Care Quality Commission

Inspection Evidence Table

The Surgery (1-9661511256)

Inspection date: 22 July 2022

Date of data download: 01 July 2022

Overall rating: Requires improvement

We rated this practice as Requires improvement overall. This is because some of the system to keep staff and patients safe and ensure that patients received appropriate and timely review of their treatment were not as effective as they could be.

Safe Rating: Requires improvement

We have rated the provider as requires improvement for providing safe care and treatment. This is because:

- The systems in place to record staff immunisation status were not effective
- Where issues were identified in risk assessments and audits, there was not always an action plan in place with identified staff responsible for actions, deadlines and a review date.
- Systems in place for medicines management did not prevent patients being overdue for medication reviews and some long-term conditions reviews.
- The practice did not hold all suggested emergency medicines and there was no risk assessment.

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. Some of these processes required strengthening.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes[1]
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: [1] Policies and procedures for child safeguarding did not specify staff training levels for non-clinical staff in line with intercollegiate guidance. After we raised this with the practice, they updated the policy with the correct information and sent it to us to review.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	No[1]
Explanation of any answers and additional evidence: [1] There was no system in place to document where staff declined to receive certain vaccinations, or where they had received them in the past but had no documented record, or visible sign of the immunisation (such as a BCG scar).	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: June Actions from fire risk assessment were identified and completed.	Partial[1]
Explanation of any answers and additional evidence: [1] Actions had been identified from the fire risk assessment, however there was no named staff member responsible for actioning these and no deadline/review date for actions to be reviewed as completed by.	

Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 11 October 2021	Yes[1]
The practice had acted on any issues identified in infection prevention and control audits.	N/A
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence: [1] Hand hygiene audits were completed, however where non-compliance was identified with a member of staff, there was no evidence of what actions had been taken to address this.

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization. However, some of these were not effective.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.01	0.78	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	6.0%	5.6%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	6.93	5.53	5.29	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	56.2‰	99.9‰	128.2‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.48	0.40	0.60	No statistical variation
(to) (NHSBSA)		-		-

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

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	No[1]
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial[2]
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial[3]
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes

Explanation of any answers and additional evidence:

[1] We reviewed the records of five patients aged 75 or over and saw that medication reviews had been completed for all five patients. We noted that the review dates for the different medicines on individual prescriptions were different and had not been aligned which would be good practice. The practice told us that they would do this going forward.

We reviewed the records for five patients prescribed more than a specific number of Salbutamol inhalers in the last 12 months, which may indicate an issue with the management of their medical condition. We found that all five patients were overdue a review of their medication and for two patients they were also overdue a review of their medical condition. One patient had not had a medication review for seven years. After we highlighted these to the provider, they received a medication review and Asthma review.

We found that some other patients, whose medical records we reviewed, were overdue for medication reviews. One of those patients had not received a medication review for five years.

We were not assured that the processes in place for medication reviews was effective for all patients and kept patients safe. The practice told us that they were in the process of recruiting a clinical pharmacist to progress this work, and that they were also in discussion with their Primary Care Network (PCN) regarding pharmacist support for the practice.

Medicines management	Y/N/Partial
[2] From April 2022, the prescribing and management of patients prescribed a Disease Modifying Antirheumatic Medicine had been transferred to an external provider. During our review of patient records we did see one patient with Methotrexate on their repeat medicines list. The lead GP told us this may be as they are moving patients over to the new provider prescribing this medicine. For one patient prescribed a high-risk medicine we found that all appropriate monitoring had not taken place in line with guidance or as requested by secondary care. Following our identification of this, the patient was reviewed, and missing monitoring tests completed with satisfactory results, therefore no harm to the patient. The practice told us that monitoring tests would be completed at appropriate intervals going forward. We found that for another high-risk medicine although patients were being appropriately monitored, there was an issue with a lack of coding for the reason that medicine was prescribed. Where we identified an issue with either patient monitoring or lack of medication review, the practice acted swiftly to address this. We were satisfied that the risk for those patients was mitigated. However, our findings show that the systems relating to these were not effective. [3] The practice did not hold a stock of all expected emergency medicines and there was no risk assessment.	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes[1]
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes

