they met 4 or 5 times a year to review learning and discuss improvements. In addition to this we saw that they used a process of incident analysis where at the time of the incident there was a clear investigation into the cause and immediate action taken to address any concerns. Learning points were identified and implemented and all actions reviewed at the significant events meetings where themes and ongoing improvements were discussed.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
An abnormal blood result was sent to the wrong practice where it was not flagged to a GP as requiring action and therefore was only picked up when the patient contacted the practice.	Staff received training on results received in a similar way, all needing a clinical review. Shared learning identified between the practice and the pathology lab. Practice protocol developed so that all results received via the clinical system are reviewed by a GP and nurses not to hand write pathology requests due to the increase in potential incidents as a result.
A patient required a hospital admission for deterioration in their health. A clinical review from the practice earlier in the day did not include consideration of all the patient's physical observations and it was identified that earlier intervention could have been useful if all observations had been considered.	Clinical staff received training in the use of a national early warning score for patients at risk of deterioration. Training was provided for care home staff on the importance of physical observations. Communication was sent to all care homes supported to request that a respiratory rate be included routinely when submitting physical observations to the practice when patients were unwell.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

At our inspection in May 2023, we found that processes for acting on safety alerts were not embedded and that advice from safety alerts was not always being followed.

At our September 2023 inspection, we found that safety alerts had been added to the practice’s dashboard and were subject to regular searches so that staff could check that monitoring and prescribing were appropriate and up to date. However, our clinical searches identified 8 patients prescribed a combination of medicines that had the potential to increase the risk of heart attack or stroke. We saw 5 of these patients did not have evidence that the risks had been discussed with them recorded in their patient record. During the onsite part of the inspection, the medicines management team provided evidence that these patients had been followed up, with 5 having switched to a safer treatment combination and the other 3 having decided to stay on the treatment following a discussion about the risks. Staff told us that as a result of our findings they had added additional safety alerts to their dashboard so that they would be subject to regular searches in the future.

Effective

Rating: Inspected but not rated

At our previous inspection, we rated the practice as requires improvement for providing effective services because:

- Patients with long-term conditions did not always receive appropriate monitoring to ensure their care and treatment was in line with national guidance.
- The practice was unable to demonstrate how they assured themselves of the competence of staff employed in advanced clinical practice.

At this inspection, we did not rate the practice for providing effective services, due to only checking the progress made against the requirements of the Warning Notices issued on 9 June 2023, however, improvements were seen.

We found:

- The practice had made progress to ensure patients with long term conditions had received appropriate monitoring to ensure their care and treatment was in line with national guidance. However, further improvements were required.
- The practice was now able to demonstrate how they assured themselves of the competence of staff employed in advanced clinical practice.

Effective needs assessment, care and treatment

Patients’ needs were assessed; however, care and treatment were not consistently delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
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.	Partial

Patients' treatment was regularly reviewed and updated.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, we identified concerns around patients diagnosed with long term conditions not having appropriate monitoring or review. This included patients with asthma who had not been appropriately followed up following an exacerbation of their condition, patients with hypothyroidism not receiving medicines reviews and monitoring of the effectiveness of treatment and patients with diabetes did not always receive a medicines review.</p> <p>At our September 2023 inspection, we found some improvements in the way patients were followed up and their treatment reviewed. See the management of people with long term conditions section below.</p>	

Effective care for the practice population

Management of people with long term conditions

Findings
<p>At our May 2023 inspection, patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with national guidance to ensure they received appropriate care. We reviewed 5 of the 39 patients identified in the clinical search as having been prescribed 2 or more courses of oral steroids in 12 months. We found that 3 of the 5 patients had not received appropriate follow up following an exacerbation of their condition.</p>
<p>At our September 2023 inspection, we identified improvements in the proportion of patients being followed up in line with guidance. We identified 35 patients diagnosed with asthma who had been prescribed 2 or more courses of oral steroids in the last 12 months. We reviewed 5 of these patients and found that all 5 had been appropriately followed up and that their treatment had been adjusted following their exacerbation.</p>
<p>At our May 2023 inspection, patients with long term conditions did not always receive appropriate monitoring to ensure their treatment was in line with national guidance. For example, we reviewed the records of 5 out of 13 patients with hypothyroidism identified through the clinical searches as having not received appropriate monitoring and review. None of the 5 patients had received a medicine review and 4 out of 5 had not received a blood test.</p>
<p>At our September 2023 inspection, we found improvements to the way long-term conditions were managed. For example, 3 out of 415 patients with hypothyroidism were identified on our clinical searches as not having had monitoring in the last 18 months. We reviewed the records of all 3 patients with hypothyroidism identified by our clinical search and found that 1 of the 3 had received monitoring and that the other 2 had been identified by the practice and there were processes in place to engage with them and encourage them to attend for a blood test.</p>
<p>At our May 2023 inspection, we reviewed the records of 5 of the 55 patients with diabetic retinopathy whose blood sugar levels were above the recommended level. Of the 5 patients, 3 of the 5 patients were overdue a medicines review and 1 was overdue a diabetes review.</p>

