

Care Quality Commission

Inspection Evidence Table

Dunrobin Street Medical Centre (1-582508987)

Inspection date: 26 May 2022

Date of data download: 21 April 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice training policy outlined the provider's expectations on staff training, their refresher training interval, and the levels of training required for each staff member's role. We found according to the staff training matrix that: two GPs were overdue their safeguarding vulnerable adult level two refresher training and two nurses were overdue their level three children's safeguarding refresher training and four were overdue their refresher training for level two vulnerable adult safeguarding. At the time of the onsite inspection we saw that the training matrix had been updated and reflected that staff had completed and were up to date with this training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: Staff employed by the PCN and providing care and treatment to the practice population had been subject to the same recruitment procedures, including skills, training, experience and competency reviews.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 28.02.2022 Actions from fire risk assessment were identified and completed.	No actions were required
Explanation of any answers and additional evidence: A variety of Health and safety risk assessments had been carried out for example: <ul style="list-style-type: none"> • In July 2021 a buildings risk assessment was conducted in relation to COVID-19 requirements with no resultant actions required. • A health and safety risk assessment was completed in April 2022 and the identified areas for improvement were in the process of being actioned. • A COVID-19 risk assessment control form as well as a staff workplace assessment and a return to workplace risk assessment. • A general office risk assessment was completed on 28 February 2022 with no resultant actions required. • The practice's last fire evacuation drill took place in May 2022 which included a debrief following the drill for actions they could consider improving. • The practice gas boiler service took place in December 2021. 	

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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 03/05/2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

Staff had completed infection prevention and control training. The new Practice Manager was aware that they had yet to complete the online non-clinical infection prevention and control training. A legionella risk assessment and infection control had been completed on 28 February 2022 with no resultant actions required.

Risks to patients

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

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

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: The practice conducted an audit on urgent two-week wait referrals. The audit findings highlighted that their systematic approach had worked successfully in the period January 2018 to January 2019.	

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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.64	0.83	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	4.4%	7.2%	9.2%	Variation (positive)
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 (01/07/2021 to 31/12/2021) (NHSBSA)	5.01	5.21	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	152.9‰	199.0‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.71	0.65	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	7.5‰	7.4‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	NA

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.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a cold chain policy and records. Cold chain describes the temperature range in which vaccines must be kept during transit and storage if the vaccines are to be effective when administered. Staff had access to UK Health Security Agency (UKHSA) formerly known as Public Health England guidance such as 'Vaccine Incident Guidance' to follow in the event of an error in vaccine storage, handling and administration.</p> <p>The practice following an unexpected length of time for an arrival of an ambulance at the practice had increased their oxygen cylinders from one to two, to ensure they could meet the immediate and urgent needs of their patients.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes

Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Six
Number of events that required action:	Six

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A patient contacted the practice on an unrelated matter but enquired as to when they should expect to hear about a referral made for a particular type of scan. Staff noted a lack of referral in the records and flagged this to the manager and clinical staff as a significant event.	<p>The significant event was investigated. The patient was invited for a GP appointment and offered an apology for any delay.</p> <p>Following the investigation, the practice put measures in place to mitigate risk of reoccurrence. These included:</p> <ul style="list-style-type: none"> • Ensuring all letters to be read thoroughly. • Refresher training. • Instigated a monthly audit of letters received to the practice.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
There was an effective system in place for reviewing and acting on national patient safety alerts and The Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We found that alerts were reviewed, shared with appropriate staff and the action taken clearly documented. During our remote searches, we reviewed the action the practice had taken in response to a MHRA alert regarding a medicine used in the treatment of epilepsy in women of child bearing age. We found that appropriate action had been taken to comply with the alert.	

Effective

Rating: Good

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

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- 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 and the practice team worked closely with the learning disability nurse team.
- 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 a member of a Primary Care Network who had recruited a community mental health nurse to further support their patients.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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	50	51	98.0%	Met 95% WHO based target

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)				
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)	38	41	92.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	39	41	95.1%	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)	39	41	95.1%	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)	43	48	89.6%	Below 90% minimum

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

Any additional evidence or comments

The practice followed up non-attenders for immunisations and flagged these with the local Health Visiting team. The practice had met the 95% WHO based targets in three out of the five indicators. The assigned practice administration and data team forwarded reminders by text and phone calls. The five children aged five years old who did not attend had formed part of the practice follow up protocols. The nursing team advised that they also facilitated an ad hoc immunisation appointment should the family attend the practice for other reasons.

