

Care Quality Commission

Inspection Evidence Table

Dr Jedth Phornnarit (1-530288648)

Inspection date: 16-21 December 2022, 10 January 2023

Overall rating: Requires improvement

We rated the practice as requires improvement overall. This was because the practice was not comprehensively managing risks to patients. We also found some weaknesses in performance, governance and oversight although the practice had taken some steps to investigate and improve.

Safe

Rating: Requires improvement

The practice is rated requires improvement for providing safe services because:

- The practice did not routinely check that agency staff had completed required training before working at the practice
- Medicines reviews were of variable quality
- The practice was not always implementing safety alerts in line with national guidelines.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The clinicians and directly employed staff had completed safeguarding training appropriate to their role. However, the practice had recently relied on agency administrative and reception staff and had not routinely checked that these staff members had the relevant training in place. The staff members we interviewed, including agency workers, confirmed they had completed this training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2021 (biannual)	Y
There was a fire procedure.	Y
Date of fire risk assessment: December 2022 Actions from fire risk assessment were identified and completed.	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: October 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The lead GP was also the practice lead for infection prevention and control. The practice had comprehensive infection prevention and control policies and procedures which had been updated during the COVID-19 pandemic. The lead GP told us that they planned to review all infection prevention and control policies again in early 2023.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial

There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the time of the inspection, the lead GP was providing a mix of clinical and administrative sessions which gave the practice flexibility at times of high demand. The receptionists we spoke with (including agency staff) were able to describe the potential signs of sepsis in adults and children and understood the urgency of this situation. However, the practice had not systematically checked that its agency receptionist had been trained on sepsis awareness before they started work at the practice. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment but there were gaps.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We carried out a series of standardised searches of the practice clinical records system. We found that patient records were generally clear and comprehensive and included details of medical history, examination, management plans, safety netting and follow-up as appropriate. However, we found that the quality of recorded medicines reviews was more variable and fell below expected standards. We reviewed five medicine review records in detail and found problems in four of these. For example, in 2 cases, the reviewer did not check that the monitoring required for certain prescribed medicines was up to date. In another case, the medicines review highlighted an issue that should have been referred to a GP for further investigation but this did not appear to have happened. Clinical records were securely managed. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation but improvements were required

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.38	0.59	0.82	Significant Variation (positive)
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). (01/10/2021 to 30/09/2022) (NHSBSA)	8.2%	8.7%	8.5%	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 (01/04/2022 to 30/09/2022) (NHSBSA)	5.87	5.57	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	38.9‰	57.9‰	129.6‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.67	0.45	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	5.5‰	4.8‰	6.7‰	No statistical variation

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

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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> • We carried out a series of standardised searches of the practice clinical records system. We found that patients prescribed high risk medicines, such as warfarin, that require ongoing monitoring, were called to have the necessary monitoring tests carried out. However, the results were not always uploaded to the relevant patient record and were not always readily accessible to the practice clinicians. • The quality of recorded medicines reviews was variable and fell below expected standards in some cases. • The practice was able to demonstrate that it followed national guidelines in monitoring patients' usage of benzodiazepines and z-drugs. These are types of medicines that are typically used to treat anxiety or insomnia. They should normally be prescribed for short-term use only due to potential adverse side-effects including drowsiness, memory problems, tolerance and dependency if taken for longer periods. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	4

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The practice reviewed certain categories of complex or more unusual clinical cases for learning, for example unexpected deaths.	A recent case had involved a patient whose treatment was initiated abroad following an accident. On their return, the GP identified concerns with the patient's management and initiated an urgent referral for specialist review and treatment. The case was shared and discussed with the practice clinical team.
Request from a hospital consultant for the GP to prescribe a medicine 'off-label' for a child. (Off-label means that the medicine has not been licensed for use for that specific condition or patient group).	The GP liaised with the consultant and identified a suitable alternative medicine for the patient that was licensed for paediatric use. The family was involved in the discussion. The case was shared and discussed with the practice clinical team.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had systems to record and act on safety alerts but we found that these were not always being fully implemented in line with guidelines. We carried out a standardised search to review how the practice had implemented a recent safety alert recommending that the medicines clopidogrel and omeprazole were not co-prescribed. This is because studies have shown that omeprazole (which is prescribed to treat heartburn and indigestion) can reduce the effectiveness of clopidogrel (which is typically used to reduce the risk of blood clots). Our review found that the practice was not recording whether it had discussed this risk with patients who were being prescribed both medicines. 	

