

# Care Quality Commission

## Inspection Evidence Table

### Welling Medical Practice (1-547848577)

Inspection date: 07 September 2021

Date of data download: 01 September 2021

## Overall rating: Requires improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

### Safe

### Rating: Requires improvement

We rated this service as requires improvement for providing safe services. This was because we found:

- The practice systems for the appropriate and safe use of medicines, including medicines optimisation, did not always operate effectively.
- There were gaps in background checks for newly employed staff
- Staff vaccination status records were not complete
- Some infection prevention and control arrangements were not completed.

#### Safety systems and processes

**The practice had appropriate arrangements to safeguard people from abuse. However, they did not always have clear systems, practices and processes to keep people safe.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	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.	Partial <sup>1</sup>
Staff who acted as chaperones were trained for their role.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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 <sup>2</sup>
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. Some staff DBS checks had not been completed as planned when administrative and reception staff joined the practice team. This was not in line with the practice's own recruitment policy. The practice manager explained to us how this applied to the latest members of staff employed. There was a plan in place to get these checks completed, and in the meantime these staff were prevented from carrying out specific duties, such as acting as chaperones for patients during appointments.</li> <li>2. There was a practice nurse safeguarding lead in the practice who held six weekly meetings, with the GP safeguarding lead and health visiting representative from the local community health services team to discuss and areas plans of care for vulnerable children.</li> </ol>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial <sup>3</sup>
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	No <sup>4</sup>
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>3. Some staff DBS checks had not been completed as planned when they joined the practice team.</li> <li>4. There were gaps in the records of staff vaccination status for clinical and non-clinical staff members, as the practice management were not aware of the published guidance regarding staff vaccinations in general practice. We highlighted this to the practice management during our inspection and signposted them to the relevant guidance in relation to staff vaccination, which they informed us they would refer to and act in accordance with.</li> </ol>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test (Main site – Danson Crescent): 29/03/2019 Date of last inspection/test (Branch site – Avery Hill): 29/03/2019	Yes <sup>5</sup>
There was a record of equipment calibration. Date of last calibration (Main site – Danson Crescent): 10/06/2021 Date of last calibration (Branch site – Avery Hill): 10/06/2021	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed.	Partial <sup>6</sup>

Date of completion (Main site – Danson Crescent): 30/07/2021 Date of completion (Branch site – Avery Hill): 02/08/2021	
Actions from fire risk assessment were identified and completed.	Not applicable
Explanation of any answers and additional evidence: 5. Portable appliance testing (PAT) had not been completed on the practice sites in over 2 years. But the practice manager had planned for the check to be completed in the coming months. 6. A detailed fire risk assessment checklist was submitted to us by the provider as part of the pre-inspection information return. However, this had not been the checklist used in the completion of fire risk assessments at the practice sites. Instead the practice management had written a statement that no known risks had been identified in any areas in the service.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Various	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various	Yes
Explanation of any answers and additional evidence: A range of risk assessments were in place for the premises and the activities carried out in the practice.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were not consistently met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
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: 09 July 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	No <sup>7,8</sup>
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<p>7. The practice manager accepted that they had not yet completed, or made plans to complete, the actions identified in their latest Infection prevention and control (IPC) audit. They explained that there had been a 15-month delay before they received the report of the audit. They told us an NHSE / I funding grant for improvements that they had successfully had awarded to the practice was not approved for use on IPC improvements, so they had not been able to use some of that funding for the necessary facilities updates (there were three, and they all related to wash basins / handwashing sinks). There had been no mitigating interim arrangements put in place around these actions.</p> <p>8. During our inspection, we observed the practice premises at both sites to be dated and some areas were visibly dirty. For example, at the Danson crescent site, the radiators in the waiting area were clogged with dust, there was worn flooring and carpeted areas were stained. The patient toilet was dated, and the finish made it difficult to clean, having poor sealant around the sink and where the floor and walls meet.</p>	

## 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:	



## Information to deliver safe care and treatment

**Staff did not always have 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.	Partial <sup>9</sup>
Explanation of any answers and additional evidence: 9. As part of this inspection, our searches of the practice clinical records identified that 15 patients had had a potential missed diagnosis of diabetes. This meant that they had had blood test results confirming they were pre-diabetic or diabetic. We reviewed five of these patients' records in detail and found that two were pre-diabetic and three were diabetic. These patients had not been coded as such so were not on the diabetes care pathway, so that they received appropriate care and treatment.	

