

Care Quality Commission

Inspection Evidence Table

The Oswald Road Medical Centre (1-10337420358)

Inspection date: 16 and 23 August 2022

Date of data download: 28 July 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: A safeguarding policy was in place and the provider was the named lead for safeguarding in the practice. A deputy had not been identified to cover in the provider's absence. The practice used a mix of online and face to face safeguarding training relevant to staff role. The practice required staff to complete adults and children safeguarding training annually and records showed most staff had completed the training for 2022/23. The provider's training overview did not record all the training provided, staff role and the level completed to enable effective monitoring.	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14 April 2022	Y
There was a fire procedure. Date of fire risk assessment: July 2019 and April 2022	Y
Actions from fire risk assessment were identified and completed.	Y (1)
Explanation of any answers and additional evidence: (1) The practice specific fire risk assessment had last been completed in 2019 and all identified improvement actions had been completed. The practice had commissioned a detailed annual health and safety inspection assessment from an external agency which had last been completed in April 2022 and this had incorporated a fire safety assessment. Most areas identified for action had been identified and addressed although work to tidy a storage room, which lacked shelving and items were stored on the floor, had not been adequately 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. Date of last infection prevention and control audit: External audit September 2018 and external audit also completed May 2022, but no report had been received at the time of inspection. Regular internal audits also completed.	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
Explanation of any answers and additional evidence: Detailed audits of clinicians' practice in this area were completed quarterly by the practice nurse. These had been in place and maintained for several years. Improvement actions from audits had been acted upon.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had well established systems to ensure adequate cover for the clinical and non-clinical staff. The GP provider was supported three days per week, on site, by regular locum GPs and a GP working remotely one session per week. A locum nurse had also been employed to provide cover for the nursing team as required. An advanced nurse practitioner assisted the GPs with triaging patients and provided cover for the nursing team as required. One of the support staff had trained across a wide area to provide cover as required for non-clinical staff.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>We found systems to manage test results and referrals were well-managed and up to date. There were minimal new patient records which required summarising and these were well-maintained and securely stored.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.88	0.84	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)	4.5%	9.9%	8.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.81	5.60	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	141.4‰	181.0‰	128.2‰	No statistical variation
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)	0.79	0.54	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	4.0‰	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.	P (1)
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	P (2)

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured 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 (3)
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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
<p>Explanation of any answers and additional evidence:</p> <p>(1) The system to provide a full audit trail of blank prescription use through the practice was not complete in that individual clinician use was not recorded and monitored. Following the inspection evidence was provided to show that a new protocol to improve the management of blank prescriptions had been developed.</p> <p>(2) Patient group directions (PGD) were usually signed by staff and the authoriser. However, we found when new staff had commenced employment these had been signed by the new staff but not again by the authoriser. Following the inspection evidence was provided to show this had been addressed.</p> <p>(3) We completed clinical record searches remotely prior to our site visit as part of our inspection and found patients prescribed high risk medicines were generally well-managed and monitoring was completed. We found the following areas which required review by the provider:</p> <ul style="list-style-type: none"> • Some medication reviews completed by GPs lacked detail. • Shared care protocols were not always easily identifiable in patient notes. • 41 patients out of 80 who were prescribed a Gabapentinoid (medicines used for pain relief) had 	

Medicines management**Y/N/Partial**

not had a review of this medicine in the last 12 months. We reviewed five of these patient records in detail and found there was no evidence of consistent review of dosages at medication reviews by the practice and in one case, an external agency had identified the need to have a review but this had not been followed up by the practice. The provider was aware of these patients and had asked the pharmacist to review these prior to the inspection.

- 15 patients were prescribed Methotrexate (medicines prescribed for autoimmune diseases) and all had received the required monitoring checks. Where these medicines are to be taken weekly, it is best practice to nominate a day of the week and include this in the prescription notes, this was not done at the practice and was highlighted to the provider.

At the site visit there was evidence the provider had taken action to address the areas identified in the clinical searches above and information had been shared with clinicians.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	5
Explanation of any answers and additional evidence: A wide range of incidents had been recorded in line with the practice policy. All incidents had been reviewed and action had been taken as required. Learning from incidents was shared with the staff and records included evidence of the duty of candour policy being implemented.	

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

Event	Specific action taken
Lack of clear information relating to monitoring a medicine from secondary care.	Audit undertaken of all patients prescribed the medicine and recall system established.
Patient died at home.	Reviewed patient records, reviewed systems to support vulnerable patients who do not attend appointments and discussed in practice meeting, identified referrals had been made for support to social prescribing and practice chaplain services had been offered.