Effective

Rating: Requires improvement

The practice is rated requires improvement for providing effective services because:

- Published performance figures for cancer screening and childhood immunisation coverage data were below target. The published cervical screening figures had not improved since our previous inspection despite this being highlighted as an area for improvement at that time.

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

Effective needs assessment, care and treatment

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

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

Effective care for the practice population

Findings
<ul style="list-style-type: none">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.The practice maintained a register of patients whose circumstances may make them vulnerable and put in place care planning for those patients with ongoing needs who would benefit.Health checks, including frailty assessments, were offered to patients over 75 years of age.

- Flu, shingles and pneumonia vaccinations were offered to eligible patients. The practice had offered Covid-19 vaccinations through the primary care network during the first waves of the pandemic.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 and new registration checks. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. The practice had completed the checks for four out of nine eligible patients at the time of the inspection. The practice had recently reorganised the way it delivered the health checks so that patients would have a 30-minute appointment with the GP and see the health care assistant to complete various checks. The practice was finding that patients were more likely to attend with this 'one stop shop' type approach.
- 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 demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Management of people with long term conditions

Findings

- We carried out a search of the practice electronic records system to assess how the practice was managing aspects of care for patients with asthma, chronic kidney disease (CKD), hypothyroidism and diabetic retinopathy.
- 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 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. We carried out a search of the clinical records system which showed that patients with symptoms or markers of potential diabetes were reviewed in line with guidelines and diagnosed when appropriate. Our search also showed that the clinical system was not always correctly picking up the diagnostic coding for diabetes and the lead GP said he would escalate this with the system support team.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma within a week. However, we found that the practice was not always providing patients with steroid cards in line with guidelines. (Steroid cards are given to patients prescribed higher dose steroids for longer periods of time with advice on how to reduce the risk of side effects.)

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Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	21	25	84.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	15	22	68.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	16	22	72.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	16	22	72.7%	Below 80% uptake

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

Any additional evidence or comments

- The practice team described the action they took to encourage families to receive childhood immunisations in line with the recommended UK immunisation schedule. The practice followed up with the parents or guardians of all children overdue an immunisation. The practice told us that, as a small practice, their uptake figures were subject to variability due to relatively high rates of mobility of the local population. For example, newly registering families sometimes reported that children had received all required immunisations but did not provide evidence allowing this to be recorded in the performance indicators. (The practice had recently registered around 100 asylum seekers living in temporary accommodation in the area.)
- The advanced nurse practitioner told us they were sometimes able to persuade parents with children overdue immunisations to have them on a 'catch up' basis, that is, later than recommended, and again these children were not included in the indicators.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	41.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	7.3%	48.9%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	50.6%	57.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	50.0%	55.1%	54.9%	No statistical variation

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

Any additional evidence or comments
<p>The practice had been working on updating the practice register and removing patients who had moved away and were no longer receiving services from the practice. This had resulted in improved screening coverage figures.</p> <p>The practice ran a search on its clinical record system following the inspection on cervical screening coverage and supplied more recent data. This showed that 307 of 323 patients aged between 25 and 49 had been screened in the previous 3 years (95%) and 170 of 191 (89%) patients aged between 50 to 64 had been screened in the previous 5 years. Note that the published performance indicators are calculated differently and do not offer a direct comparison and that we have not been able to independently verify the practice's figures.</p> <p>The practice nurse had recently extended her working hours at the practice and told us that they were doing more cervical screening tests as a result. Patients were also able to attend cervical screening appointments outside working hours at other another locality in the borough although actual attendance at booked appointments was variable.</p>

