

Care Quality Commission

Inspection Evidence Table

Dr Dawoud's Surgery (1-9479646476)

Inspection date: 27 and 28 June 2022

Date of data download: 22 June 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff understood their responsibilities around safeguarding vulnerable adults and children. They could give a description of how they would escalate a safeguarding concern and provided examples of when safeguarding issues had been raised.• The practice had a flow chart of how to escalate concerns and had a list of key contacts with whom they should call. Key contact numbers were reviewed and checked regularly to ensure they were current.• Patients' records were 'flagged' with an alert which popped up when the record was accessed to highlight concerns around safeguarding.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We examined a sample of recruitment records and found they were in line with recommendations and guidance in place to support the safe recruitment of staff. Records were kept of all appropriate checks and supported with documentary evidence. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2022	Y
There was a fire procedure. Date of fire risk assessment: September 2021	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a lone working policy and risk assessment with control measures in place. However, the practice had adopted an approach of no lone working for receptionists and tried to avoid this where ever possible. Fire safety was reviewed regularly with equipment and environment checks in place. Health and safety risk assessments and manual handling policies were in place. 	

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: March 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: <ul style="list-style-type: none"> A hand hygiene audit was conducted in September 2021, identifying good compliance with procedures. The last infection prevention and control audit was completed in March 2022. No issues were identified. 	

- Cleaning schedules were in place and appropriate practices were in place to ensure the environment was cleaned in line with best practice guidance.
- During the inspection we observed that on the whole the environment appeared clean and tidy, however, there were some patches of flaking paint in some clinical rooms and some wear and tear on seating in the patients' waiting area. The practice were aware of this and were taking steps to correct those issues.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff could describe what they would do in an emergency and were able to give examples of how they responded to previous incidents. • Receptionists had a system for prioritising patient appointments. Children were booked for face to face appointments and offered these in the morning where possible. • Telephone appointments were made with GPs, if the GP then decided it was necessary a face to face appointment was made. A number of morning and afternoon face to face appointments were embargoed to ensure appointments were available for patients needing to be seen following their telephone appointment. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• A system was established to ensure all patient information including documents, laboratory test results and cytology reports were reviewed and actioned in a timely manner.• The practice had a system in place to complete the review and coding of the daily work flow of incoming patient information to ensure all referrals, tests results and patient letters were actioned quickly and appropriately. All incoming clinical information was reviewed by the GP and actioned accordingly.• Effective systems to monitor and track two-week and non urgent referrals were established.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.98	0.91	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	5.9%	9.0%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	4.39	4.68	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	174.7‰	148.2‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.69	0.47	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	12.3‰	5.6‰	6.8‰	Tending towards variation (negative)

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

Explanation of any answers and additional evidence:

- The practice stated that they cared for patients resident at several psychiatric rehabilitation units within their area and who were more likely to receive this type of treatment and so this would explain the increased percentage of psychotropic prescribing reported.

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

Medicines management	Y/N/Partial
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
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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:</p> <ul style="list-style-type: none"> As part of the inspection we undertook searches of the practice clinical records. We identified some issues with the recording of monitoring tests for patients on high risk medicines. These were discussed with the GP, who immediately reviewed the records of those patients to make sure they had all the relevant monitoring in place and that this was clearly documented. The GP created an action plan of how such high risk medicines would be reviewed regularly going forward. During our inspection we reviewed the practice patient group directions documentation and found this to be in order. We undertook a review of a sample of medicines held by the practice and found these to be stored securely and in line with manufacturers guidelines. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We saw that refrigerators used to store medicines and vaccination were maintained and monitored appropriately to ensure that medicines remained fit for use. Emergency medicines and equipment was available, accessible and stored appropriately. 	

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: None	Y
Number of events that required action: None	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff said when things went wrong at the practice there was a culture of openness and support. Significant events were a standing agenda item at staff meetings and all staff were invited to attend meetings when significant events were discussed. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent alerts for example, regarding sodium valproate. Alerts were disseminated by the practice manager to GPs and clinical staff. We saw evidence of actions taken in response to alerts. 	

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 and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

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

Effective care for the practice population

Findings
<ul style="list-style-type: none">• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• 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.• Patients had access to appropriate health assessments and timely follow-up on the outcome of these where abnormalities or risk factors were identified.• 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.

