

Care Quality Commission

Inspection Evidence Table

Bluebell Surgery (1-5711004537)

Inspection date: 25 October 2021

Date of data download: 07 October 2021

Overall rating: **Good**

Following our inspection on 03 March 2019, we rated the practice as requires improvement overall, and for safe, effective, caring and responsive care and good for well-led care.

This inspection was completed to follow up on breaches of regulation identified at our previous inspection and to re-rate the practice. A requirement notice had been issued for the breach of regulation 17(1) Good governance.

At this inspection we found:

- Safeguarding procedures and processes had been updated and a safeguarding lead appointed.
- There was an infection control lead and the policy, processes and essential audits had been carried out to ensure patients and staff were safe during the Covid pandemic restrictions.
- Risk assessments for patients and staff had been developed and were regularly carried out to keep people safe.

Safe **Rating: Good**

At our last inspection we rated this practice as requires improvement for providing safe care.

We found:

- The practice was required to implement safeguarding procedures and a leadership role.
- Infection control leadership, processes and policy was needed.
- Risk management processes were needed to keep patients safe.

At this inspection we found:

- Safeguarding procedures and processes had been updated and a safeguarding lead appointed.
- There was an infection control lead and the policy, processes and essential audits had been carried out to ensure patients and staff were safe during the Covid pandemic restrictions.
- Risk assessments for patients and staff had been developed and were regularly carried out to keep people safe.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
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
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: <ul style="list-style-type: none">• We found staff had received safeguarding training at the level required for their role.• The staff we spoke with, knew how to raise a safeguarding concern.• Appropriate communication links were available within the practice shared building with local health visitors, and school nurses when needed.	

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 Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The documents found during the site visit showed recruitments checks and vaccination records were well managed.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	9/06/21
There was a fire procedure.	Yes
Date of fire risk assessment:	7/6/21
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We found regular fire safety assessments and fire evacuation drills had been undertaken.	

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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 7/05/21
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The infection control policy had been reviewed and updated to take into consideration the extra cleaning and precautions needed since the pandemic.• Infection control and prevention updates relating to the pandemic had been circulated to staff by the practice infection control lead.• All staff had received training in infection control and prevention.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• National pathways to identify and assess patients with possible sepsis and deteriorating patients, had been placed in the treatment rooms and reception area to support staff to recognize symptoms.	

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: <ul style="list-style-type: none">• We saw documented evidence confirming referrals were managed in a timely manner.• There was a 'two week wait' referrals follow-up process that staff explained to us, this ensured people had received their appointments and treatment.• On the day of inspection, we saw there was no delay in the management of test results, and they were all seen and acted on daily with appropriate GP oversight.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.59	0.81	0.69	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	5.1%	11.1%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	6.22	5.63	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	111.2‰	177.2‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	1.74	1.13	0.65	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	11.2‰	11.8‰	6.7‰	Tending towards variation (negative)

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

Any additional evidence or comments

We asked the provider about the lower prescribing data in the table above.

We were told audits had been carried out to understand these negative variations. We found these audits had led to recently reduced prescribing of hypnotic medication to support improved patient care.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had an up to date prescribing policy and a high risk medication protocol. • Prescriptions were securely stored and tracked through the practice to monitor their safe use. • We saw checks were made to keep people safe when a prescription was being collected. • Temperature control was monitored daily of the fridges and rooms where medicines were stored securely. 	

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:	1
Number of events that required action:	1
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us significant events and any learning that arose from them was discussed soon after the event occurred. Those not present when an event occurred were informed and updated by message, email and the minutes taken at the meeting when it was discussed. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A blood thinning medicine had been prescribed for longer than clinically necessary.	<u>Action</u> GP picked up concern and stopped immediately. Then spoke to the patient directly to inform them about the issue. <u>Learning</u> All discharge letters with medication changes sent to GP or nurse. The pharmacy technician was tasked to check all other patients on blood thinning medicine to ensure this was prescribed for the correct length of time.