Monitoring care and treatment

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

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

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

The practice had reviewed its process for offering annual health checks for patients with learning disability as attendance was lower than expected. The practice had changed the system to a 'one-stop shop' type approach so that patients had all their tests done on the same visit as their consultation with their GP. Any abnormal results were subsequently followed up. The practice had not formally written up the results at the time of the inspection but told us that attendance had improved.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The practice had recently promoted a member of staff into the practice manager role and had arranged ongoing mentorship from an experienced, external primary care manager.	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
<ul style="list-style-type: none">• We carried out a review of a sample of notes where a DNACPR decision had been recorded. This showed that patients' views had been sought and respected and information had been shared with relevant agencies.• We saw evidence that the practice held, participated in and documented the outcome of 'best interest' meetings, when patients were assessed not to have the capacity to make an important decision about their treatment or care themselves.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
NHS website	Recent, verified online patient reviews were positive about patients' experience of the service, with patients praising the friendliness and professionalism of the GP. The practice followed-up critical reviews to identify improvements. For example, the practice had recently taken action to improve patients' experience at reception.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	77.5%	82.3%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	79.3%	80.1%	83.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	88.9%	91.2%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	67.4%	70.8%	72.4%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice was aware that patients valued continuity and had taken steps to reduce its reliance on locum GPs. The practice was experiencing relatively high demand from people newly arriving to the UK to register. These patients tended to have very high health needs including mental health problems but were unfamiliar with the NHS and registration process and were sometimes fearful of engaging with formal health services. The lead GP was planning to make outreach visits to people in designated temporary accommodation to help explain the registration process.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Staff interviews	All the staff members we interviewed told us they aimed to provide a compassionate, caring service. Staff told us that patient experience at reception had sometimes been variable and this had been acted on and had improved. Staff told us they were increasingly proud of the service they were able to deliver, including during busy periods.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	86.3%	87.3%	89.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice could not provide exact numbers of carers as the lead GP was in the process of reviewing and updating the coding for carers on the clinical system. This was an area for improvement as out of date and inconsistent coding meant that patients with caring responsibilities might not be identified or receiving appropriate support.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carers were signposted to local resources and carers' assessments and had access to priority appointments and the annual flu vaccination. Carers were involved in key discussions about the treatment of the person they cared for when this was appropriate (and the person was also registered at the practice). The practice used the 'Coordinate my Care' system to develop urgent care plans for patients with more complex needs. This system prompted the practice to identify and consult with carers as part of the planning process.

How the practice supported recently bereaved patients.	The practice signposted recently bereaved patients to a range of resources including local bereavement counselling services and practical support. Information about bereavement was available in 'easy-read' format for bereaved patients with a learning disability.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: The lead GP was taking on more clinical sessions reducing the need for locum GP cover and improving continuity of care.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
GP appointments available daily, morning and afternoon Nurse practitioner appointments available 2 days per week, morning and afternoon	

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

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice could arrange transport for patients who were unable to independently travel to health appointments.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to patients at additional locations within the area on weekday evenings and at weekends (Saturday and Sunday). These included GP and nurse appointments and cervical screening clinics.
- The practice held a register of patients living in vulnerable circumstances.
- People in vulnerable circumstances were supported to register with the practice, including those with no fixed abode.
- 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.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence:	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	72.1%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	50.9%	58.2%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	53.2%	58.9%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	62.6%	68.4%	71.9%	No statistical variation

Any additional evidence or comments

- The practice team was open about the challenges of providing an accessible service to patients since the COVID-19 pandemic and told us that this had been difficult at busy times but had improved recently. The practice had responded by increasing staffing levels, for example, the nurse practitioner had doubled her working hours at the practice. The lead GP had appointed a new practice manager and contracted with locum staff (clinical and non-clinical). At the time of the inspection, we reviewed the appointment system which showed that the practice could provide urgent appointments the same or next day (including face to face appointments with a GP) and routine appointments (face to face and telephone) could be booked within two weeks.