## Appropriate and safe use of medicines

The practice systems for the appropriate and safe use of medicines, including medicines optimisation, did not always operate effectively.

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)	0.60	0.53	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)	10.5%	10.2%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	6.80	5.77	5.38	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	87.8‰	72.1‰	126.0‰	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)	0.24	0.43	0.65	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	2.7‰	4.8‰	6.8‰	Variation (positive)

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.	Partial <sup>10</sup>
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).	Partial <sup>11, 12</sup>

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.	Yes <sup>13</sup>
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial <sup>14</sup>
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial <sup>14</sup>
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.	Not Applicable
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.	Not Applicable
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial <sup>15</sup>
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial <sup>16</sup>
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial <sup>17</sup>
<p>Explanation of any answers and additional evidence:</p> <p>10. Clinical rooms at the main practice site (Danson Crescent) had keypad coded lock doors, but this was not the case at the branch site (Avery Hill) where the rooms were unlocked. Medicines fridges were in clinic rooms at both sites.</p> <p>11. The practice maintained Patient Group Directions (PGDs) to govern the administration of medicines such as childhood vaccinations. We found that for one PGD, MenACWY, only one nurse had signed that they would work under the PGD and there had been no senior clinician authorisation of the staff to work under the PGD.</p> <p>12. One of the practice PGDs, for administration of rotavirus vaccine, expired 30 June 2021.</p> <p>13. Nursing staff we spoke with told us that the weekly clinical meetings were a good forum for them to share learning and get clinical support and input into their care and treatment decisions. One of the practice nurses was a nurse prescriber and the practice also had a nurse practitioner.</p> <p>14. We reviewed the records of 31 patients prescribed medicines that required additional monitoring. We found that 15 of these patients were not being appropriately monitored and reviewed. Five of the 15 patients, all prescribed the same medicine, had been chased and invited to attend for monitoring.</p>	

However, the remaining ten patients, prescribed two group of medicines, had not been followed up for additional monitoring and were at risk of harm. We highlighted this to the practice clinicians during our inspection and they promptly contacted all the patients concerned, checked that they were not experiencing symptoms of adverse effects, and arranged for their monitoring appointments to be carried out. The practice partnership also recorded this finding as a significant event, discussed the concerns at their partners meeting and with their pharmacists, and put in place arrangements to reduce the likelihood of a recurrence.

15. the practice's stock of medicines for treating medical emergencies were all in date and fit for use. Two lists of medicines for treating medical emergencies were used as part of the stock checking process and there were some slight differences in the medicines listed. For example, one list referred to Stemicil tablets and another to Stemicil injections. The practice held stock of antihistamine allergy relief syrup, but its stock list only refers to antihistamine allergy relief tablets. The practice held stock of Stemicil injections. Stemicil is used in the treatment of balance problems and vertigo, nausea and vomiting. There were no records of monthly checks carried out on the glucose tablets in the stock of medicines for treating medical emergencies at the Danson Crescent site. This item was on the back page of the checklist used, which may be why it was missed.

16. There were no records of monthly checks carried out on the defibrillator machine at the Danson Crescent site. This item was on the back page of the checklist used, which may be why it was missed.

17. We checked the vaccine fridges at all the practice sites. We found that these medicines were reasonably stored: none of the fridges were overfilled, and all the vaccines were stored in their original packaging. However, in two fridges, one at each site, some of the vaccines were stored against the side walls of the fridges, which should be avoided to allow proper temperature circulation and for all medicines to remain stored in the same conditions. In addition, some of the vaccines stock at the branch site had not been properly rotated to ensure the stock with the shortest expiry date would be used first. The practice nurse at the branch site informed us that the medicines due to expire are normally labelled and positioned in the fridges so they would be more likely to be used first. We saw a vaccine due to expire in the next month that had not been labelled as such.

**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:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Patient was booked into the appointment system with the same name but wrong date of birth.	<ul style="list-style-type: none"> <li>The incident was brought to the attention of the practice by the patient concerned.</li> <li>The practice manager made corrections to the patient record to ensure the correct information was put against the patient record.</li> <li>The practice management reiterated to all staff that when booking appointments, they should always identify the patient by asking them for their date of birth along with their name, and if necessary additional information to allow them to correctly identify the individual.</li> <li>The practice management also reiterated with clinicians that they need to verify the patient and not only rely on the appointment booking details.</li> </ul>
Error in a medical report prepared by a GP.	<ul style="list-style-type: none"> <li>The error was identified and brought to the attention of the practice by the patient's next of kin.</li> <li>The error was brought to the attention of the GP concerned.</li> <li>The next of kin was contacted and an apology was given for the error.</li> <li>A learning point was agreed among the practice team of the need to double check when completing forms and any documents that the information is accurate.</li> </ul>