Explanation of any answers and other comments on dispensary services: [1] The dispenser told us that, as yet, this request had not been made but that they would be able to provide information to patients in accessible formats if required. They told us that braille was already on a large amount of dispensed packaging.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Five
Number of events that required action:	Two
Explanation of any answers and additional evidence: Significant events mainly related to events that disrupted the service, such as, utilities issues. Practice meetings were held on a three-monthly basis, however staff told us that any essential updates would be delivered between these meetings in other ways.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect labelling of smear tests.	Locum nurse was unable to access the correct labels. System change to ensure locum staff have access to all relevant systems.
Premises security risk identified.	Final staff member out completes premises security check.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We found that there was a good process in place to advise women of childbearing age who are prescribed a teratogenic medicine of the risks associated with this type of medicine.	

Effective Rating: Requires improvement

We have rated the provider as requires improvement for providing effective care and treatment. This is because:

- Patients with a long-term condition did not always receive appropriate and timely review.
- Public Health England targets for four childhood immunisation indicators had not been met. However, the practice had a process in place to engage patients.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, systems to ensure the timely review of patients with a long term condition required strengthening.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes[1]
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial[2]
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

Explanation of any answers and additional evidence:

[1] We found that there was appropriate review of patients with a Learning Disability.

[2] We found that for five patients diagnosed with Hypothyroidism, essential monitoring tests had not been completed. We reviewed the records of five patients with Diabetic retinopathy with a test result above a certain level. We found that three out of the five patients had not received a diabetic review in

the preceding 12 months or had their diabetes and diabetic medication reviewed since their last monitoring tests. We reviewed the records of three patients with a specific diagnosis who had been prescribed 2 or more courses of rescue steroids in the last 12 months. We found that all three patients were overdue for both a review of their medical condition and a medication review.

We were not satisfied that the arrangements in place for the review of patients with a long-term condition were effective.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- We identified gaps in the completion of structured annual reviews of some patients with long-term conditions. This meant that for some patients the practice had not checked their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	16	17	94.1%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	23	26	88.5%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	23	26	88.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	23	26	88.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	20	25	80.0%	Below 90% minimum

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

Any additional evidence or comments

The practice was aware of their performance for childhood immunisations. They told us that parents were contacted when babies were born and advised of the first immunisations. The child health team sent a list of children due for vaccinations to the practice every week and the practice nurse checked that all children were booked in for their immunisations. If no appointment had been booked, the nurse contacted the parents/carers and followed this up to check that the child had an appointment offered and booked within the immunisation schedule time frame. If they were unable to contact the parent/carer

then a letter was sent requesting that they contact the practice to arrange the immunisation. The practice nurse rang parents/carers for any child who missed their scheduled immunisation.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	83.5%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	68.0%	63.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.7%	60.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	57.1%	55.1%	55.4%	No statistical variation

Any additional evidence or comments
The lead GP told us that they complete regular audits for attendance/uptake for breast screening and bowel screening, they use these to follow up patients and re-audit every six months.

Monitoring care and treatment

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

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

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

We saw one audit related to prescribing of a particular medicine. This related to the appropriateness of prescribing that medicine rather than an alternative. The audit reported a reduction in prescribing however

the number in the audit comparison years were the same. A recommendation for an annual audit was made therefore prescribing will continue to be monitored. Another audit completed was on management of monitoring of patients prescribed a high-risk medicine. Finding identified areas for improvement. The outcome of the audit was shared at practice level and a primary care network (PCN) level. Going forward the practice planned to implement a scheduled task for clinicians regarding monitoring of these patients.

