

Inspection Evidence Table

Rutland House Surgery

(1-9303729869)

Inspection Date: 17-19 July 2023

Date of data download: 10/07/2023

Overall rating: Good

Safe

Rating: Good

During a routine inspection in May 2022, we rated Safe as inadequate and issued a warning notice and requirement notice for regulation 12. This was because of concerns regarding:

- systems and processes for managing patients on Warfarin
- systems and processes for managing patients on Angiotensin Converting Enzyme (ACE) inhibitors/Angiotensin II receptor blockers (ARBS)
- the management of drug safety alerts
- the availability of emergency medication
- overdue risk assessments
- the temperature readings of the vaccine fridge in the branch site

The warning notice provided the practice with three months to make improvements to the above concerns. We conducted a focused inspection in September 2022 to follow up on the warning notice and found the practice made improvements in respect of the above. Therefore, we were satisfied the practice met the conditions of the warning notice. At this inspection, we found the practice continued to make improvements and provide safe systems for the monitoring of prescribing of medicines and review of drug safety alerts. The practice implemented changes and recruited staff to ensure the management and governance of the practice was being completed in a safe way.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y

There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<ul style="list-style-type: none"> We reviewed staff records and found all members of staff completed appropriate levels of adult and children safeguarding training relevant to their role. Staff members we spoke to demonstrated knowledge of what constituted as a safeguarding concern and had awareness on how to raise concerns. They were able to share examples of potential indicators of abuse and the action required to take. They were aware who the designated clinical and administrative leads were and those who deputised in their absence. There were safeguarding flowcharts available in most rooms designed to escalate and refer incidents to local safeguarding teams. Safeguarding incidents were discussed in clinical meetings and shared with other health and social care services where required. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
The practice had a recruitment policy in place to support the safe recruitment of staff. We reviewed clinical and non-clinical staff files and found appropriate recruitment checks had been undertaken prior to employment. This included ensuring documents such as proof of identification, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS) were reviewed.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	Y
There was a fire procedure.	Y
Date of fire risk assessment: 28 September 2022	Y
Actions from fire risk assessment were identified and completed.	Y
<ul style="list-style-type: none"> During the inspection in May 2022, we found the practice had not completed recent fire risk assessments across both sites. The practice had immediately completed fire risk assessments across both sites shortly after the inspection. At this inspection, the practice completed recent fire safety risk assessments. 	

- All staff completed mandatory fire safety training. Fire extinguishers were checked and stored across both sites.
- The fire evacuation procedure was displayed throughout the building and designated fire marshals had been appointed.
- Health and safety risk assessments were conducted, and annual PAT testing and calibration of equipment were completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<ul style="list-style-type: none"> • During the inspection in May 2022, we found the practice did not have effective systems in place in relation to their responsibilities to protect staff and patients from the risks of legionella bacteria. The practice immediately carried out a legionella risk assessment after that inspection and continued to take the necessary actions and required monitoring to prevent the risks of legionella across both sites. • The practice had an up-to-date infection prevention and control (IPC) policy which was easily accessible to staff members. Aspects of IPC were displayed throughout the practice and the IPC lead (the practice nurse) carried out regular IPC risk assessments. The last comprehensive risk assessment took place in February 2023 and no issues were reported. • We observed good standards of cleanliness and hygiene across both sites with personal protective equipment and hand sanitiser readily available for staff and patients. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<ul style="list-style-type: none"> The practice recruited both clinical and non-clinical staff. The recruitment of non-clinical staff, such as an assistant practice manager, assisted management and governance across both sites. However, the practice was still intending to recruit more clinical and non-clinical staff members. Staff received basic life support training and were aware and trained on how to respond to emergency situations, such as sepsis. 	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<ul style="list-style-type: none"> We sampled a range of care records during our remote clinical searches and found clinical records were well maintained and patient information, such as test results, were dealt with in a timely manner by the practice. GP partners worked concurrently to ensure clinical oversight of test results were overseen adequately. The practice had an experienced team who led on reviewing and coding the daily workflow of incoming patient information to ensure referrals, tests results and patient letters were actioned appropriately and in a timely manner. These were up to date on the day of the site visit. The practice had an effective system to monitor and track two-week-wait and non-urgent referrals. 	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related	0.75	0.65	0.91	No statistical variation

Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	8.1%	8.9%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) (NHSBSA)	5.51	5.54	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	43.2‰	61.3‰	129.8‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.51	0.55	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	4.7‰	5.9‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> • During a routine inspection in May 2022, our GP specialist advisor completed a series of searches on the practice's clinical record system. We found inconsistencies in record management for patients prescribed high-risk drugs such as Warfarin and angiotensin converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs). For example, patients were having blood tests arranged via the hospital, but the provider was not routinely recording that these indicated it was safe to continue prescribing the medicines. • We carried out a follow-up inspection in September 2022 and findings from that inspection showed patients being prescribed high-risk drugs had the appropriate monitoring carried out which was correctly recorded in the practices' clinical record system. • At this inspection, our clinical record searches continued to show improvement in the safe prescribing of medicines. Our searches identified no concerns in the monitoring of patients being prescribed Methotrexate and Azathioprine, medicines used to treat inflammatory conditions by slowing down the body's immune system and help reduce swelling. Similarly, our searches identified no concerns for patients being prescribed Amiodarone, a medicine used to treat arrhythmias. • We examined five patient records who were prescribed ACE inhibitors and ARBs and found patients were being appropriately monitored as they either had blood tests completed or had been requested to have their blood tests carried out. • We saw examples of Patient Group Directions and Patient Specific Directions. Those seen were in date and appropriately signed and authorised by relevant staff. • During the inspection in May 2022, we identified issues in the management of vaccines across both sites. The practice resolved these issues at our follow up inspection in September 2022. At this inspection, we continued to see appropriate arrangements in place for the management of vaccines and maintenance of the cold chain across both sites. We reviewed the temperature log sheet for the vaccines fridge and found temperatures were routinely monitored. Vaccines we reviewed during the site visit were in date and stored appropriately and staff members we spoke to demonstrated knowledge of what to do to maintain the cold chain. • The practice held all the recommended emergency medication across both sites and had working medical oxygen and defibrillators at both sites. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: 14	Y
Number of events that required action: 7	Y
Staff we spoke with demonstrated a clear understanding of the procedure for reporting significant events. They were able to recall and share examples of significant events raised in their previous meetings as well as the outcomes and learning.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A death certificate was handed to a deceased patient's son, and he was accidentally given the document belonging to another patient. The certificate was not stamped or completed. The patient called the next day to make a formal complaint.	Staff members were reminded on the importance of checking documents before handing over to patients. They were also reminded of the importance of data confidentiality. Patients involved were spoken to and received an apology.
Blood tests were requested but sent to an incorrect inbox rather than to a clinician who should have reviewed the test report.	Once the blood test reports were located, they were reviewed immediately by doctors at the practice. None of the blood tests required urgent action so patient care was not affected. Changes were made to their clinical system to ensure any blood tests requested will go to a doctor's inbox by default.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<ul style="list-style-type: none"> In our inspection in May 2022, we were not assured there were safe systems and processes in place to action drug safety alerts which protected patients from risk of harm. We followed up on this during our follow-up inspection in September 2022 and found the practice implemented safe systems and processes. At this inspection, we found the practice had a team of clinical pharmacists who managed safety alerts and took responsibility in sharing information and action with other healthcare 	

professionals. The pharmacists also contacted patients when required and the practice website was updated to reflect recent drug safety alerts.

- Our review of clinical searches demonstrated the practice responded appropriately to drug safety alerts. We reviewed an MHRA alert of the combination of Angiotensin Converting Enzyme (ACE) inhibitors/Angiotensin II receptor blockers (ARBS) with potassium sparing diuretics. We found patients on these combinations were being routinely monitored and repeatedly requested to have blood tests booked.

Effective

Rating: Good

At our inspection in May 2022, we rated the provider as requires improvement for providing effective services as our clinical searches found patients on long term conditions were not being monitored appropriately. Improvements were found at our follow-up focused inspection in September 2022 and we continued to see strong monitoring of patients with long term conditions in this inspection.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<ul style="list-style-type: none"> • Clinical staff members we spoke to discussed how they used National Institute for Healthcare and Excellence (NICE) guidelines to keep up to date with current standards and evidence-based guidance. Such guidelines and clinical topics were discussed and disseminated to members of staff in clinical meetings which were held twice a week. • The practice continued to use the NHS rapid response service to conduct urgent home visits. This service assessed if a patient was deteriorating and needed further medical attention. 	