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Yes <sup>18</sup>
Staff understood how to deal with alerts.	Partial <sup>19</sup>
<p>Explanation of any answers and additional evidence:</p> <p>18. We saw examples of actions taken on recent alerts. For example in response to safety alerts on medicines that were potentially teratogenic (known or suspected to have the potential to increase the risk of birth defects and development disorders), we saw that the practice had contacted and consulted patients prescribed these medicines, and had informed them of the risks of the medicines. We found no issues with the monitoring of these patients and there was no evidence we found of potential harm to these patients.</p> <p>19. We carried out a search of the practice clinical records system for patients prescribed a certain combination of medicines which was subject to a patient safety alert. We carried out a review of the records of five of the patients identified. We found that the practice had not ensured these patients were being appropriately monitored and reviewed in line with the recommendations of the patient safety alert.</p>	

## Effective

Rating: Good

### 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
Explanation of any answers and additional evidence:	

## Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"><li>• There were lead roles and specific areas of interest among the practice clinical team that benefited this population group, such as diabetes care and tissue viability.</li><li>• The practice had an experienced and dedicated nursing team, who played a significant role in the care and treatment of older people. They recognised that older members of their patient population often had multiple and complex health care needs, and they were able to address these in their review appointments.</li><li>• Care and treatment, including monitoring and review of this patient population, has continued during the COVID pandemic, although at the start of the pandemic they did suspend appointments for some months.</li><li>• The practice offered and administered COVID vaccinations to their own patients in this population group, and part of the national vaccination programme.</li><li>• 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.</li><li>• The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li><li>• The practice carried out structured annual medicines reviews for older patients.</li></ul>



- The practice had two pharmacists working with them through their Primary Care Network, who supported them in the completion of structured medication reviews of patients prescribed certain / multiple medicines.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.

## People with long-term conditions

## Population group rating: Good

### Findings

- 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. The staff team responsible included the nurse practitioner, practice nurses and pharmacists.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- At the main practice site, a blood pressure machine was available and accessible to patients, so they could carry out their own blood pressure check.
- At the main practice site, a weight scales and a height chart was available so patients could monitor their own weight and body mass index.
- However, the practice could not consistently demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. We carried out a search of the practice clinical records system for patients who may have had a missed diagnosis of diabetes. We carried out a review of the records of five of the 11 patients identified. We found that the practice had not coded any of these five patients as 'pre-diabetic' or 'diabetic' as indicated by their blood results, so they were potentially lost to follow up and not offered appropriate care and treatment in line with published guidelines.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	86.0%	75.7%	76.6%	Tending towards variation (positive)
PCA* rate (number of PCAs).	17.4% (114)	11.6%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in	97.9%	90.2%	89.4%	Variation (positive)



the preceding 12 months (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>				
PCA rate (number of PCAs).	17.9% (41)	11.7%	12.7%	N/A

\*PCA.: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>	93.5%	83.1%	82.0%	Variation (positive)
PCA* rate (number of PCAs).	6.8% (18)	4.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>	80.5%	65.2%	66.9%	Variation (positive)
PCA rate (number of PCAs).	19.3% (136)	12.4%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>	80.3%	71.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	8.1% (108)	6.5%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>	89.8%	89.3%	91.8%	No statistical variation
PCA rate (number of PCAs).	5.3% (11)	5.2%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <sub>(QOF)</sub>	81.8%	75.7%	75.9%	No statistical variation
PCA rate (number of PCAs).	10.3% (73)	9.4%	10.4%	N/A

\*PCA.: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

**Findings**

- The most recent published results showed the practice has met the minimum 90% for two of five childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) <small>(NHS England)</small>	85	94	90.4%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) <small>(NHS England)</small>	76	84	90.5%	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) <small>(NHS England)</small>	71	84	84.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) <small>(NHS England)</small>	73	84	86.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles,	107	124	86.3%	Below 90% minimum

mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)				
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

- The practice had continued to offer childhood vaccinations throughout the COVID pandemic but had experienced some hesitancy from parents to bring their children for appointments, particularly early on during the pandemic.

### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- 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.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

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)	74.5%	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)	72.0%	64.7%	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)	64.1%	55.1%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	91.7%	92.1%	92.7%	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)	68.4%	56.7%	54.2%	No statistical variation

## Any additional evidence or comments

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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.

### People experiencing poor mental health (including people with dementia)

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <sup>(QOF)</sup>	100.0%	86.1%	85.4%	Variation (positive)
PCA* rate (number of PCAs).	37.9% (25)	12.3%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <sup>(QOF)</sup>	98.1%	79.6%	81.4%	Variation (positive)
PCA rate (number of PCAs).	11.7% (7)	7.4%	8.0%	N/A

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

### Any additional evidence or comments

### 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.

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	558.3	533.9
Overall QOF score (as a percentage of maximum)	99.9%	95.5%
Overall QOF PCA reporting (all domains)	7%	5.9%

	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

<ul style="list-style-type: none"> <li>• An audit was completed to look at the risk of hypoglycemia (a condition in which your blood sugar (glucose) level is lower than normal) for patients prescribed a certain medicine used to treat type 2 diabetes.</li> <li>• A clinical records search was carried out to identify patients prescribed the medicine who also had recorded low blood sugar levels.</li> <li>• Of the six patients identified, one patient needed to stop being treated with the medicine. The other five patients were contacted and were informed and educated of symptoms to look out which may indicate they had possible low blood sugar, and actions to take if they noticed those symptoms in themselves.</li> </ul>
<ul style="list-style-type: none"> <li>• Following the safety alert regarding combination of clopidogrel and omeprazole, 16 patients were identified of which 13 were required to be contacted and switched to an alternative combination of medicines.</li> <li>• A re-audit to ensure on going compliance is planned for both audits.</li> </ul>

**Any additional evidence or comments**

**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:	

### Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	

### Helping patients to live healthier lives

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

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

### Any additional evidence or comments

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**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:	



## Caring

## Rating: Requires improvement

### Kindness, respect and compassion

Feedback from patients was varied – some was positive, and others was negative - 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-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: We observed staff interactions with patients in the reception and waiting areas of the practice sites during our inspection. We found staff treated patients with dignity and respect during their interactions.	

Source	Feedback
Share your experience (Submissions made via CQC's website of patient experiences)	We reviewed the counts of complaints to CQC about the location, safeguarding enquiries, whistleblowing enquiries and notifications raised within the last 12 months. There had been three complaints received relating to the unhelpful manner of reception staff in the practice, delays getting appointments and prescriptions, and test results.
Healthwatch Bexley	At the time of this inspection, we contacted the local Healthwatch who had recently completed a GP Access survey in the local area. 35 respondents in the local area stated that they were a patient of this practice. Most respondents indicated that their GP practice had not communicated with them about changes to accessing services following the lifting of lockdown on 19th July. Most respondents were aware of the range of contact options available for accessing their GP service, but 83% of respondents were dissatisfied with the options available to them for seeing a healthcare professional. Since lockdown restrictions eased on 19th July 2021, making a GP appointment has been about the same stated 69% of respondents, whilst 31% of respondents found making a GP appointment has become more difficult since lockdown restrictions have been lifted. 71% of respondents described their overall experience of making their last GP appointment as fairly or very poor.
Patient experiences shared through online consultation system	When patients have completed an online consultation, they can offer some feedback after their consultation has taken place. The practice patients' satisfaction with their online consultation experience between January and June 2021 ranged from 40% to 88%, and was below the local area average for most of the months.

## National GP 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)	77.5%	88.3%	89.4%	Variation (negative)
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)	76.3%	86.8%	88.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	94.5%	95.1%	95.6%	No statistical variation
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)	53.7%	81.3%	83.0%	Significant Variation (negative)

### Any additional evidence or comments

- The national GP patient survey results had been published a few weeks prior to our inspection. The practice management team told us they had seen and reviewed the results but had not yet been able to begin putting an action plan in place to address the areas they had not performed as well as local area and national averages.
- The practice's national GP patient survey results show declining performance in several areas over the past four years, including patients' overall experience of their GP practice.
- The practice manager informed us that they acted in response to patient feedback, but these had not led to the desired impact on their patient feedback scores.