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: <ul style="list-style-type: none"> We found an appropriate safety alert system, processes, and actions that had been taken as a result of recently received alerts. 	

Effective

Rating: Good

At our last inspection we rated this practice as requires improvement for providing effective care.

We found:

- A lack of clinical oversight to ensure effective care and treatment.
- The quality outcome framework (QOF) performance at the practice was significantly lower than other practices in the local CCG and national averages.
- There were limited quality improvement processes in place, for example no audits, to ensure awareness or to improve patient outcomes.

At this inspection we found:

- Clinical oversight procedures and processes to ensure effective care and treatment had been improved.
- Appropriate monitoring was in place to assure the quality of care, and was seen to be effective when we performed the remote searches as part of this inspection.
- A number of audits were being undertaken to monitor the quality of care and treatment to make improvements for patients.

QOF requirements were modified by NHS England 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.

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

The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Access to current evidence-based clinical guidance was available to clinicians via their computer desktops. • The patient records we checked showed regular long-term conditions and mental health reviews were well managed and monitored. 	

Effective care for the practice population

Findings

Examples of findings:

- The practice had a register of older patients who were living with moderate or severe frailty. Those identified had 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, Covid 19, shingles and pneumonia vaccinations were offered to relevant patients.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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 disorders.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Examples of findings:

- From the clinical searches of patient records, we found long term condition management reviews were being carried out appropriately and effectively.
- Patients with long-term conditions were offered a structured regular 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.
- BP monitoring was offered in the practice waiting room, we saw infection control procedures being undertaken to ensure this was a safe service to provide.
- We found 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) (01/04/2019 to 31/03/2020) (NHS England)	43	45	95.6%	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) (01/04/2019 to 31/03/2020) (NHS England)	56	62	90.3%	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) (01/04/2019 to 31/03/2020) (NHS England)	56	62	90.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	55	62	88.7%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	60	74	81.1%	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 asked the provider about the lower child immunisation data in the table above.

We were told, they had audited the children's registers including the looked after children register and these showed all children in these age groups had been offered a vaccination and immunisation was up to date.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	74.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	70.9%	74.1%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	51.1%	65.0%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	25.0%	57.6%	54.2%	No statistical variation

Any additional evidence or comments

We asked the provider about the lower cervical screening data in the table above.

- We were told that staff were working to encourage people to attend for their screening procedures. Staff were assuring them of the extra infection control measures that had been put into place to keep people safe. We noted that screening data for previous years had always met the national target.

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.	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

- A regular annual audit to check the consent process and the use of chaperones when providing contraceptive intra-uterine devices and implants.
- The infection control lead had carried out an annual audit to ensure all the infection control at the practice was safe.

Any additional evidence or comments

We saw an increased level of quality improvement work had been completed in the last six months. The practice provided us with details of their audit schedule, however there had not been any two cycle audits completed to show improved outcomes or learning. Although an audit programme was being developed this had not been fully embedded into the practice as business as usual to inform continuous service change.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were shown records of staff training that had been completed. The provider shared with us their induction procedure and examples of staff that had carried out the process. The provider told us about the approach to support and manage staff when their performance was below the required standards. 	

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-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider told us that due to children and community services sharing the building with the practice, a coordinated approach with partner organisations was easy to maintain. 	

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:	

- Although some health checks at the practice had been carried out remotely during the pandemic, the practice was now providing face to face health checks to support patients that needed them.

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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Treatment templates in patients' records indicated consent had been given by patients. • The provider explained how DNACPR decisions were recorded in patient records to ensure patient's wishes were recognised. 	