At our September 2023 inspection, our search identified 57 patients with diabetic retinopathy and blood sugar levels above the recommended level. We reviewed the records of 5 patients identified within the search and found that while there was evidence that 4 out of 5 had received medicines reviews and diabetes reviews in the last year, it was not clear that their diabetes medication had been reviewed as a result of their most recent blood result. In addition, where higher than normal blood sugar levels were identified, this did not always trigger a review of the patient. One of the 5 patients had not had a medicine or diabetic review and there had been not monitoring since 2018. We saw that attempts had been made to contact the patient for review, however, these attempts were not consistent and did not follow a clear protocol.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, we identified 2 patients through our clinical searches who met the threshold for being added to the practice’s diabetes register, that were not coded as such, although we saw that they both had received regular monitoring and only just met the threshold for a diabetes diagnosis.

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 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
<p>Explanation of any answers and additional evidence:</p> <p>At the May 2023 inspection, the practice could not demonstrate how they assured themselves of the competence of staff employed in advanced clinical practice, such as advanced nurse practitioners (ANPs). While staff received annual appraisals, the practice had not introduced a process for formal clinical supervision to ensure patient outcomes were appropriate.</p> <p>At our September 2023 inspection, we found improvements in the way the practice assured themselves of the competence of those staff employed in advanced role. For example, consultation and prescribing audits had been carried out and we viewed records of findings from these. Results were discussed with individual ANPs, and an overall summary discussed with all ANPs for learning. The clinical lead provided supervision and support including individual debriefs for all ANPs following the audit. All ANPs had supervision slots allocated to them within the clinical appointment system, allowing them time to discuss prescribing issues with GPs as necessary.</p>	

Responsive

Rating: Inspected but not rated

At our previous inspection, we rated the practice as requires improvement for providing responsive services because:

- The practice was unable to demonstrate that patients were able to access appointments which met their needs and that outcomes were appropriate.
- Processes to identify learning from complaints were not embedded in practice.

At this inspection, we did not rate the practice for providing responsive services, due to only checking the progress made against the requirements of the Warning Notices issued on 9 June 2023, however, improvements were seen.

We found:

- Improvements had been made to ensure that patients were able to access appointments which met their needs and that outcomes were appropriate.
- Improvements had been made to ensure that complaints were discussed, and learning used to make improvements.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
Patients were able to make appointments in a way which met their needs.	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, the practice was unable to demonstrate that patients were able to access appointments which met their needs and that outcomes were appropriate as this had not been monitored:</p> <ul style="list-style-type: none"> • The practice used AskmyGP which was an online consultation and workflow management system. All requests for patient appointments were put through this platform and these requests were reviewed by a GP. However, the practice had not introduced formal guidance to staff to ensure the management of appointment requests was consistent and had not monitored patient outcomes to ensure they were appropriate. <p>At our September 2023 inspection, the practice was able to demonstrate that access to appointments met the needs of patients and that outcomes were regularly monitored and learning shared to make improvements.</p> <p>We found:</p>	

- Staff had received training in identifying ‘red flags’ where patients may require a more urgent appointment or urgent referral to hospital. Staff told us they felt confident and that there was good clinical support where they could ask questions on the day if they felt uncertain about managing an appointment request.
- We saw examples where reviews of the appropriateness of appointments were discussed and learning identified to improve. For example, in relation to a patient in a care home who was not reviewed face to face when this would have been clinically appropriate. This led to additional staff training and sharing information with care homes to improve what information was shared to support decision making around when a face to face appointment would be required.
- There was a clear policy for escalating concerns to clinicians when appointment capacity was made, ensuring that patients were assessed individually by appropriately qualified staff.
- Managers collated information on the appointment system to monitor patient outcomes and this included a review of patient feedback. We saw there had been a notable improvement in patient satisfaction from the feedback since July 2023.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in May 2022, we found that systems and processes for using learning from complaints to drive improvements were not embedded and there were missed opportunities for learning as a result.</p> <p>At our September 2023, inspection we found improvements to the complaints system. Complaints were discussed regularly at meetings. Practice leads had worked to increase openness and transparency. Staff were able to describe how they improved communication around wait times with patients as a result of a complaint that identified this as an issue.</p>	

Well-led

Rating: Inspected but not rated

At our previous inspection, we rated the practice as inadequate for providing well-led services because:

- The practice had not implemented necessary improvements to address breaches in regulation previously identified.
- Practice leaders were unable to demonstrate that they understood the challenges they faced to deliver care to patients.
- There were no appropriate arrangements to manage backlogs of activity.

