

# Care Quality Commission

## Inspection Evidence Table

### Riverside Medical Practice (1-559828256)

Inspection date: 25 and 29 November 2022 as well as 1 December 2022

Date of data download: 10 November 2022

**Overall rating: Good**

# Safe

## Rating: Good

### Safety systems and processes

**The practice's systems, practices and processes helped keep people safe and safeguarded from abuse.**

Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
GPs and staff were trained to appropriate levels for their role and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely manner.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice advised patients that chaperones were available if required.	Yes

Recruitment systems	
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Safety systems and records	
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed that the fire alarm system was tested regularly.	Yes
The practice had designated fire marshals.	Yes

Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

## Infection prevention and control

**There were systems and processes to help maintain appropriate standards of cleanliness and hygiene.**

We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes
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
<b>Additional evidence or comments</b>	
Clinical waste awaiting collection at the Cuxton branch surgery was stored securely in rigid lockable receptacles. Clinical waste awaiting collection at Riverside Medical Practice was stored securely in a locked outbuilding but not kept in rigid lockable receptacles. However, during our inspection staff told us they had ordered the required receptacles and we saw records that confirmed this.	

## Risks to patients, staff and visitors

**Risks to patients, staff and visitors were assessed, monitored or managed effectively. The provider was responsive to our findings of issues regarding the management of legionella.**

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes

Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry dates.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage deteriorating or acutely unwell patients.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
There was an up to date legionella risk assessment and an action plan to address issues identified.	Yes

#### **Additional evidence or comments**

We looked at the training records of five clinical members staff and one non-clinical member of staff and found all five clinical members of staff were up to date with basic life support training. One non-clinical member of staff had not received basic life support training since November 2020. However, the provider had risk assessed this to assess the likelihood of them encountering a patient requiring resuscitation and concluded that three yearly training was sufficient, given there were always clinical staff present when they were at work.

There were up to date legionella risk assessments with action plans to address issues identified for both Riverside Medical Practice and the Cuxton branch surgery. Records showed the temperature of water from hot and cold outlets was monitored and recorded on a regular basis as part of the legionella control regime. However, records showed water from one hot outlet at Cuxton branch surgery was not reaching the required temperature of 50 degrees centigrade. Records also showed that water from cold outlets at Cuxton branch surgery was higher than the acceptable limit of 20 degrees centigrade. The legionella risk assessments had been carried out by an external company who had advised that microbiological testing was not required. However, as recommended water temperatures were not consistently being achieved microbiological monitoring was indicated.

Water samples from Riverside Medical Practice and Cuxton branch surgery were not routinely being sent for microbiological testing for the presence of legionella in line with Health and Safety Executive guidance. However, during our inspection the provider responded to our findings by making arrangements for an external company to attend both sites to collect water samples and send them for testing for the presence of legionella. We saw records that confirmed this had been carried out on 30 November 2022. After our inspection the provider wrote to us with evidence to show results of these tests were negative and confirmed their buildings' water systems had not been colonised by legionella.

Flushing of little used water outlets was not necessary at either site as all water outlets were used on a regular basis.

## Information to deliver safe care and treatment

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

Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results, and this was managed in a timely manner.	Yes
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.96	0.85	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	8.1%	8.9%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	5.38	5.77	5.31	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	132.5‰	132.5‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.52	0.61	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	4.2‰	6.8‰	6.8‰	No statistical variation

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

## Medicines management

The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescription forms and pads were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high-risk medicines with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Up to date local prescribing guidelines were in use.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes

### Additional evidence or comments

At the time of our inspection NHSBSA published results showed that the practice was performing in line with local and England averages when prescribing some antibiotics and some hypnotics.

During our inspection we looked at the records of:

- Five patients who were prescribed warfarin and found that best practice guidance was being followed for the prescribing of this high-risk medicine.
- Five patients who were prescribed methotrexate and found that best practice guidance was being followed for the prescribing of this high-risk medicine.
- Three patients who were prescribed lithium. Records showed two patients were overdue relevant blood tests. However, we saw the practice had contacted them both in November

2022 and informed them they needed to attend for blood tests.

- Five patients who were prescribed benzodiazepines and found that best practice guidance was being followed for the prescribing of these high-risk medicines.