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
Explanation of any answers and additional evidence: Policy and procedure for dealing with alerts had been developed written by the practice pharmacist and records of alerts received and actions taken were recorded. As part of the inspection we conducted remote clinical searches on patients records. One search looked at prescribed medicines which were subject to a safety alert due to risks for women of childbearing age. The five records we reviewed showed these patients had been consistently contacted and advised of the risks.	

Effective

Rating: Good

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, 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
Explanation of any answers and additional evidence:	
The provider was able to give examples of how they had shared and implemented best practice guidance. However, this subject was not a regular agenda item for meetings. The provider told us they would implement this.	
Our remote clinical searches showed the consistent use of system templates for long term condition reviews which had been constructed to reflect evidence-based practice.	
We noted excellent practice in the use of the gold standard framework for patients requiring end of life care. The practice had developed a patient register and systems to clearly identify these patients and ensure all staff were informed of the care requirements at each stage. Patients were offered a home visit or video call and anticipatory medicines. Advice was offered to care staff and relatives.	

During the COVID-19 pandemic the practice actively reviewed vulnerable patients and contacted them by telephone, sent information to families and provided COVID vaccinations for care home and house bound patients.

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.
- Contraceptive implants and coils were available at the practice.
- 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. The practice had been recently commended for 100% achievement in provision of these health checks by the integrated care board (ICB).
- End of life care was delivered in a coordinated way which considered 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. The practice had access to services of Mental Health Nurse provided by the local Primary Care Network (PCN) and an in-house chaplain with bereavement counselling experience.

Management of people with long term conditions

Findings

- As part of the inspection we conducted remote clinical searches. We found evidence of good quality care with appropriate interventions. For example:
- We reviewed the records of five patients with asthma and found evidence of regular high-quality asthma reviews by specialist nurses in response to episodes of poor control of asthma.
- We reviewed the records of five patients with chronic kidney disease (CKD) and found good standards of care were in place and all patients had received the required monitoring checks. We found some patients' blood pressure was above best practice recommended levels. However, the provider was already aware of these patients and had planned to review the care provision.
- We reviewed the records of five patients with a thyroid problem and found good standards of care were in place and all patients had received the required monitoring checks.

- We reviewed the records of five patients with diabetes and found appropriate interventions and, where needed, reviews, had been provided, except for one patient. The provider told us this patient was under the care of the hospital team, but they would review this patient to ensure appropriate care was being provided.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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)	35	36	97.2%	Met 95% WHO based target
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)	42	45	93.3%	Met 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)	41	45	91.1%	Met 90% minimum
The percentage of children aged 2 who	42	45	93.3%	Met 90% minimum

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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)	41	47	87.2%	Below 90% minimum

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

Any additional evidence or comments

We were told the practice asked for vaccination history when registering new patients and send out letters asking to book appointments. Parents/guardians of children booked for vaccination appointments were telephoned the night before/on the day to remind them to attend. Any frequent non-attender was sent strong reminders and reported to Child Health team for follow up.

Childrens vaccinations were prioritised during any staff shortages.

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: 31/03/2022) (UK Health and Security Agency)	67.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.2%	68.2%	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)	58.7%	64.5%	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)	35.7%	50.2%	55.4%	No statistical variation

Any additional evidence or comments

- A cancer diagnosis audit was completed in 2021 to look at timescales and systems. The practice had identified some areas that may be improved where processes had not met their criteria set for the audit and had put an action plan in place.
- We were told the practice was aware of a group of patients who were not always attending for cervical screening. They were trying to address this by having a named person to contact them. Staff told us they had continued to provide appointments for cervical screening through the

COVID-19 pandemic.

Monitoring care and treatment

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

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

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

We reviewed three audits, these included:

- An audit of monitoring compliance of a medicine used for treatment for patients with asthma, chronic obstructive pulmonary disease, chronic bronchitis or heart failure. The first audit was undertaken in January 2022. Eight patients prescribed the medicine were identified and 75% had monitoring due. A second audit was undertaken in June 2022 and some improvement was seen of the eight patients identified and 37.5% patients had monitoring due. Of these, two patients were marked as did not attend (DNA) the monitoring appointment and one patient had cancelled their monitoring appointment but failed to re-book. The practice had taken action to improve compliance including follow up of the patients who had not attended and recall prompts added to patient records. Further audits were to be completed at regular intervals to review compliance with monitoring.
- An audit of prescribing aspirin and anticoagulant medicines together without gastrointestinal protection was initially undertaken by the GP in October 2020 as use of gastric protection had been shown to help reduce the occurrence of gastrointestinal bleeds. Re-audits were undertaken in December 2020 and June 2022. Four patients were identified in the initial audit and had been reviewed and a further patient who had stopped their protective medicine was identified in the second audit and medicines were reviewed and risks discussed. They found the systems used to support prescribing had been effective in that no new prescribing of antiplatelets with anticoagulants was identified.
- Cancer diagnosis audit. This audit looked at patients diagnosed with cancer and time taken to diagnose and process of diagnosis. They also reviewed if patients had received a cancer care review. They identified some areas that may be improved where processes had not met their criteria set for the audit and had put an action plan in place

