

# Care Quality Commission

## Inspection Evidence Table

### Priory Gate Practice (1-547319022)

Inspection date: 4 August 2022

Date of data download: 02 August 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: There was an adult safeguarding and a child safeguarding lead who reviewed the safeguarding register regularly. The safeguarding leads and staff had received the appropriate level of safeguarding training. Safeguarding concerns were noted in patient records and reviewed. Patient records showed information was shared and discussed with other appropriate professionals and agencies. There were structured monthly formal safeguarding meetings that were minuted.	

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
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Explanation of any answers and additional evidence:  
 The practice carried out checks on staff immunity and vaccination status. Any staff recognised as requiring further vaccinations were provided with them in a timely manner to reduce risks to both staff and patients. A record of staff vaccines was maintained.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 September 2022	Y
There was a fire procedure. Date of fire risk assessment: 12 May 2022	Y
Actions from fire risk assessment were identified and completed.	Y

### Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 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: We saw evidence to demonstrate infection prevention and control (IPC) policies and procedures were effectively implemented to maintain safety. There were two IPC leads in the practice who undertook regular audits, updated the practice policy and supported with staff training.	

### 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
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Explanation of any answers and additional evidence:  
 Staff were trained in responding to medical emergencies.  
 There was a stable practice team and staff told us staffing levels were appropriate to meet demand. The team worked flexibly to support shortages due to things such as staff sickness and holiday periods.

**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:  
 Summarisation of new patient notes was up to date. Tasks such as referrals and processing of test results and information from secondary care were up to date. This demonstrated that systems were effective.

## 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)	0.61	0.83	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)	9.3%	9.6%	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)	3.81	5.17	5.29	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	131.0‰	122.3‰	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)	0.72	0.72	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	9.7‰	8.3‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
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> <p>We carried out remote record searches of patient records to look at medicines management. Regular audits of high-risk medicines were completed, and systems were in place to ensure that patients had regular blood testing and reviews.</p>	

## 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:	Six
Number of events that required action:	Four
Explanation of any answers and additional evidence: 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 clinical staff meetings. These were discussed at all staff meetings, learning and actions were shared by email with	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
High blood pressure reading was not reviewed at a subsequent appointment.	Learning was shared with staff to check alerts in the system when reviewing patients. Follow up actions were carried out.

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: Alerts were disseminated by the practice manager to partners and the medicines management lead.	

## Effective

## Rating: Requires improvement

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.

The practice is rated Requires improvement for providing effective services because although the practice had good leadership, processes and systems in place, we found that childhood immunisation and cervical screening uptake was well below national expected levels and a clear plan for addressing this was not evident.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: All practice staff were aware of the benefits of social prescribing and had links to community groups and support networks. The practice had an extended travel service which offered support, advice and immunisations above the NHS contractual requirements for a GP surgery. For example, between 1 April 2021 and 31 March 2022 the practice administered 15 Yellow Fever vaccines, to protect the patients whilst travelling abroad.	

## 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.
- Flu, 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice was proactive in identifying and supporting carers.

## Management of people with long term conditions

### Findings

- Evidence we reviewed demonstrated the practice had an effective system for supporting patients with long-term conditions.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Our searches of the clinical system identified no potential patients with a missed diagnosis of diabetes.
- Adults with newly diagnosed cardio-vascular disease were offered statins.



- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	88	102	86.3%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	105	81.9%	Below 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)	85	105	81.0%	Below 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)	84	105	80.0%	Below 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)	75	102	73.5%	Below 80% uptake

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

### Any additional evidence or comments

Published and verified data from NHS England showed that the practice had not met the World Health Organisation (WHO) targets for the uptake of childhood immunisations between April 2020 and March 2021.

Staff we spoke with advised the practice was part of the local community and that the practice team were largely familiar with their patients. The provider explained they had a transient population group with patients with different nationalities who regularly travelled to and from their originating country. Staff we spoke with explained that patients were not always available to have their immunisations and sometimes they missed appointments.

We saw the provider had a process in place with the aim of keeping uptake rates as high as possible, and to educate families on the vaccination programme. On notification of a baby's birth, the practice contacted the baby's carers in a timely manner to book in for the postnatal check and eight-week immunisation. Staff sent out a reminder text to the families before the appointment. If the family did not attend their appointment, staff called them to and rebook. If staff could not make contact, a letter was sent out with an appointment. Each time families attended with their children for immunisations their next appointment was booked, and reminder texts were sent. If parents or carers declined immunisation clinical staff ensured they are fully informed of the importance of vaccination. A catch-up immunisation schedule was offered to families who later decided to have their child immunised.