Any additional evidence or comments
Audits relating to the dispensary had also been completed.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes[1]
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes[2]
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Explanation of any answers and additional evidence:

[1] The practice training matrix indicated that two dispensers (one of whom had a reception role) had not had their basic life support training renewed within the last two years as outlined in the Resuscitation Council UK 'Quality Standards: Primary Care'.

[2] For one staff member's induction checklist we saw that some areas crossed off as being completed at previous practice were location specific, therefore the staff member would need to be inducted for this practice.

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

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

Any additional evidence or comments

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence:	

Caring Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	**Feedback**
NHS choices	There are no reviews for this practice.
CQCs Give Feedback on Care	We have received no feedback relating to patients experiences within the appointment.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	87.8%	80.7%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	87.0%	78.8%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.9%	91.2%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	87.0%	72.2%	83.0%	No statistical variation

Any additional evidence or comments
Prior to our inspection the GP Survey data for 2022 was published. We reviewed the data relating to the practice and found that: • For the indicator the healthcare professional was good or very good at listening to them, the practice achievement was 91%. This was an increase of 3.2 % points from the preceding year. • For the indicator the healthcare professional was good or very good at treating them with care and concern, the practice achievement was 92%. This was an increase of 5 % points from the preceding year. • For the indicator during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to, the practice achievement was 95%, this was an increase of 1.1 % points from the preceding year. • For the indicator percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice, the practice achievement was 84%. This was a drop of 3 % points from the preceding year.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes[1]

Any additional evidence
[1] The practice had a box in the reception area which patients could put any comments and suggestions in.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Information relating to medical conditions and support agencies was available in the waiting area.	

Source	Feedback
NHS Choice/ CQCs Give Feedback on Care	No feedback for this practice relating to involvement in decisions about care and treatment.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	92.7%	88.2%	92.9%	No statistical variation

Any additional evidence or comments
Prior to our inspection the GP Survey data for 2022 was published. We reviewed the data relating to the indicator, involvement in decisions and found that the practice achievement was 87%. This was a drop of 5.7 % points from the preceding year.

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

Carers	Narrative
Percentage and number of carers identified.	The practice currently had less than 5 carers identified on their patient list. The number identified represented 0.07% of the patient list size.
How the practice supported carers (including young carers).	The practice website had links for support groups including support for young carers. Carers were signposted to any support needed. If a carer required an appointment they would be prioritised. The practice told us that they make sure carers are up to date with any vaccinations.
How the practice supported recently bereaved patients.	The practice told us that a card would be sent to bereaved patient, if the bereavement was known to the practice. Staff would signpost to relevant support and guidance.

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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes[1]
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Explanation of any answers and additional evidence:

[1] We saw some examples of reasonable adjustments in place. For a deaf patient they enabled them to make appointments via email. This was identified as needing to be put on the patient record and the information was shared with all staff. The practice had a number of deaf patients who managed appointments this way. We were provided with another example of how the timing of a patient's appointment considered their needs.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	08.30am – 12 noon then 2pm to 6.30pm
Tuesday	08.30am – 12 noon then 2pm to 6.30pm
Wednesday	08.30am – 12 noon then 2pm to 6.30pm
Thursday	08.30am – 12 noon then 2pm to 7.45pm
Friday	08.30am – 12 noon then 2pm to 6.30pm
Appointments available:	
Monday	08.30am – 12 noon then 2pm to 6.30pm
Tuesday	08.30am – 12 noon then 2pm to 6.30pm
Wednesday	08.30am – 12 noon then 2pm to 6.30pm
Thursday	08.30am – 12 noon then 2pm to 7.45pm
Friday	08.30am – 12 noon then 2pm to 6.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

- 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.
- 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 6.20pm on a Monday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 7.45pm on a Thursday.
- Pre-bookable appointments were available to all patients at additional locations within the area, via an extended hours provider. Appointments were available weekday evenings and weekend mornings. Appointments were booked through the practice.
- The practice held a register of patients living in vulnerable circumstances including with a learning disability.
- For patients living overseas part of the year the practice tried to schedule review for when they were in the country.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes

Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	78.0%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.9%	59.5%	70.6%	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 (01/01/2021 to 31/03/2021)	65.0%	59.5%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	86.9%	75.1%	81.7%	No statistical variation

Any additional evidence or comments

Prior to our inspection the GP Survey data for 2022 was published. We reviewed the data relating to the practice and found that:

- For the indicator how easy it was to get through to someone at their GP practice on the phone the practice achievement was 71%. This was a drop of 7 % points from the preceding year.
- For the indicator percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment the practice achievement was 62%. This was a drop of 21.9 % points from the preceding year.
- For the indicator very satisfied or fairly satisfied with their GP practice appointment times the practice achievement was 60%. This was a drop of 5 % points from the preceding year.
- For the indicator percentage of respondents to the GP patient survey who were satisfied with the appointment the practice achievement was 75%. This was a drop of 11.9 % points from the preceding year.

The practice told us that they changed their telephone system in 2020 to obtain a queueing option and have dedicated lines for reception, the secretary and the dispensary. They told us that they made changes to appointments. They increased the number of face-to-face appointments available and

added more telephone appointments to enable a faster response for sharing abnormal or borderline blood results with patients.

The practice was due to start offering E-consult to increase the options for access for patients.

Source	Feedback
NHS choices	There are no reviews for this practice.

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.	Five
Number of complaints we examined.	Five
Number of complaints we examined that were satisfactorily handled in a timely way.	Five[1]
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial[1]
Explanation of any answers and additional evidence: Although there was a complaints process in place, we noted that for some complaints there was no clear audit trail of the complaint investigation, including evidence of the final resolution contact with the patient. However, we did see that complaints were used to effect change within the practice.	

Example of learning from complaints.

Complaint	Specific action taken
An incorrect medicine was dispensed.	The complaint was acknowledged by the practice, at this point they sought consent to speak with a relative as the complaint did not originate from the patient. The complaint was investigated and also treated as significant event. An apology was given, with an outline of what actions would be taken by the practice to mitigate the risk of reoccurrence. The actions included reviewing where the medicines were located on the shelf due to similar packaging and additional training for staff.

Well-led Rating: Good

Leadership capacity and capability

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

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

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

Culture

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

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

Explanation of any answers and additional evidence:

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

Source	Feedback
Staff questionnaires	Staff told us that managers were supportive. They felt able to raise concerns and suggestions and felt they would be acted upon. They told us that the team was always communicating.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice had a regular schedule of meetings in place, these had reduced during the pandemic, but the frequency had now been being reestablished. In between meetings, due to the size of practice and number of staff, any issues arising were communicated day to day on an informal basis.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However some of these required strengthening.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial[1]
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Where risk assessments took place and actions were identified, there was not always an action plan with review dates and clearly identified people to address the actions required. We found that some strengthening was required to their systems and processes for managing risk and providing assurance that patients were safe. In particular strengthening was required in relation to patient	

reviews, coding, medicine reviews and emergency medicines and action after audits and risk assessments identified improvement areas.

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes

Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	No[1]
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: Prior to the COVID-19 pandemic the practice have a patient participation group in place that met regularly. They were trying to restart the group and had advertised in the waiting room and on the website. They told us that they had a patient who was interested in restarting it.	

Feedback from Patient Participation Group.

Feedback
None

Any additional evidence
The practice website had a section for patients explaining changes to the prescribing of salbutamol inhalers. The medication dispensed would be a different brand with a lower carbon footprint. The information also prompted patients who were needing to use a reliever, for their asthma, 3 or more times a week to make an appointment for a review as their asthma may not be well controlled.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
The practice was responsive to feedback from a variety of sources and acted upon these to improve the service offered to patients.

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.