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

## Lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

<b>Significant events</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on significant events.	Yes
There was written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses both internally and externally.	Yes

Number of events recorded in last 12 months:	8
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events.	Yes

**Additional evidence or comments**

We looked at the records of one significant event that had been recorded as taking place within the last 12 months. We saw details of the event reported by staff had been investigated, and necessary action taken. Records showed that learning had been discussed at relevant meetings to help reduce the risk of it happening again. For example, staff were reminded to draw up vaccines before calling patients into the clinical room following a recent medicines error that took place when a patient attended the practice for a vaccination.

<b>Safety alerts</b>	
The practice had systems for managing safety alerts.	Yes
Information from safety alerts was shared with staff.	Yes
Staff understood how to deal with safety alerts.	Yes
The practice acted on and learned from safety alerts.	Yes
The practice kept records of action taken (or if no action was necessary) in response to receipt of all safety alerts.	Yes

**Additional evidence or comments**

During our clinical searches, we reviewed three safety alerts and found that all three had been managed well.

# Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care as well as treatment were delivered in line with current legislation, standards and evidence-based guidance.**

The practice had systems and processes to help keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
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
<b>Additional evidence or comments</b>	
Patients with some long-term conditions, such as asthma, hypertension, atrial fibrillation (AF), dementia and patients receiving palliative care were receiving relevant reviews. We found that improvements were required to some reviews of patients with chronic obstructive pulmonary disease (COPD), diabetes and mental health conditions. However, the provider took action during our inspection to make the required improvements.	

## Monitoring care and treatment

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

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

## Effective care for the practice population

### Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice had systems to inform eligible patients to have the meningitis vaccine. For example, before attending university for the first time. Chlamydia screening was available for relevant patients. Patients with suspected hypertension were offered ambulatory blood pressure monitoring. All patients with a learning disability were offered an annual health check. 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. Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long-term conditions

### 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.

We looked at the records of:

- Five patients who were diagnosed with asthma. Records showed that all of these patients had received a review in line with best practice guidance.
- Five patients who were diagnosed with chronic obstructive pulmonary disease (COPD). We saw reviews made reference to local best practice guidance. However, we looked but could not find any evidence to show that any of these patients' reviews followed best practice guidance (Global Initiative for Chronic Obstructive Lung Disease – GOLD guidance). During our inspection the provider reviewed the records of these patients further and was able to demonstrate that GOLD guidance was used to grade the patients' conditions which in turn evidenced the reason why relevant medicines were then prescribed.
- Five patients who were diagnosed with diabetes. Records showed that two of these patients required follow up that had not yet taken place. However, during our inspection the provider contacted both these patients by text message asking them to book in for relevant tests.
- Five patients who were diagnosed with hypertension. Records showed that all of these patients had received a review in line with best practice guidance.
- Five patients who were diagnosed with atrial fibrillation (AF). Records showed that all of these patients had received a review in line with best practice guidance.
- Five patients who were diagnosed with mental health conditions. Two of these patients' records showed they were overdue relevant blood tests. During our inspection the provider contacted these patients by text message asking them to book in for relevant blood tests.
- Five patients who were diagnosed with dementia. Records showed that all of these patients had received a review in line with best practice guidance.
- Three patients who were receiving palliative care and found that end of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

We completed a series of searches on the practice's clinical record system. These searches were completed to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our searches showed that the practice identified patients with commonly undiagnosed conditions. For example, diabetes and chronic kidney disease (CKD).

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)	93	100	93.0%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	84	90	93.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	84	90	93.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	83	90	92.2%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	92	99	92.9%	Met 90% minimum

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

Additional evidence or comments
Childhood immunisations were carried out in line with the national childhood vaccination programme. NHS England and Improvement results (published in March 2021) showed that uptake rates were in line with the target of 90% or above in all of the five 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)	77.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	59.4%	63.4%	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)	73.1%	68.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	51.9%	56.4%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Additional evidence or comments
<p>Published results showed that the practice's uptake for cervical screening as at March 2022 was below the 80% coverage target for the national screening programme.</p> <p>The provider was aware of these results and was taking action to improve uptake. For example, staff told us patients who were due or overdue cervical screening, were identified and sent either a text message or letter inviting them for screening. The practice's computer system alerted staff to patients who were due or overdue cervical screening so they could encourage screening during any contact with the practice. Patients who failed to attend for cervical screening were telephoned by staff and encouraged to attend for screening.</p> <p>Unverified data showed uptake of cervical screening by eligible patients was to date:</p> <ul style="list-style-type: none"> <li>• 77% for patients aged 25 to 49 years.</li> <li>• 81% for patients aged 50 to 64 years.</li> </ul> <p>Published results showed that the practice's uptake for breast cancer screening and bowel cancer screening was in line with local and England averages.</p>