Any additional evidence or comments

To support best practice the provider told us they had developed many different patient record templates. For example, where patients had abnormal hypothyroid bloods, the provider had developed and implemented a template with information to safety net patients. This was then sent to the patient and was available to view in their online records.

The practice monitored patient accident and emergency department attendance. Where any issues were identified patients were contacted to signpost to appropriate services, a frequent attenders letter may also be sent.

Effective staffing

The practice was able 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(1)
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

Explanation of any answers and additional evidence:

(1) The practice had changed online training providers over the last year. A broad training schedule had been set on the new system for all staff, but all training was set to annual even though all training was not necessarily required annually. Staff were making good progress through the required training elements such as safeguarding and fire safety.

A training matrix was provided to show an overview of training completed but we found this to be incomplete in that only training completed on the online system was recorded and level of training such as safeguarding children was not shown. The practice manager said they would review the training schedule and matrix.

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centered care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had recognised that patient satisfaction had been low in relation to support for patients with mental health needs and the practice worked with the local primary care network (PCN) and could now refer patients to services provided by the PCN Mental Health Nurse for one session per week within the practice. A chaplain with bereavement counselling experience also provided services one morning per week. They also had access to a PCN First Contact Physiotherapist at the practice. There were systems in place to ensure urgent referrals to secondary care had been received and acted upon and patients had attended their appointment. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had employed a care coordinator to assist patients and to manage referrals to community services.</p>	

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	Y

consent and decision making. We saw that consent was documented.	
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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

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-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice was an Armed Forces veteran friendly accredited.	

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 (01/01/2022 to 30/04/2022)	90.9%	85.5%	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)	87.9%	84.8%	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)	98.1%	93.6%	93.1%	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 (01/01/2022 to 30/04/2022)	86.6%	72.8%	72.4%	No statistical variation

Any additional evidence or comments

All of the above results had improved significantly since the 2021 GP survey. For example, the percentage of respondents who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had improved from 83.8.% in 2021 to 98.1% in 2022.

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

Any additional evidence

The practice usually completed patient surveys annually but had not undertaken these though the COVID-19 pandemic. They last carried out a survey in May 22 and had 91 responses. The outcomes, which were generally positive, were discussed at a patient participation group meeting and at a practice meeting.

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. The practice was able to access translation services and one member of staff was bilingual. Patients communication needs and any support required was recorded on registration with the practice.	

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	95.0%	90.1%	89.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)				

Any additional evidence or comments

The result above had improved significantly since the 2021 GP survey from 81.9% to 95%.

	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

Carers	Narrative
Percentage and number of carers identified.	159 and 2 young carers had been identified, which is 3.5% of the practice population
How the practice supported carers (including young carers).	Upon registration with the practice all patients were asked if they were a carer or had a carer. This was coded into the patient record and referrals were offered appropriately. Carers information was also on the website.
How the practice supported recently bereaved patients.	In-house chaplains available with bereavement training.

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

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
<p>Explanation of any answers and additional evidence:</p> <p>Information/communication needs were identified and recorded at initial registration. The practice provided one or more contact methods which were accessible to the patients. Methods included email, text message, telephone and mail, online/video consultations.</p> <p>Patients could order prescriptions, book appointments and review results via the online service.</p> <p>The practice website had a translation function.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	7.15am – 6.30pm
Wednesday	8am - 6.30pm
Thursday	7.15am - 6.30pm
Friday	7.15am - 6.30pm
Appointments available:	
Monday	8.30am to 12.30pm 1.30pm to 6.30pm
Tuesday	7.15am to 12.30pm 1.30pm to 6.30pm
Wednesday	7.15am to 12.30pm 1.30pm to 6.30pm
Thursday	7.15am to 12.30pm 1.30pm to 6.30pm
Friday	8.30am to 12.30pm 1.30pm to 6.30pm
Appointments were available via the Extended	

Access service provided by the local primary care network (PCN)

Extended Hours appointments and Extended Access appointments were also available Monday to Wednesday till 8pm.