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

Patient feedback	
Source	Feedback
NHS Review	<p>Empathetic, kind staff ★★★★★ out of 5</p> <p>I have not been with the surgery long and thankfully not needed them that often, but the few times, I've needed them I have found the reception staff to be so lovely and kind. I always manage to get an appointment and the GP I last saw really fought my corner so that I could get a scan at Colchester hospital, she managed to get me seen at the Hospital the same day!</p> <p>24 August 2020</p>

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)	88.2%	87.2%	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)	80.5%	86.9%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their	91.8%	94.8%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)				
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%	79.3%	83.0%	No statistical variation

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

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: <ul style="list-style-type: none"> • Reception staff had received training to support them deliver caring assistance to patients. • Easy read and pictorial materials were available on request. • The practice had a GP care advisor that supported patient with social and care needs, for example help with form filling and advice regarding benefits. 	

Source	Feedback
Interviews with patients.	We spoke with two patients during the day of inspection. They were complimentary about the politeness of the receptionists when answering the phone. They told us getting an appointment was easy and that day provided an excellent service. We were also told that the monitoring received to manage their long-term conditions had been excellent even throughout the Covid 19 pandemic.

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	92.6%	91.9%	92.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)				
				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 On request
Information about support groups was available on the practice website.				Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw a range of information leaflets from various support organisations in the waiting room. There was appropriate access to patient information available on the practice website. 				

Privacy and dignity

Carers	Narrative
Percentage and number of carers identified.	The practice had 64 carers over the age of 18 and 2 younger than 18. This shows the practice percentage was $63/4050 = 1.6\%$.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Information leaflets were available in the waiting room. Appointments were offered to patients identified as carers that are convenient for their caring responsibilities. Staff had been told to ask patients who were seen to provide care for another patient to add them to the carers register. Patients on the register were advised of the services available to them.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice manager contacted the relatives when appropriate to provide information and support.
Any additional evidence or comments	
<ul style="list-style-type: none"> The practice shared with us their young carer's policy, this gave staff advice and information to support them to help these carer's. 	

The practice respected 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

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
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: <ul style="list-style-type: none">Staff told us they had access to and used 'Language Line' if an interpreter was needed.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am to 6.30pm
Tuesday	8.00am to 6.30pm
Wednesday	8.00am to 6.30pm
Thursday	8.00am to 6.30pm
Friday	8.00am to 6.30pm
The PCN provided extended hours appointments	6.30 to 8.30 weekdays 9:00 to 10:00 weekends

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">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.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 homeless people, travelers and 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 travelers.
- 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 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
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice shared with us their receptionist triage policy. There was a table within it to advise staff how to manage conditions, for example the type of appointment with either a GP, nurse, paramedic, pharmacist or physiotherapist. 	

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)	91.9%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to	87.5%	67.0%	70.6%	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	74.1%	64.5%	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)	84.4%	82.2%	81.7%	No statistical variation

Any additional evidence or comments

- Although the practice had received in the majority, positive national GP patient survey results, they planned to survey the less positive areas and where able, make further improvements. We acknowledge the work the practice has undertaken and the high levels of patient satisfaction achieved amongst patients, during the COVID-19 pandemic.
- We saw six cards sent to the practice in the last year, all of them complimenting the staff for being so helpful supportive and kind.

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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice shared with us a summary of all the complaints received over the last 12 months. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
	Action

<p>Complaint forwarded from CQC - A relative felt general mother was neglected by the surgery. Not happy that mother was not able to be seen at the time. She felt that because her mother did not cause bother that they were being missed.</p>	<p>Letter written back to CQC stating we knew the patient well vulnerable and that we certainly did our utmost to oblige requests. The practice reflected they had dealt with the complaint appropriately and conveyed to the complainant their commitment to vulnerable patients.</p> <p><u>Learning</u> Staff were made aware of concern and it was reiterated the need to acknowledge both vulnerable patients and their families.</p>
<p>Patient inform practice that a prescription had got her diagnosis on repeat sheet. They were not happy about this.</p>	<p><u>Action</u> Letter of apology sent with an explanation it was a specialist medicine and the diagnosis was part of the prescription; however the practice have now removed it.</p> <p><u>Learning</u> All GPs were made aware of this issue for the future when prescribing these medicine types.</p>

Well-led

Rating requires improvement

At our last inspection we rated this practice as requires improvement for providing Well-led care.