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

There was an induction programme for new staff.	Yes
---	-----

The learning and development needs of all staff were assessed.	Yes
All staff were up to date with essential training.	Yes
All staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff 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.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

## Coordinating care and treatment

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

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

## Caring

### Rating: Good

#### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

#### National GP Patient Survey Results published in July 2022

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	88.5%	82.1%	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)	91.8%	80.8%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	95.8%	92.0%	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)	84.0%	66.8%	72.4%	No statistical variation
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)	100.0%	89.0%	89.9%	Significant Variation (positive)

### Additional evidence or comments

Feedback about the practice from the national GP patient survey published in July 2022 was positive and in line with local and England averages. Feedback indicated a significant variation positive for patient satisfaction with being involved as much as they wanted to be in decisions about their care and treatment.

## Involvement in decisions about care and treatment

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

Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
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 about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 51 (0.7%) patients who were carers.
How the practice supported carers (including young carers).	Carers were identified during the registration process and during consultations. There were also posters in the practice waiting room regarding carers. Patients identified as being cared for were also asked who their carers was in order to help the practice identify carers.  Patients who were carers were able to be referred to other services who could advise and arrange relevant packages of support.
How the practice supported recently bereaved patients.	Bereaved patients were offered a telephone call to speak with practice staff about their bereavement. Relevant leaflets were available and bereaved patients were directed to bereavement support services.

## Privacy and dignity

The practice respected patients' privacy and dignity.

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

# Responsive

## Rating: Good

### Responding to and meeting people's needs

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

The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements for people who need translation services.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes
The practice complied with the Accessible Information Standard.	Yes

<b>Further information about how the practice is responding to the needs of their population</b>
<p>Patients had a named GP who supported them in whatever setting they lived.</p> <p>The practice was responsive to the needs of older patients and offered urgent appointments for those with enhanced needs and complex medical issues.</p> <p>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</p> <p>Appointments were available outside of school hours so that school age children did not need to miss school in order to receive care and treatment.</p> <p>The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</p> <p>People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.</p> <p>The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</p> <p>Patient toilets were available that included ones that were suitable for use by people with mobility issues.</p>

Purpose built baby changing facilities were available at the Cuxton branch surgery. People requiring baby changing facilities at Riverside Medical Practice were offered the use of a private room.

People wishing to breastfeed babies were offered the use of a private room.

A hearing loop was available at the practice receptions to assist patients who were hard of hearing or deaf.

## Access to the service

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

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

Practice Opening Times	
Riverside Medical Practice	
Day	Time
Monday	8.30am to 1.30pm and 3.30pm to 6.30pm
Tuesday	8.30am to 1.30pm and 3.30pm to 8pm
Wednesday	8.30am to 1.30pm
Thursday	8.30am to 1.30pm and 3.30pm to 6.30pm
Friday	8.30am to 1.30pm
Saturday	9am to 11.45am
Cuxton branch surgery	
Day	Time
Monday	8.30am to 1.30pm and 3.30pm to 6.30pm
Tuesday	8.30am to 1.30pm
Wednesday	8.30am to 1.30pm and 15.30 to 18.30
Thursday	7.30am to 1.30pm
Friday	8.30am to 1.30pm and 3.30pm to 6.30pm

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
Patients had timely access to appointments / treatment and action was taken to minimize the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems to support patients who face communication barriers to access treatment.	Yes
Patients with the most urgent needs had their care prioritised.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
There were systems to monitor the quality of access and make improvements.	Yes

### Additional evidence or comments

Patients were able to book appointments by telephone, online and in person.

The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

There were arrangements with other providers to deliver home visits as well as services to patients outside of the practice's working hours. Although home visits were also provided by practice staff when necessary.

We looked at the practice's appointments system and saw that the next available face to face appointment with a GP was 25 November 2022 and the next available face to face appointment with a nurse was 1 December 2022.

## National GP Patient Survey Results published in July 2021

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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)	87.2%	N/A	52.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	80.9%	48.6%	56.2%	Tending towards variation (positive)

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)	75.2%	48.2%	55.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	83.6%	68.2%	71.9%	No statistical variation

#### Additional evidence or comments

Feedback about the practice from the national GP patient survey published in July 2022 was positive and above local and England averages (significantly so for patient satisfaction with the ease of getting through to someone at their GP practice on the telephone).