- Patients living with mental health conditions, including those living with dementia, were referred to appropriate services. Their physical health was also assessed and monitored.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- All patients with a learning disability were offered an annual health check.
- 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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)	22	23	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	20	20	100.0%	Met 95% WHO based target
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)	20	20	100.0%	Met 95% WHO based target
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)	20	20	100.0%	Met 95% WHO based target
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)	34	35	97.1%	Met 95% WHO based target

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>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	79.4%	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)	19.5%	60.0%	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)	63.6%	62.0%	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)	50.0%	56.6%	55.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had designated a cancer champion who was responsible for promoting and encouraging cancer awareness, initiatives and compliance with national programmes. They were responsible for telephoning all patients who did not attend for cancer screening appointments. The low compliance figures for breast screening were highlighted to the practice and this was to be discussed at the next clinical team meeting. The GP had plans to contact and review all patients who had failed to attend breast screening to ascertain why and encourage attendance. The practice supplied data which showed they had achieved 36% year to date in breast screening at the time of inspection, which was an improvement. The practice supplied data which showed they had achieved cervical smear take up rates of 85% for persons aged 25 to 49 and 92% for persons aged 50 to 64 as of July 22.

Monitoring care and treatment

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

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

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

<p>The practice undertook an audit and review of all DNACPR records, some records were rescinded following discussion with patients. Others remained in place when confirmed they were appropriate and remained the will of the patient.</p> <p>The practice reviewed patients on high doses of a particular analgesia to support, they supported them in other ways in order to help with a reduction in use of this medicine.</p>

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice placed an emphasis on developing staff. Staff were encouraged and supported to develop their careers, both in clinical and non-clinical disciplines. For example, a staff member who started in a non-clinical role, was supported to become a nursing associate and further supported to continue on with registered general nurse training. Similarly, a receptionist was supported to become an assistant practice manager and another staff member to become a doctor's assistant. • Staff received structured supervision and oversight to ensure their competency and expertise. This was done in a constructive and supportive manner with feedback on what was done well and opportunities for improvement. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-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: <ul style="list-style-type: none">• Patients had good access to healthy lives and lifestyle advice.• Topics around wellbeing and healthier choices were provided in the practice newsletter, online and through the practice's social media outlets.• A social prescriber was available to advise and signpost patients with options to increase their activity and participation in active hobbies and sports.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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.	Y
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Explanation of any answers and additional evidence:

- During our inspection we examined a sample of DNACPRs that were in place for patients. We found these were appropriate, up to date and subject to regular review. We discussed the rationale for review and indefinite documents and found the systems in place were effective.
- We saw examples where DNACPRs were reviewed and rescinded when appropriate.
- Staff in the practice understood issues around consent and informed consent. Staff dealing with young people were able to articulate the fundamental issues around Gillick and Fraser competencies.
- Staff received training in mental capacity and understood how this may impact on patients' consent to treatment.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a very strong focus on patients' care and this was apparent throughout the practice and across staff groups. There was a tangible emphasis on meeting the holistic needs of patients both physically, psychologically and emotionally. • Feedback from patients was wholly positive. • Staff from the practice telephoned vulnerable patients throughout the pandemic to undertake welfare checks. They asked if they needed anything and put patients on community support lists so they could get shopping and supplies delivered. Staff ensured patients could get their prescriptions delivered and swapped patients to pharmacies that delivered. • We overheard staff speaking very kindly to patients and callers to the practice. They demonstrated an empathetic and sensitive approach and listened to those they came into contact with. 	

Patient feedback	
Source	Feedback
CQC Give Feedback on Care	Positive feedback received which commended staff on their very caring and kind nature, who went out of their way to help.
Practice's Own Patient Survey	11 out of 12 patients (92%) were positive about their telephone consultation, one patient was not completely satisfied.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	84.8%	89.7%	89.4%	No statistical variation

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 treating them with care and concern (01/01/2021 to 31/03/2021)	83.9%	89.1%	88.4%	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 (01/01/2021 to 31/03/2021)	96.1%	96.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	85.6%	83.0%	83.0%	No statistical variation

Any additional evidence or comments

- The practice phoned all of their vulnerable patients throughout the covid-19 pandemic to check they were okay and managing to keep well and safe. They asked if they needed anything and were also involved with local volunteers to arrange shopping and supplies. They asked about collecting prescriptions and where needed they ensured nominated pharmacists were changed to those who delivered.