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

### Any additional evidence

## 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 <sup>1</sup>
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	
<p>1. The practice had adopted the Accessible Information Standard. They actively sought to get patients' feedback on their preferences and communicated with patients in their preferred method and supported them to access and understand their care and treatment.</p>	

Source	Feedback
Interviews with patients.	We did not interview patients as part of this inspection due to the COVID-19 pandemic. We reviewed and included other sources of information that reflected patient experiences including National GP patient survey, share your experience (Submissions made on CQC's website of patient experiences), Healthwatch Bexley, PPG, FFT and Patient experiences shared through their online consultation system.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	87.1%	92.0%	92.9%	No statistical variation

	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.	No
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

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Carers	Narrative
Percentage and number of carers identified.	209 carers (2% of patient population).
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• During the COVID-19 pandemic, the practice told us they had made sure people identifying as carers were properly assigned.</li> <li>• Carers were prioritised for appointments</li> <li>• Carers were offered support and guidance in managing their caring responsibilities</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• There were notices displayed in the reception areas at the practice sites for local bereavement counselling service</li> <li>• The practice team do a weekly call back to bereaved patients.</li> </ul>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes <sup>2</sup>
There were arrangements to ensure confidentiality at the reception desk.	Partial <sup>3</sup>
<p>Explanation of any answers and additional evidence:</p> <p>2. The practice staff told us they could make an unused room available if patients needed privacy during their visit to the practice.</p> <p>3. We observed that due to the layout of the entrance/ reception area at the main site (Danson Crescent), it was difficult to maintain patient confidentiality, as there was not enough space for patients waiting to speak to reception staff to remain sufficiently distanced from the person speaking with the reception team. Conversations were overheard, and we found sometimes reception staff repeated or said patients' personal information out loud.</p>	

## Responsive

## Rating: Requires improvement

We have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

### 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 <sup>1</sup>
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
1. The practice had been awarded a grant from NHSE/I. They had used the funds to make improvements in the practice premises, most of which particularly focused on improving access and experiences of people with additional needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
For extended access, patients with appointments could access to the surgery at 7.20am, Monday to Friday. The actual opening times are 8am.	
Appointments available:	
Monday	8.30am to 11am, then 2pm to 6.30pm
Tuesday	8.30am to 11am, then 2pm to 6.30pm
Wednesday	8.30am to 11am, then 2pm to 6.30pm
Thursday	8.30am to 11am, then 2pm to 6.30pm
Friday	8.30am to 11am, then 2pm to 6.30pm
For extended access, patients with appointments could access the surgery at 7.20am, Monday to Friday. The actual opening times are 8am.	

## Older people

## Population group rating: Requires improvement

### Findings

- 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice had arrangements for prescriptions to be sent to patients' nominated pharmacists via EPS (Electronic Prescription Service)
- Both practice premises were wheelchair accessible. We noted during our inspection however that the Hook lane annex to the Danson Crescent site was not accessible for wheelchair users due to how cars were parked at the front of the premises.
- The practice offered social prescriber support signposting to local, non-clinical services to meet their wellbeing needs. This service was of help to patients with complex social issues, who were often older people.
- The practice informed us that patients having difficulties using the online consultation platform could receive support from the practice staff to complete their consultations. Information about this support being available was not clearly and explicitly provided on the practice website. We highlighted this to the practice management during our inspection and they arranged for appropriate information and signposting to be included on the practice website.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

## People with long-term conditions

## Population group rating: Requires improvement

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

## Families, children and young people

**Population group rating: Requires improvement**

### Findings

- Extended access GP appointments were available from 7.20am till 8am on weekdays.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

## Working age people (including those recently retired and students)

**Population group rating: Requires improvement**

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments, from 7.20am until 8am on weekdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

## People whose circumstances make them vulnerable

**Population group rating: Requires improvement**

### Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.



**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Requires improvement**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- However, we have this service as requires improvement for providing responsive services because patient feedback indicated patients had poor experiences accessing care and treatment at the practice.

**Access to the service**

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

National GP Survey results

	<b>Y/N/Partial</b>
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:	



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)	32.7%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	35.2%	69.2%	70.6%	Significant Variation (negative)
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)	35.3%	65.7%	67.0%	Significant Variation (negative)
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)	59.1%	79.5%	81.7%	Variation (negative)

#### Any additional evidence or comments

- The practice's national GP patient survey results show declining performance in several areas over the past four years: ease of getting through on the phone, helpfulness of reception staff, ease of looking for information on the practice website, overall experience of making an appointment and satisfaction with GP appointments times available.
- The latest national GP patient survey results had been published a few weeks prior to our inspection. The practice management team told us they had seen and reviewed the results but had not yet been able to begin putting an action plan in place to address the areas they had not performed as well as local area and national averages.
- The practice did not yet have an action plan in place to improve access.