## Listening and learning from concerns and complaints

### Complaints were listened to and used to improve the quality of care.

Complaints	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Partial
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the last 12 months.	11

#### Additional evidence or comments

The practice's complaints policy was in line with recognised guidance and contractual obligations for GPs in England. However, we looked at the response letters to five complaints and found they did not contain details of the Ombudsman, should the complainant not be satisfied with the practice's handling of the complaint.

We looked at the records of one complaint reported within the last 12 months. Records showed that this complaint had been acknowledged and, after investigation, replied to in writing. Records also showed that learning from the complaint had been shared with relevant practice staff. For example, records showed that learning from a complaint had been discussed at a clinical meeting where the importance of documentation of patient care and treatment was emphasised.

## Well-led

### Rating: Good

#### Leadership, capacity and capability

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

Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Leaders had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
<b>Additional evidence or comments</b>	
Clinical leadership including clinical supervision was provided by the GP partner.	
Staff told us that the GP partner and non-clinical partner were approachable and always took time to listen to all members of staff.	

#### Vision and strategy

**The practice had a vision to deliver high quality care and promote good outcomes for patients.**

The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
<b>Additional evidence or comments</b>	
The provider had a statement of purpose which reflected the visions of the practice.	

## Culture

**The practice had a culture of high-quality sustainable care.**

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<b>Additional evidence or comments</b>	
Staff told us they felt respected, valued and supported locally by the practice and by their colleagues.	

## Governance arrangements

**There were processes and systems to support good governance and management.**

There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Yes
The provider had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date.	Yes

## Managing risks, issues and performance

**Processes for managing risks, issues and performance were effective.**

There were effective arrangements for identifying, recording, managing and mitigating risks.	Yes
There were processes to manage performance.	Yes
Clinical and internal audit was used to monitor quality and to make improvements.	Yes
Records showed that the provider had analysed all clinical audit results and implemented action plans to address findings.	Yes
Records showed that all clinical audits had been repeated or were due to be repeated to complete the cycle of clinical audit.	Yes
There was written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
<b>Additional evidence or comments</b>	
Our inspection identified that improvements were required in relation to the management of risks from: <ul style="list-style-type: none"> <li>• Legionella management.</li> </ul>	

During our inspection the provider took action to address these issues.

We found that improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities. For example, chronic obstructive pulmonary disease (COPD) reviews, diabetes reviews and mental health reviews.

During our inspection the provider took action to address these findings.

## **The provider had systems to continue to deliver services, respond to risk and meet patients' needs during the pandemic.**

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

## **Appropriate and accurate information**

### **The practice acted on appropriate and accurate information.**

Quality and operation information was used to help monitor and improve performance.	Yes
The provider submitted data or notifications to external organisations as required.	Yes
There were arrangements in line with data security standards for the integrity and confidentiality of patient identifiable data, records and data management systems.	Yes

## **Governance and oversight of remote services**

The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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

**The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care.**

Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
The practice gathered feedback from patients through the PPG.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
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

### Additional evidence or comments

The practice monitored feedback received from the national GP patient survey. Results published in July 2022 showed that patient satisfaction across all areas was in line with or above local and national averages.

Staff told us they felt respected, valued and supported locally by the practice and by their colleagues.

Experience shared with CQC directly via our website	
Total received	1
Number received which were positive about the service	1
Number received which were mixed about the service	0
Number which were negative about the service	0

Reviews left on the NHS Choices website	
Total reviews	2
Number of reviews that were positive about the service	2
Number of reviews that were mixed about the service	0
Number of reviews that were negative about the service	0

Examples of feedback received	Source
Reviews left on the NHS Choices website and feedback we received from patients about services at Riverside Medical Practice was positive.	Reviews left on the NHS Choices website and experience shared with CQC directly via our website over the last 12 months.

## Continuous improvement and innovation

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

The practice made use of reviews of incidents.	Yes
Learning was shared effectively and used to make improvements.	Yes
Additional evidence or comments	
Significant events and complaints were used to make improvements and any learning shared with relevant staff at this practice. For example, learning from a significant event had been shared at a staff meeting and staff were reminded to check the patient's details when handing out dispensed medicines following a medicines error.	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
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 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.