We found:

- A lack of clinical oversight to ensure good quality care and treatment.
- A lack of capacity to oversee good quality care and treatment.
- There were limited continuous learning to ensure well-led care and treatment.

At this inspection we found:

- Clinical oversight procedures and processes to ensure good quality care and treatment had been increased.
- More capacity with alternative clinician appointments to oversee good quality care and treatment.
- Systems and processes had been developed to show continuous learning for well-led care and treatment.
- Practice development and service planning had not been formally produced and so was not yet embedded at the practice.
- Although the provider had started work on a strategy to provide quality care, this was not yet fully embedded and still under development.
- There remained limited audit activity in place to drive practice improvements. Although the provider had some clinical audit taking place there was little work to monitor practice developments, changes, or the impact on quality and sustainability. Audit that had taken place was not yet embedded at the practice as business as usual and did not offer any impact or outcome data.

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw discussions of a development plan to meet the growing needs of the practice population within the recent meeting minutes.• An audit of nurse appointments was currently being undertaken to decide whether advanced nurse practitioner (ANP) appointments would benefit the practice. We were told the findings would be discussed within the practice meetings over the next few months. However, the practice had not formally produced a leadership development or succession plan.	

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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Priorities were being audited to ensure the needs of their practice population were being met. • However, the practice had not yet formally produced a strategy for their future or plans for sustainability. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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 candor.	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 candor, 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: <ul style="list-style-type: none"> • Staff were clear regarding the expectations of their role. • Staff told us they tried to create a family atmosphere at the practice which was for the benefit of both patients and staff. 	

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

Source	Feedback
Staff Members	We try to create a family atmosphere at the practice.
	In the last six months there has been a noticeable change at the practice.
	There is lots of pro-active work being carried out to improve the monitoring of patients care and treatment.
	The staff morale in the last six months is so much better.

PCN clinician	During the two months that I have worked at the practice I have been well supported by both clinicians and administrative staff to carry out my role.
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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: <ul style="list-style-type: none"> Improvements had been made to governance and responsibilities since our previous inspection. Staff that we spoke with were all able to identify those in lead roles at the practice. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was limited audit activity in place to drive practice improvements. Although the provider had some clinical audit taking place there was little work to monitor practice developments, changes, or the impact on quality and sustainability. Audit that had taken place was not yet embedded at the practice as business as usual and was not able to offer any impact or outcome data. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The infection control lead explained the increased measures taken at the practice to keep patients and staff safe whilst working during the pandemic and for the future. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw staff performance was reviewed within annual appraisals. 	

Governance and oversight of remote services

	Y/N/Partial
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The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice website and application form to access online facilities explained the security needs to patients using their online services. 	

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.	Partial
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:	
<ul style="list-style-type: none"> The practice was developing a strategy with their primary care network (PCN) partner practices. This work was on-going and further clinicians were planned to be added to ensure greater availability of appointments at the networked practices. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> During the Covid 19 pandemic the group members had not met. The practice was in the process of contacting and updating the remaining members to re-establish patient participation activities.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">An audit of appointments was underway to decide whether an advanced nurse practitioner appointments would benefit the practice.	

Examples of continuous learning and improvement

The provider discussed with us learning and improvements already started at the practice and areas of development for the future.

- The practice had improved their appointment availability to meet its patient population needs. These extra appointments were provided by the additional clinical roles employed by their primary care network.
- The recently employed salaried GP and the Pharmacist had reviewed all the quality indicators to ensure all long condition monitoring was up to date. We were told that this monitoring would continue on a rolling monthly process.
- Further roles for example a mental health first contact practitioner had been appointed by their primary care network, and appointments would be available at the practice in late October 2021.
- The CCG had recently approved the practice as a Covid 19 vaccine centre to deliver the booster vaccines to patients for their primary care network practices.
- The practice told us they intended to carry out their own patient survey for the future via their website.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- ‰ = per thousand.