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

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: <ul style="list-style-type: none"> Easy read and pictorial materials were available. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	90.6%	93.0%	92.9%	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 had been proactive at identifying patients who were carers or patients who had carers. There was 83 carers registered, which equated to around 3% of the patient population.
How the practice supported carers (including young carers).	The practice website had a page dedicated to different resources available to carers. Links were available for benefits advice, respite care and support services. The practice were able to offer support to carers by providing carers health checks, ensuring they were prioritised in the vaccination programmes, including the COVID-19 roll outs.
How the practice supported recently bereaved patients.	The practice sent a card to patients who lost loved ones and they followed these up with welfare phone calls. They signposted patients to bereavement support services and social prescribing options.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice encouraged patient with no fixed address, refugees and asylum seekers to join the practice. They waived the need for certain documentation for such individuals as this was a barrier to inclusion for disenfranchised individuals. The practice reached out to the community through newsletters and social media forums. They provided lifestyle advice and advice about different health conditions to help raise awareness and encourage patients to seek help. The practice liaised well with other members of the local healthcare community to discuss and manage the needs of patients with complex medical issues. The practice was responsive to the needs of older patients and could offer home visits by the GP or liaise with district nursing teams. Urgent appointments for those with enhanced needs and complex medical issues were available. Appointments for babies and young children were prioritised. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	09.00 to 11:30, 15.00 to 17.30
Tuesday	09.00 to 11:30, 15.00 to 17.30
Wednesday	09.00 to 11:30, 15.00 to 17.30

Thursday	09.00 to 11:30, 15.00 to 17.30
Friday	09.00 to 11:30, 15.00 to 17.30
Extended and increased access:	
Monday	18:30 to 20:00
Wednesday	18.30 to 20.00
Second Friday of each month	18:30 to 20:00
Last Saturday of each month	08:30 to 12:30

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 worked with local community pharmacies to facilitate 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.
- Additional appointments were available outside of core hours to help patients of working age or school age children requiring appointments so as not to miss work or school. The practice was open until 20.00hrs on a Monday and Wednesday. Pre-bookable appointments were available. Appointments were available the last Saturday of each month between 8.30 and 12.30hrs.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice educated patients and staff on menopause matters to increase knowledge and understanding in this area.
- Bereavement support was provided to those who had lost a loved one.
- Those patients living with mental health illness were offered reviews and assessments to ensure their holistic needs were being met.
- Those patients living with chronic and long term conditions were invited for reviews by the GP to check if their needs could better be met.

Access to the service

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

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The GP and practice nurse undertook home visits for those who were vulnerable and who had difficulties getting to the practice for appointments. • The GP and practice staff visited patients in nursing and care homes. They undertook ward rounds and supported staff in those homes to ensure patients' needs were met. • Patients calling for appointments were given telephone appointments. They would first speak with the GP by telephone and if needed the GP could invite the patient to see them face to face. • A range of routine and urgent appointments were available. The practice offered pre-bookable and same day appointments. Some appointments, including face to face appointments were embargoed to ensure appointments were available for urgent cases. • The practice had plans to invest in a new telephone service, they hoped this would improve access to the practice by telephone. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	93.9%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	81.4%	68.6%	70.6%	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 (01/01/2021 to 31/03/2021)	73.7%	65.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	80.9%	79.9%	81.7%	No statistical variation

Source	Feedback
Practice's Own Patient Survey	Positive feedback received about access to service.

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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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
Unhappy with consultation	Opportunity to see a different GP offered.
Didn't want to attend annual review	Explanation of reasons why review needed.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The lead GP and practice manager were committed to providing a patient focused, accessible and effective GP service to the local community.• They were firmly committed to ensuring a happy and contented workforce and understood that achieving this would improve morale, staff turnover and patient satisfaction. They were focused on getting the most out of home grown developed staff and worked with the skills the staff possessed and developed these further in innovative ways.• The practice leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting their patient population and the local area population and promoted patient involvement in developing and shaping the services.• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all staff groups teams and a common focus on improving the quality of care and people's experiences.• Staff said that the leadership inspired them to deliver the best care and motivated them to succeed.• The practice held 'away days', social events and meetings over lunch at which strategic development was discussed and actions agreed.	

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: <ul style="list-style-type: none">• The practice had a vision to ensure patients were at the centre of everything they did. There was recognition by practice leaders that the practice existed to provide a safe high quality service to patients and they were at the heart of everything they provided. They also knew that	

investing in and supporting staff was a good way to achieve a positive culture that translated to good care.