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.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice 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	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	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
Explanation of any answers and additional evidence:	
Data showed patient satisfaction regarding access was above local and national averages and had significantly improved since the 2021 survey. For example, the percentage of respondents who responded positively to how easy it was to get through to someone at their GP practice on the phone had increased from 62% to 72.9%.	
The practice had implemented a system to try to improve patient satisfaction. All patients' requests for appointments would be reviewed by a clinician on the same day and patients were contacted to offer advice or schedule a future appointment.	

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 (01/01/2022 to 30/04/2022)	72.9%	N/A	52.7%	Variation (positive)
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)	72.4%	55.6%	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)	78.0%	55.3%	55.2%	Tending towards variation (positive)
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)	81.9%	74.3%	71.9%	No statistical variation

Any additional evidence or comments

Patient satisfaction in relation to access and care was in line with or above with local and national averages. All areas had seen a significant improvement in patient satisfaction since the GP survey in 2021.

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.	4
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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

Explanation of any answers and additional evidence:

A policy and procedure was in place to support the management of complaints. Although information about escalation to the Parliamentary Health and Social Care Ombudsman was not included in the policy, this information was provided in written complaint responses. Following the inspection, evidence was provided to show they had reviewed and updated their policy and procedure to include these details.

Example(s) of learning from complaints.

Complaint	Specific action taken
Lack of translator	Translator provided and patient brought in for apology
Staff refusal to give password for online access over the phone	Resolved by the manager and access given.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
The provider was aware of the challenges of being a single-handed GP. They had arranged for additional locum cover each day to ensure the practice was always covered. The locums employed were experienced partners in other local practices. The provider also had an arrangement with another practice to ensure business continuity.	
The provider had a contract with an external provider to support the management of the practice in areas relating to recruitment, health and safety and employment law.	

Vision and strategy

The practice had a vision and strategy to provide high quality sustainable care but had not formally developed and shared this.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	N

Progress against delivery of the strategy was monitored.	N
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us they had not yet developed a written vision and strategy document which they could share as they had been very involved in the COVID 19 vaccination programme. However, they were looking to become a training practice and the provider had completed the required training courses for this. They had also successfully been assessed to take medical? students for 2023.</p> <p>The provider had also been focused on improving patient experience and access over the last 12 months and had been successful in both these areas.</p> <p>Following the inspection evidence was provided, in writing, to show that they had considered their vision and strategy relating to the work implemented to improve access.</p>	

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(1)
<p>Explanation of any answers and additional evidence:</p> <p>(1) An annual training plan was in place and 50% of the staff had completed equality and diversity training on the new online system in 2022. The practice manager stated they had all completed the training on the previous system.</p>	

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

Source	Feedback
Staff questionnaires and interviews	Very positive comments from staff who told us they felt supported by the management and have access to training for their role.

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

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
Explanation of any answers and additional evidence: A business continuity plan was in place and regularly reviewed.	

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.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in	Y

response to findings.	
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	

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
Explanation of any answers and additional evidence:	
The practice had significantly improved patient experience and access through use of data and surveys. For example, the practice had implemented systems to improve access in response to survey data. The percentage of respondents who responded positively to how easy it was to get through to someone at their GP practice on the phone had increased from 62% to 72.9%.	

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
Explanation of any answers and additional evidence: All staff had completed relevant training in information governance and policies and procedures were in place to support practise. The practice completed an annual audit to ensure compliance and had a contract with an external provider for help and advice.	

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
Explanation of any answers and additional evidence:	
The practice had an established patient participation group (PPG) with eight participants. Meetings had reconvened in March 2022.	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with the chair of the PPG during the inspection.</p> <p>They told us new patients were always invited to join PPG and the PPG was advertised in the practice and on the website.</p> <p>The chair said the provider, practice manager and a member of staff attended the meetings and they shared any challenges with the group. The PPG felt involved and listened to.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

<ul style="list-style-type: none"> • The practice had considered learning from incidents and complaints and shared this with the staff team. • The provider had completed clinical audits and made improvements to patient care and prescribing. • The practice had significantly improved patient satisfaction with care and access. • The practice had been successfully assessed to become a training practice from 2023. • The practice had been commended by commissioners for their 100% achievement in completion of reviews for learning disability patients and been invited to share their systems and processes for this achievement.

- The practice had achieved Gold Standard Framework accreditation for palliative care.
- The provider had been involved in research relating to hip displacement and COVID-19.
- The provider was also involved in a joint working project looking to improve care for patients with asthma through identification and review of patients with complex needs. They had identified three patients and were providing monthly reviews and longer appointments for these 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.