Source	Feedback
Online consultations feedback	The practice patients' satisfaction with their online consultation experience between January and June 2021 ranged from 40% to 88% and was below the local area average for most of these months.

## 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.	12
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	Not inspected
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	No <sup>2</sup>
There was evidence that complaints were used to drive continuous improvement.	Yes <sup>3</sup>
<p>Explanation of any answers and additional evidence:</p> <p>2. Information about how to complain and complaints leaflets were not readily available for patients in the practice premises.</p> <p>3. Meeting minutes indicated that a complaints meeting, organised by the practice manager, was held in June 2021 and attended by the clinical team and managers of the administrative and reception teams. Each complaint was discussed, and learning points agreed on how the service would be improved, and future complaints prevented. A future meeting was scheduled for six months from that date.</p>	

#### Examples of learning from complaints.

Complaint	Specific action taken
Complaint about an administrative correspondence request not being completed satisfactorily.	<ul style="list-style-type: none"> <li>• Meeting held with the patient and GP concerned</li> <li>• Apology given for error made</li> <li>• Patient refunded the fees associated with the request</li> <li>• Learning point shared with practice team to ensure administrative requests are completed in a timely fashion.</li> </ul>
Complaint about not being able to obtain COVID vaccine whilst needing to isolate due to their circumstances meeting the requirement to isolate.	<ul style="list-style-type: none"> <li>• National guidance on isolation was reiterated to the patient and the need to follow it.</li> <li>• Date when access to vaccination would be available to the patient made clear.</li> <li>• Apology given for the frustration caused.</li> </ul>

## Well-led

Rating: Good

### Leadership capacity and capability

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

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

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Not inspected
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Not inspected
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

## Culture

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Not inspected
The practice had access to a Freedom to Speak Up Guardian.	Not inspected
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff feedback	<p>Feedback from staff was that the management were supportive, they had access to training, and they were able to raise concerns if they had any. Staff reported that they enjoyed their work and the role they played in caring for patients. They mentioned they had development opportunities.</p> <p>However, better communication (between the doctors and administrative / reception teams) was mentioned as an area that could be improved in the practice.</p>

## 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:	

## 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.	Yes
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.	Yes
Explanation of any answers and additional evidence:	

### 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.	Partial <sup>1</sup>
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.	Partial <sup>2</sup>
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Partial <sup>3</sup>
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:	
1. The practice had adopted the Accessible Information Standard. They actively sought to get patients' feedback on their preferences and communicated with patients in their preferred method and supported	

them to access and understand their care and treatment. They did this by asking patients to complete a small paper slip attached to their paper prescriptions. However, for people at risk of digital exclusion, there was limited information on alternatives to remote booking systems and appointments, and the information available was mainly through the practice website, which meant it immediately excluded some patients who could not use the site.

2. The practice’s national GP patient survey results show declining performance in several areas over the past four years: ease of getting through on the phone, helpfulness of reception staff, ease of looking for information on the practice website, overall experience of making an appointment and satisfaction with GP appointments times available. Actions the practice had made included periodic review and discussion of complaints and setting actions.

3. Our review of the management of people with long term conditions and people prescribed medicines that needed additional monitoring showed that half of those that we reviewed had not received the recommended monitoring.

### Appropriate and accurate information

#### The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial <sup>4</sup>
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 entails.	Yes
Explanation of any answers and additional evidence:	
4. We found that data, such as prompts and alerts for patient monitoring, and patient experience data was not always acted on to improve performance.	

### Governance and oversight of remote services

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

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	No
Explanation of any answers and additional evidence:	

## Engagement with patients, the public, staff and external partners

The practice involved 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 <sup>5</sup>
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: 5. The practice had a patient participation group in place, but the practice management team informed us they had not been meeting during the pandemic.	

Feedback from Patient Participation Group.

Feedback
We asked for but did not receive feedback from members of the patient participation group. The practice manager informed us that the group had stopped meeting since the pandemic, but prior to that time, had held regular meetings and were supported to express their views and give feedback to help improve the service.

Any additional evidence

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice is a training practice and had at the time of our inspection had three trainee GPs placed with them. Feedback from clinical staff in training at the practice was that it was a supportive learning environment for their clinical specialty development.</li> <li>We saw that the practice learned from significant events and complaints.</li> <li>The practice arranged and carried out a programme of clinical audit and review.</li> </ul>	

Examples of continuous learning and improvement
The practice undertook a programme of clinical audit activity.



## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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 weightings 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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- % = per thousand.