The details of declined immunisations were discussed at the practice safeguarding meeting so that health visitors could speak with the families and emphasise the importance of immunisation. The nurse was advised by Child Health of all children who remained unvaccinated, and the families were called to offer immunisation. The practice reviewed unvaccinated children once they reached the age of 18-24 to offer them a catch-up vaccination program as an adult.

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: 31/03/2022) (UK Health and Security Agency)	51.8%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	44.3%	55.6%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	50.9%	60.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	50.0%	57.0%	55.4%	No statistical variation

#### Any additional evidence or comments

A snapshot of published and verified data by UK Health and Security Agency (UKHSA) for December 2021 showed that the practice was not meeting cervical screening targets between April 2020 and March 2021. The uptake rates were much lower than the national expected rates.

The provider explained it had a transient patient population who regularly travelled to and from their originating country. This meant patients were not always available to have their cancer screening appointments.

Staff advised that they were continuing to make efforts in encouraging patients to attend for screening appointments. Staff were aware there was a diverse patient population and was working to call patients in for screening appointments using a variety of methods. There was a systematic approach in place for

call and recall. Patients who failed to attend their cervical screening appointments were followed up and contacted by phone and or post.

The practice was taking action in line with local guidelines to improve the uptake of cervical screening. However, data indicated that these actions were not resulting in an increase in uptake rates. Staff in lead roles understood the practice was situated in a lower socioeconomic area, and the impact this had on the uptake of cervical screening. During our inspection, we did not gain assurance that the practice had used data to audit the effectiveness of their current approach and explore alternative actions to improve uptake rates.

## 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 in most areas.**

	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.	Partial
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
Explanation of any answers and additional evidence:	
Staff in lead roles were unable to demonstrate that they had reviewed the effectiveness of their approach towards improving the uptake of cervical screening or that an action plan had been developed aimed at improving this area. Following our inspection, the practice commenced working with stakeholders to understand and establish the discrepancies with cervical screening the data.	

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

Several audits had been undertaken including antibiotic prescribing, an asthma management review and a chronic obstructive pulmonary disease (COPD) audit. This activity had resulted in changes to clinical management and medicines for individuals, in line with guidance.

## Effective staffing

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

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

There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: Staff told us the practice had a committed approach to staff supervision and staff development. There were annual appraisals for all staff, including clinical supervision for staff employed in clinical roles.	

### 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: Staff signposted patients to local support groups and services where possible with a view to improving the patient's health and wellbeing.  Staff referred patients to care coordinators and social prescribers when needed.	

The practice offered a weight management service. Patients could book in to see a dedicated weight management consultant who worked on site. Unverified data provided by the practice showed from April 2021 to March 2022 a total of 74 patients completed a six month weight management programme.

The practice had a dedicated member of staff to support patients with smoking cessation.

### 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

## Caring

Rating: Good

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice evidenced a person-centred approach to treatment for patients with mental health needs and those living with dementia. The practice offered support with day to day needs for these patients such as vaccinations, ordering prescriptions, and access to same day appointments with a nurse or GP. All clinical staff had undertaken training in mental capacity and Deprivation of Liberty Safeguards. The practice offered additional travel vaccinations to meet the needs of its patient population, such as yellow fever vaccination. The practice had signed up to the safe surgeries scheme in Coventry for patients who had gained settled status as asylum seekers. The practice supported these patients with access to available services.	

## 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 (01/01/2022 to 30/04/2022)	92.3%	86.1%	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)	92.3%	84.4%	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)	97.8%	93.8%	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)	86.2%	75.0%	72.4%	No statistical variation

### Any additional evidence or comments

The practice's results in the National GP Patient Survey were much higher than the local and national averages in all indicators.

### Question

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

### Any additional evidence

The practice monitored and responded to all online reviews. In the last year, the practice had 10 comments and nine rated the practice as five out of five. One comment rated the practice two out of five stars but did not leave a comment. Comments were very positive and several complimentary about the care and treatment provided by the GPs.

## 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

Source	Feedback
NHS Choices	Comments left on NHS Choices were all positive.

## 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 (01/01/2022 to 30/04/2022)	91.0%	90.5%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	
Explanation of any answers and additional evidence: Staff accessed interpretation services frequently so that patients could fully understand their care and treatment.	



Carers	Narrative
Percentage and number of carers identified.	There were 127 carers listed which was 1.3% of patients.
How the practice supported carers (including young carers).	Carers were supported by ensuring that they were offered influenza vaccinations. When unplanned admissions were discussed at monthly meetings, the health and welfare of any carers of those patients was discussed.
How the practice supported recently bereaved patients.	The practice contacted the relatives and carers of every patient who died to offer support.