- Oversight was not effective to ensure processes were embedded.

At this inspection, we did not rate the practice for providing well-led services, due to only checking the progress made against the requirements of the Warning Notices issued on 9 June 2023, however, improvements were seen.

We found:

- The practice had now implemented the necessary improvements to address breaches in regulation previously identified.
- Practice leaders were now able to demonstrate that they understood the challenges they faced to deliver care to patients.
- The arrangements to manage backlogs of activity has improved and sufficient arrangements had been implemented and embedded to manage these.
- Oversight had improved. However, the governance structures relating to clinical safety and performance systems were not yet sufficiently embedded.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, we found practice leaders were unable to demonstrate that they understood the challenges they faced in delivering care to patients. Where risks had been identified, they had not been appropriately prioritised and structured processes had not been identified to address them. Feedback from staff included that they did not always feel the provider and practice leaders were visible or that they were active in supporting staff to achieve required improvements.</p> <p>At our September 2023 inspection, we found there were improvements to the leadership of the practice and widespread recognition of the challenges to quality and sustainability. There was a comprehensive understanding of the risks identified and action had been taken to develop systems and processes to address them. Feedback from staff was positive in relation to the visibility of practice leads and included that staff felt safer with the improvements that had been implemented.</p>	

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, governance systems were not all sufficiently embedded.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, we found that not all necessary improvements had been implemented from our previous inspection. There was a lack of process to manage backlogs of activity and processes were not always supported by formal policies or structured guidance to staff. Governance concerns were identified in relation to coding and summarising backlogs, safeguarding and patient access to appointments.</p> <p>At our September 2023 inspection, we found that improvements had been made to the systems for managing the backlog of coding and patient record summarising. This included addressing the immediate clinical concerns relating to this and taking action to ensure that the systems are sufficiently robust that backlogs are prevented. Other systems where improvements were observed included those relating to safeguarding, appointment access, significant events and complaints. We also saw that a dashboard had been implemented to provide a more structured approach to running clinical searches and ensuring appropriate clinical monitoring was taking place. We saw improvements in relation to high-risk medicine monitoring. However, further improvements were required in areas such as diabetes management and the management of safety alerts. Therefore, the governance structures relating to clinical safety were not yet sufficiently embedded.</p>	

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 effective arrangements for identifying, managing and mitigating risks.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the May 2023 inspection, we found not all risks and issues had been identified:</p> <ul style="list-style-type: none"> • Not all safety incidents had been documented and investigated as a significant event. • Systems to identify learning from complaints were not always effective. • There was no oversight of prescription stationery and the practice had not been following their own policy regarding this. • Patient group directions had not been signed and authorised in line with national guidance and this had not been identified by the practice. • The practice could not demonstrate that they had appropriate oversight of staff employed in advanced clinical practice. 	

At our September 2023 inspection, we saw the following improvements:

- There was a comprehensive approach to documenting and investigating safety incidents. Records showed that actions were taken to reduce risks and that that learning was shared to ensure improvements.
- Learning from complaints was regularly discussed at meetings.
- Improvements to the security and traceability of prescription stationery had been made.
- Patient group directions were appropriately signed and authorised.
- Staff employed in advanced clinical practice had access to appropriate levels of supervision.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. However, performance systems were still being embedded.

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial
Performance information was used to hold staff and management to account.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our May 2023 inspection, the practice was unable to demonstrate that they used data to monitor and improve performance due to ongoing concerns relating to findings from the clinical searches.</p> <p>At our September 2023 inspection, we found improvements in the way in which data was used to monitor performance. However, there were some issues with information relating to historic safety alerts not being included in the clinical dashboard resulting in this aspect of clinical safety being impacted in terms of performance management. Following the inspection action was taken to improve the dashboard with up to date information on safety alerts.</p>	

Continuous improvement and innovation

There were 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
<p>Explanation of any answers and additional evidence:</p> <p>At the May 2023 inspection, we found that the practice had not identified necessary improvements to address all the concerns raised following our previous inspection. Feedback from staff included that there had been limited support from the provider, such as senior leaders, to identify and implement necessary changes. For example, we identified that not all staff groups had access to routine team meetings and systems to support the identification of learning from patient incidents were not embedded.</p> <p>At the September 2023 inspection, we found evidence of improvements in learning and improvement processes. Feedback from staff included that they felt involved in identifying and implementing improvements. They attended meetings where learning was routinely discussed, and staff were encouraged to participate in</p>	

improvements. Staff we spoke with demonstrated improvements in a range of areas including the management of areas including complaints, improved referral processes, appointment access and clinical safety.

Notes: CQC GP Insight

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

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.