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.	7
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about verbally abusive and threatening experience at reception.	Patient concerns were substantiated and appropriate action taken. The incident was also treated as a significant event.
Local residents complained about the noise early in the mornings created by the clinical waste collection vehicles.	The practice moved the waste collection times so these now occurred during working hours. The practice recognised the impact it could have as a 'neighbour'.

Well-led

Rating: Requires improvement

The practice is rated requires improvement for providing well-led services because:

- The practice was not holding regular staff meetings and did not have alternative systems in place to spot issues at an early stage.
- Published performance on childhood immunisations and cervical screening coverage was below target and this had been noted at the previous inspection.
- There were gaps and anomalies in the way the practice implemented coding on the clinical system, so for example, it could not accurately count the number of patients who were carers.
- Clinical oversight of record keeping, for example in relation to medicines reviews needed improvement.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Everyone we spoke with described the lead GP, who owned and ran the practice, as approachable and supportive. This included directly employed staff, temporary staff and attached staff.• The practice had promoted a member of staff to the practice manager role with support from the lead GP and an experienced external mentor.• The lead GP was intending to move the practice to a partnership model to improve organisational resilience.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

- The practice was reducing its reliance on short-term locum GPs to improve accessibility and continuity of care. The administrative team had stabilised after a period of high staff turnover.
- The practice had increased its clinical capacity, for example, expanding the number of sessions provided by the nurse practitioner in response to increasing patient demand.

Culture

The practice was developing a positive culture to drive high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had recently taken action to deal with behaviour inconsistent with the vision and values of the practice. However, it was evident that this behaviour had continued for some time before being addressed, with negative consequences for the working culture at the practice (described by some as bullying). • All the staff we interviewed told us the problems had been effectively addressed by the senior team and the working culture had improved greatly as a result. The practice was now described as a friendly, supportive and professional place to work with a positive team culture. • The practice had treated this problem as a significant event and the leaders were confident that they had learnt from the experience and would recognise and address future issues. However, we felt more could be done to embed processes and mechanisms to encourage staff to speak up at an early stage when things might be concerning them, for example, more opportunities for staff meetings. 	

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management but governance arrangements could be improved.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinical oversight of record keeping, for example in relation to medicines reviews needed improvement. The practice had only recently started to hold regular internal clinical meetings following the COVID-19 pandemic although there had been ongoing multidisciplinary engagement. Staff meetings were also irregular. Some staff members told us they thought they would benefit from being able to meet regularly as a full team. The lead GP and practice manager told us that they planned to introduce a schedule for practice meetings. 	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Partial
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice did not routinely check that agency staff had completed required training before working at the practice Medicines reviews were of variable quality The practice was not always implementing safety alerts in line with national guidelines. Published practice performance on childhood immunisations and cervical screening uptake was markedly below national targets. This had been noted at the previous inspection. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making but data quality and coding required review.

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: The practice used codes to flag clinical issues and categories on the practice records system. However, we identified some inconsistencies in coding around the diagnosis of diabetes that needed further investigation. The practice was unable to provide an accurate count of patients who were carers due to out of date and inaccurate coding.	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice had a virtual patient participation group and shared information and updates via an email list. The practice told us there was scope to revitalise the group and recruit new members with potential face to face meetings later in the year.	

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

- The practice had focused on immediate challenges over the previous year, for example, stabilising the staffing of the non-clinical team and developing a new practice manager.
- The practice provided evidence of clinical audits including a two-cycle audit on its prescribing of controlled drugs. As a result of this work, the practice no longer prescribed controlled drugs on repeat. It had also carried out an audit of its management of COPD and identified room for improvement which had been implemented.
- The practice pointed to its experience of maintaining an accessible service throughout the COVID-19 pandemic and working collaboratively with other practices in its network (for example when a neighbouring practice became short staffed) as valuable learning leading to stronger relationships.

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 SICBL 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 SICBL average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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