Effective care for the practice population

Findings

- The practice recognised the need of patients within the practice population and therefore recruited a health care assistant to increase the number of blood tests being completed.
- The practice recognised the need to improve the uptake of childhood immunisations and cervical screening and therefore opened the practice on some weekend dates.
- The practice website had fact sheets for non-English speakers. This was available in 21 different languages and covered issues such as registering with the practice and accessing emergency services.
- 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- At our inspection in May 2022, we found patients who had reading levels indicating diabetes or pre-diabetes were not coded correctly.
- We also found some patients who were prescribed twelve or more short-acting beta agonist (SABA) inhalers in a one-year period were not being investigated accordingly. We saw improvements were made in our follow-up inspection in September 2022.
- At this inspection, we reviewed five patients with asthma who were prescribed two or more courses of rescue steroids. We found all five patients had an adequate annual asthma review undertaken in the last 12 months were followed up accordingly.
- We examined the records of five patients with diabetic retinopathy who's latest HbA1c reading was over 74mmol/l. A high HbA1c reading indicates a person has too much sugar in their blood which can result in diabetic complications. We found all five patients received a recent diabetic medication review since their latest HbA1c reading. These readings were also coded accordingly.
- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	82	90	91.1%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	96	117	82.1%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	96	117	82.1%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	96	117	82.1%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	95	137	69.3%	Below 80% uptake

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 were aware they were below World Health Organisation (WHO) targets for childhood immunisation in four out of the five indicators. The practice told us they had difficulties in immunising some children as there was a high volume of patients who opposed vaccinating and/or immunising their children. Nevertheless, we were satisfied the practice were making efforts in increasing the uptake of childhood immunisations. The practice had a system in place to carry out searches on those who were yet to be immunised, which involved reaching out to patients by text and phone. The practice encouraged patients to attend the practice on Saturdays and to combine childhood immunisations with patients who were conducting a cervical screening test. We also observed information leaflets and posters displayed in the practice.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	60.4%	N/A	62.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	67.4%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (12/31/2022 to 12/31/2022) (UKHSA)	72.6%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	66.7%	55.6%	54.9%	No statistical variation

Any additional evidence or comments

The practice were aware they were below the national target for cervical cancer screening. However, uptake significantly increased from the previous year from 60.5% to 72.6%. The practice believed the opening of a Saturday clinic (staffed by nurses) had played a huge role in the increase of cervical screening. The practice encouraged opportunistic smear testing and ensured consultation rooms were set up to allow patients to feel comfortable during their screening. Nurses at the practice spoke about the importance of making patients feel at ease and were passionate about increasing the uptake for their practice population.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
The practice carried out a two-cycle audit to identify patients prescribed simvastatin 40mg with a Calcium Channel Blocker (CCB). The purpose of this audit was to reduce the risk of patient harm of co-prescribing both medicines as the combination of both were not recommended. In the first cycle, nine patients were identified to be prescribed both drugs at the same time. Before conducting the second cycle, GPs were made aware of the interaction of both drugs and were advised to either lower the dose of simvastatin or change to an alternative statin. In the second cycle, four patients were identified to be prescribed both drugs. Medication prescribed to the four patients was amended and the practice planned to carry out a third audit to identify if improvements were made.	

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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<ul style="list-style-type: none">The practice recruited staff to help with the management and governance within the practice. For example, the recruitment of an assistant practice manager allowed responsibilities to be shared with management.We reviewed a sample of appraisals and found evidence of learning and development goals being identified and discussed for both clinical and non-clinical staff. This included evidence of prescription and consultation reviews.The practice had an in-depth induction programme for new staff. This included mandatory training, adequate supervision from a trained member of staff and details of what to do in emergency situations such as fire evacuations.	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<ul style="list-style-type: none">The practice held multi-disciplinary meetings to discuss patients with complex needs or those with safeguarding concerns.GPs at the practice were involved in weekly ward rounds at local care homes.The practice worked with social prescribers to improve the health and wellbeing of patients.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<ul style="list-style-type: none"> The practice supported patients to take ownership of their health conditions. For example, patients were loaned blood pressure monitors to assess their blood pressure at home. The practice encouraged patients suffering from mental health difficulties to self-refer to the Adult Improving Access to Psychological Therapies Programme. A social prescriber, who worked with the practice, ran clinics such as smoking cessation and diabetes prevention classes. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<ul style="list-style-type: none"> Training records showed clinical staff completed training related to the Mental Capacity Act (2005). Staff had access to consent policies and guidance. Staff we spoke to understood relevant legislation and guidance when obtaining consent. We reviewed records of patients on end of life/palliative care and were satisfied the practice carried out the relevant discussions and processes with each patient. 	

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
We observed administrative staff members being courteous and helpful during patient interactions.	