## 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

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

### 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.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.
- The practice supported patients from a local community, including many Eastern European patients. The practice used various methods of communication to reach patients who were often travelling between the U.K. and their originating country, such as letters, emails and phone calls.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a large population of Asian patients; staff explained that they recognised that this patient population were more at risk of developing diabetes. The practice carried out audits of all patients to check for diabetes indicators in order to support them to manage their health and prevent type two diabetes. The practice has monitored these patients with regular blood tests and worked with the secondary care team at a local hospital, running shared clinics with a diabetic specialist consultant. This approach was being imbedded in the practice's processes.

## 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 and action was taken to minimise the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	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> <p>The practice always strived to meet the needs of the local population, including offering same day face to face GP appointments for those who needed them the most.</p> <p>Patients were able to book appointments in person or by calling the practice. Most appointments were initially telephone triage with one of the GPs. Following initial triage; face-to-face appointments, including same day emergency appointments could be arranged. On the day of inspection, we saw that same day appointments were available.</p> <p>The practice was open from 8am to 6.30pm from Monday to Friday, with appointments from 8am to 6.30pm. The Out of Hours (OOH) service was provided by NHS111. The local NHS walk in centre was at Stoney Stanton Road, Coventry.</p>	

## 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 (01/01/2022 to 30/04/2022)	76.7%	N/A	52.7%	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)	75.5%	59.3%	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)	72.8%	56.2%	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)	79.3%	72.7%	71.9%	No statistical variation

### Any additional evidence or comments

The practice's results in the National GP Patient Survey were much higher than national averages in three indicators, and also higher than the national average in a fourth indicator. Staff in lead roles told us the practice had worked very hard to ensure patients received an optimal service, including staff meetings about offering appointments and signposting.

## 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.	Eight
Number of complaints we examined.	Eight
Number of complaints we examined that were satisfactorily handled in a timely way.	Eight
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	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 of learning from complaints.

Complaint	Specific action taken
Incorrect medicines were ordered by the practice	Action taken to change the process, now all medication orders are sent through the pharmacy. The immediate mistake was corrected and learning from the complaint was shared with all involved.

## 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: Staff said they felt supported and part of a team. There was strong collaboration and support across all 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. Staff met regularly to discuss any issues or complex cases and to offer and receive peer support.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice's vision and values were centred around providing the highest standard of patient-centred healthcare.	

## 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> <p>Feedback from staff was extremely positive. Staff reported a good working environment and a positive culture.</p> <p>The practice was a training practice and during the inspection we saw trainee doctors were seeing patients and being mentored by the GPs.</p> <p>The practice had recruited apprentice reception staff who had been successful in achieving their qualifications. Staff explained managers had been supportive and invested time in their professional development.</p> <p>Staff described leaders and managers as approachable and supportive, and felt comfortable raising any concerns.</p>	

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

Source	Feedback
Staff interviews	<p>Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture.</p> <p>Staff told us they received informal support when required and could request learning and development at any time.</p> <p>Staff felt they were treated equally and everyone supported each other.</p>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	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:  All clinicians attended the weekly 'Monday Meeting' which was the forum at which significant events analyses, complaints, compliments, new policies and procedures were discussed as well as feedback from courses attended and clinical cases were reviewed. Communication was effective and organised through structured, minuted meetings. There was an all staff meeting on a monthly basis where learning from incidents, updates and training were discussed.	

## 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

**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
Explanation of any answers and additional evidence: In response to the national COVID-19 pandemic all appointments were initially booked as a telephone triage. This allowed the practice to determine the most appropriate clinician to assess each patient, as well as to discuss any COVID-19 symptoms patient may be displaying should a face-to-face appointment be necessary. If a face-to-face appointment was needed, these were booked in as appropriate. To facilitate remote consultations, the practice had implemented a system which allowed patients to securely send in photographs or speak with staff using video conferencing facilities.	

### Appropriate and accurate information

**The practice mostly used data and information proactively to drive and support decision making. However, data was not always used effectively to meet the requirements of national programmes.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: Nationally available data on childhood immunisation and cervical screening uptake was well below national expected levels.  The practice was unable to demonstrate that they had reviewed the effectiveness of their approach towards improving the uptake of cervical screening or that an action plan had been developed aimed at improving this area. Following our inspection, the practice commenced working with stakeholders to understand and establish the discrepancies with cervical screening the data.	

### 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
Explanation of any answers and additional evidence: Remote consultations took place within closed clinic rooms to ensure patient confidentiality was maintained.	

### 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
Explanation of any answers and additional evidence: The patient participation group (PPG) had not been running during the COVID-19 pandemic. The practice was working on getting the group running again.	

### 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
Explanation of any answers and additional evidence: Managers encouraged staff to take time out to review individual and team objectives, processes and performance. All staff received individualised training opportunities which were discussed at their appraisals. Several staff told us about additional training the practice had supported them to complete.	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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