- The practice’s assurance framework used opportunities provided by patient, staff and stakeholder feedback, complaints and significant events to foster a culture of continuous improvement and service development.
- The practice manager had implemented an environmentally friendly strategy into the practice. They were cautious of the impact of their work on the environment and tried wherever possible to use sustainable and environmentally friendly products. For example, no aerosols, use of plant based and planet kind products where possible. The practice encouraged the recycling of waste and were soon to be having an electric vehicle charge point installed.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff stated they felt respected, supported and valued. They said they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. • There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. • Staff spoken with reported that there was a positive culture and relationships between team members was excellent. Staff spoke very highly of the GP and practice manager and there was a tangible positivity in working relationships. • The practice promoted health and wellbeing of staff and this was a high priority for managers. They encouraged wellbeing by providing team building events, lunches and evenings out. They encouraged staff to go out and walk on their lunch breaks. The GP had purchased an exercise cycle for staff use to help improve their health. • The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, but had not had the need to use such processes as relevant incidents had not been experienced in the previous 12 months. • Staff were supported to develop and encouraged to provide high quality care. For example, staff had been recognised with nominations for awards for their contribution to patient care through the 	

pandemic. One staff member won their award for visiting care homes and housebound patients with vaccine administration.

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

Source	Feedback
Interviews with staff	<ul style="list-style-type: none"> Staff reported that they were very happy in their roles, that managers were approachable and supportive, they were proud of the practice as a place to work and spoke highly of the culture. Staff told us there were opportunities for development and this was encouraged by the management. Staff felt they were treated equally and could be open and honest.
Team Meeting Minutes	<ul style="list-style-type: none"> Meeting minutes showed regular practice team meetings took place, and these included standing agenda items and provided opportunities to share learning.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Structures, processes and systems to support good governance and management had been established and were subject to regular review and ongoing improvement. A clinical governance framework had been developed and this included a wide range of different clinical areas subject to regular monitoring including drugs monitoring, medicine reviews, clinical audit cycles and case finder audits. Regular clinical and team meetings were undertaken with relevant fixed agenda items to ensure a comprehensive review of all activity within the practice. Minutes and action logs were recorded following each meeting and progress monitored against each action. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness. Governance arrangements were subject to regular review and these reflected best practice. Clinical leadership and operational responsibilities were continually developed and refined to reflect the skills, abilities and preferences of the staff team. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used electronic information systems effectively to support the delivery of safe responsive services. Practice documents including risk assessments were accessible to the whole practice team. • Risk assessments were in place and actions undertaken to mitigate potential risks to patients, staff and members of the public. These included infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • A programme of clinical audit had been established and these were used to improve patient care. • Learning from clinical audit and incident investigation was shared internally and externally as appropriate. • Communication strategies were established internally with all staff teams and externally with the primary care network (PCN), the wider local health and social care services, including support organisations and local community services. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice benchmarked themselves against neighbouring practices and other practices in the primary care network or clinical commissioning group to assess how they were performing in relation to others. For example, in the patient survey results. • The practice consulted with patients regarding their experience of telephone appointments to assess how patients felt about them. • Staff feedback highlighted a strong team with a positive and inclusive ethos. • Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. • The practice produced a quarterly newsletter with updates on practice news, health promotion and staff changes. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice reviewed patients diagnosed with bowel cancer to analyse the nature of their presentation and diagnosis, to see if this could highlight areas that the practice could improve upon. • An annual audit programme was in place to monitor performance and quality of service provided. The practice also adopted ad-hoc reviews and look back reviews when relevant to ensure they were on the right track with how they undertook their work. • Leaders had good insight and understanding of the challenges they faced and had created a practice improvement plan. They had set dates and allocated staff who were in charge of those areas of improvement and had already achieved some of the aspirations for the forthcoming year. • Regular clinical meetings provided opportunities to share clinical learning and development. 	

- Patient feedback and satisfaction was seen as key to providing a safe and effective service that supported the practice's vision and mission statement.
- The GP clinical lead was also a trainer for medical students. Feedback from these students was positive regarding the quality of their learning and development.
- The lead GP and practice manager were very focused on developing their staff and had implemented innovative expanded roles for staff to enhance both their effectiveness and their job satisfaction. The managers had good insight into where the staff's skills lay and enabled them to develop those skills for the benefit of the practice. For example, they supported a receptionist to complete a health care support apprenticeship; a health care assistant to become a nurse associate and subsequently commence upon a nursing degree course. They also supported an administrator to complete a business administrator course and then go on to commence a GP assistant course.
- The practice held protected education and training sessions with staff regularly.
- The practice implemented a project to look at frequent attenders to the practice, to consider ways in which their needs could better be met. This work was currently ongoing.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.