Patient feedback	
Source	Feedback
Email feedback to the practice	'I am deeply grateful to you for your professionalism compassion and understanding and prompt action'.
Google reviews	'The doctors in my experience have been nothing short of brilliant. Not only their professionalism but also their friendly helpful demeanour means a lot.'
Feedback from Friends and Family Test	'Staff were really helpful and ensured they listened to everything I had to say'

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	84.4%	83.5%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	84.5%	81.1%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	96.8%	91.6%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	83.3%	70.2%	72.4%	No statistical variation

experience of their GP practice (01/01/2022 to 30/04/2022)				
				Y/N
The practice carries out its own patient survey/patient feedback exercises.				Y

Any additional evidence
<ul style="list-style-type: none"> The practice used IPLATO, a digital service to encourage patient engagement and used to record patient feedback. The practice recorded 'positive' and 'negative' feedback monthly and used monthly themes to make improvements to their service. The practice used the Friends and Family Test to record patient feedback. We observed positive feedback recorded in relation to clinical care received as well as the service received by non-clinical staff. The practice encouraged feedback with posters displayed in the waiting room and a feedback box present in the reception area.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Staff members were aware of the social prescriber's role at the practice.	

Source	Feedback
Interviews with patients including a patient from the Patient Participation Group (PPG)	<p>We were told:</p> <ul style="list-style-type: none"> All members of clinical staff involved patients in the care and treatment they received. All members of clinical staff took their time to explain aspects of a patients' condition and treatment. Patients were made aware of community and advocacy services available to them and were made aware of the use of the PCN social prescriber.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they	92.6%	88.1%	89.9%	No statistical variation

wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)				
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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used Language Line for patients who did not have English as their first language. Leaflets and posters were on display on how to access support groups such as counselling, psychotherapy and diabetes prevention clinic. The practice made use of a social prescriber who assisted patients in their health and social care. 	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 191 patients as carers. This represented 1.7% of their practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Information was available on the practice website that provided links to a range of information for carers. The practice used carers register and all carers had an alert on their patient record. Carers were prioritised for vaccinations and were offered flexible appointments.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> There were posters in the reception area highlighting the support offered for bereaved patients. The practice arranged calls with recently bereaved patients. One patient provided positive feedback on the NHS website on how the practice were helpful and supportive during a time the patient were coping with illnesses and bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<ul style="list-style-type: none"> Staff informed us how they were able to offer patients a private space to discuss sensitive issues. Nursing staff explained the steps they take to ensure patients were comfortable during cervical screening appointments. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<ul style="list-style-type: none"> The practice, having merged with Queens Avenue Surgery in May 2021, were still waiting for the permission and approval to move to a single purpose-built premises. They were still operating from two locations but developed strategies and rotas to manage staffing and care across both sites. For example, they ensured both sites had a duty doctor and manager available on each working day. A car park with limited space was available and arrangements were in place for disabled patients to park when attending the practice. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am - 8pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm
Appointments available:	
Monday	8am – 6:30pm
Tuesday	8am - 8pm

Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm

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

- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients and the practice made arrangements for patients who were digitally excluded.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 6:30pm on weekdays as well as one Saturday a month for school age children and those who could not take time off work during weekdays. The practice reported this encouraged childhood immunisation and cervical screening appointments.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice continued to be a participant to assist asylum seekers in the community. They registered asylum seekers from the Primary Care Network who stayed in hotels/hostels in Muswell Hill.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<ul style="list-style-type: none"> • The practice offered a range of appointments which included same-day and pre-bookable. The practice increased availability of their face-to-face consultations to meet patient demand. Out of hours services were commissioned by the ICB at local hubs for evening and weekend appointments. • Patients were sent a booking link to arrange appointments, giving them the flexibility and choice to choose the type of appointment they want. 	

- Information was available on posters and on the website to help patients understand how they can access other services.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	69.1%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	62.9%	54.5%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	59.2%	55.0%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	73.3%	68.6%	71.9%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice received 16 reviews on the NHS website with 14 positive comments and 2 negatives. In one review, a patient praised the standard of care and quick access on getting an appointment. The patient obtained an appointment within two days with 'hardly any waiting time'.

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.	13
Number of complaints we examined.	13
Number of complaints we examined that were satisfactorily handled in a timely way.	13
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Examples of learning from complaints.

Complaint	Specific action taken
Patient unhappy at call waiting times	A patient was 'caller number 1' for twenty minutes and made a formal complaint. A staff member had gone on their break without logging off on their phone. The patient was contacted by the practice manager and offered an explanation and apology. The practice reminded all staff members to log out of their phones when they were away from their desk to prevent call build up.
Patients received a text stating if they have not heard back from the practice, their blood tests are normal. A patient was unhappy with the process.	The patient was contacted, and the process and policy was explained. The practice opted to change the process to inform patients their blood test results are normal.

Well-led

Rating: Good

We rated well-led as requires improvement in our inspection in May 2022 as we found there was no adequate oversight of the monitoring of high-risk drugs, drug safety alerts, medication reviews and patients with long-term conditions. We also found there was no adequate oversight of safe systems in place in relation to risk assessments, the stocking of emergency medicines and the temperature checks of a vaccine fridge. We carried out a follow-up inspection in September 2022 and found significant improvements had been made in the management and governance of the concerns we identified in the previous inspection. At this inspection, we observed further improvement and found there to be effective leadership at all levels and clear roles, responsibilities and governance in place to support good governance and management.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

- The provider operated from two sites which created logistical issues. The practice were still waiting on permission to move into a single purpose-built premises. Whilst waiting for the move, leaders at the practice worked collaboratively to ensure patient care was safe and effective across both sites. For instance, both GP partners and the management worked closely together to ensure staffing and resources across both sites were sufficient.
- Since our inspection in May 2022, leaders made organisational changes to make improvements to the management and governance of the practice. This included recruitment of clinical and non-clinical staff members. For instance, the addition of an assistant practice manager allowed management responsibilities to be shared across both locations.
- Staff members we spoke to collectively agreed leaders were visible and approachable when required.

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The practice aimed to provide quality, accessible care to their practice population in a safe and welcoming environment. Their mission statement also stated they want to listen to their patients, review their standards and shape the services according to patient needs. Clinical and non-clinical staff showed us they understood the strategy and their role in fulfilling the strategy. Staff members we spoke to were passionate about their role in helping patients and improving the standard of care.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

- We saw examples of arrangements to deal with behaviour inconsistent with the values of the organisation.
- Staff members we spoke to said they were able to speak to management to report any issues, if required.
- We observed an improvement and strong emphasis on the well-being of staff as risk assessments, such as fire safety and legionella, were routinely completed.
- The practice had an ethnically diverse set of staff which reflected the diversity of patients within the practice population. We looked at a sample of staff files and saw staff undertook equality and diversity training.

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

Source	Feedback
Staff feedback	Staff told us they felt supported by leaders. They felt they worked well as a team and both clinical and non-clinical leaders at the practice were friendly, approachable and helpful.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<ul style="list-style-type: none"> • Clinicians worked collaboratively to ensure the monitoring of high-risk drugs, drug safety alerts and patients with long-term conditions were being managed safely and effectively. We observed an improvement since our inspection in May 2022, as our remote clinical searches showed such monitoring was being carried out accordingly. • The practice shared responsibilities across two sites. They ensured there was a duty doctor, a member of the management team and a fire marshal available at both sites at all times. • We found risk assessments were not routinely carried at our inspection in May 2022 but were being managed in a timely manner in both sites. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<ul style="list-style-type: none"> We found risk assessments were not routinely carried at our inspection in May 2022. At this inspection, such risks were being managed in a timely manner in both sites. Similarly, the safe keeping and management of vaccines and emergency drugs were improved at this inspection. Staff members carried out routine checks and reported to leaders if there were issues. Our remote clinical searches showed drug safety alerts were being monitored appropriately. The practice had a business continuity plan in place. Staff members we spoke to showed an understanding on how to keep patients and staff members safe during emergency incidents. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y

Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Information on how to access patient records were on the practice website.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<ul style="list-style-type: none"> Staff were able to provide examples of how feedback was sought from patients who used the service. For instance, through formal and informal complaints, compliments received via email, the national GP patient survey, feedback from IPLATO and responses to the Friends and Family Test. The practice encouraged patient feedback and were responsive to compliments and complaints received. The practice had an active Patient Participation Group (PPG) and held quarterly meetings. The practice was a member of the Primary Care Network (PCN) and worked in collaboration with other GPs in their PCN. This encouraged sharing resources and ideas and the development and strengthening of working relationships with external partners, including newly formed local integrated care systems (ICS). 	

Feedback from Patient Participation Group.

Feedback
We spoke to a member of the PPG and were told regular meetings with the practice were held. The PPG member stated both clinical and non-clinical staff treated patients fairly, were caring and involved them in their care. However, it was also reported it was difficult to obtain urgent appointments for a face-to-face consultation.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<ul style="list-style-type: none"> Leaders were involved in clinical audits and quality improvement work. The practice continued to support staff with education and opportunities for career progression. 	

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

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

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

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

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

Glossary of terms used in the data.

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