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: 30/09/2021) (Public Health England)	79.9%	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) (PHE)	77.9%	69.7%	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) (PHE)	65.0%	63.9%	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) (PHE)	44.2%	52.3%	55.4%	No statistical variation

Any additional evidence or comments

The practice supported patients to better understand and guide them towards the uptake of the cancer screening services available. The practice advised cancer screening remained a focus and part of their strategy was to improve the cervical cancer screening uptake.

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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice had completed a second cycle review of medicines used for hormone replacement therapy. Following a search on the practice clinical systems the practice identified a number of patients on this medicine. The patient records were reviewed and patients who had not been receiving optimum treatment were subsequently reviewed by the practice GPs. The audit was disseminated to clinical staff at the practice.

Any additional evidence or comments

The practice had completed an audit in the ordering of chest x-rays in patients with thrombocytosis, a condition whereby the body produces too many platelets. (Platelets help to form blood clots to slow or stop bleeding and to help wounds heal). The aim was to assess how often patients were sent for urgent chest x-rays when found to have an elevated platelet count.

National Institute for Health and Care Excellence (NICE) guidance suggested clinicians consider an urgent chest x-ray in the cases of thrombocytosis.

The practice found that improvements were required to remind clinical staff of the guidance and to re-audit in 12 to 18 months time to evaluate any improvements made.

The practice actions following the audit included an alert being attached to patients' notes who had a recent raised platelet count within a specified range. This was to alert the responsible clinician to consider any necessity for a chest x-ray. The alert would also trigger a task to be sent to the clinician for then to act accordingly.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were provided with training and development opportunities to equip and upskill them with the necessary skills to carry out their duties effectively. Staff were provided with protected learning time (PLT) one afternoon each month when the practice closed for staff training. Staff told us learning and development was discussed as part of staff appraisal.</p> <p>Staff with extended roles had completed the required training to support them in their role. For example, nurses had completed training for vaccinations, immunisations and cervical cancer sample taking.</p>	

An electronic tool was used to record on-line training modules staff had completed and dates. The majority of staff were up to date with their training; however, the practice manager had found a number of gaps for some staff in their refresher training. They had followed this up with their staff. Most staff had responded by completing their outstanding training which the practice manager advised they would continue to monitor.

Staff confirmed they had been in receipt of an appraisal in the previous 12 months. A record of staff appraisal dates was held.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to policy information to support best practice to ensure decisions were made in line with relevant legislation and were appropriate such as the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Staff were aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interest.</p>	

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Automatic doors were installed at the main entrance allowing easy access to the premises. Patient areas and consulting rooms were located at ground floor level. Parking was available which included parking spaces for disabled patients. An induction hearing loop was available for patients who had a hearing disability. Arrangements could be made for patients registered as deaf to access the appointment system via email.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:30-6.30pm
Tuesday	08:30-6.30pm
Wednesday	08:30-6.30pm
Thursday	7am-1pm
Friday	08:30-6.30pm

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • Patients had a named GP who supported them in whatever setting they lived. • 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 liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers 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 Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

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 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	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes

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)	85.3%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	75.6%	70.1%	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)	73.8%	67.8%	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)	87.1%	81.2%	81.7%	No statistical variation

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example of learning from complaints.

Complaint	Specific action taken
A patient raised a complaint regarding a family member as they felt there had been a delay in the provision of a timely referral.	The practice completed a full investigation. They reviewed the patient's records, reviewed the complaint records, sought information from staff involved through interviews and reported the complaint as a significant event. The practice reported their findings to the complainant including the dates to which various investigations and blood

	<p>test monitoring had taken place including a specialist referral following the receipt of these investigations. The practice provided information to the complainant of the Parliamentary and Health Service Ombudsman as per their complaint procedures.</p>
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Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Leaders were open and shared the challenges to quality which included the direct impact of the Covid-19 pandemic. These had included access due to patient demand and expectations, staff recruitment and ensuring the practice provided GP services to meet patients' needs but in new ways such as telephone consultations as well as face to face appointments.	

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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	No
Explanation of any answers and additional evidence: The practice had a mission statement, vision and values and a practice charter. Their vision included that every patient was entitled to receive the highest standard of care available. Staff were aware of the practice vision for the future and were involved in developing the strategic planning of the practice. There was no documented practice strategy however, the practice's regular meetings included agenda items such as benchmarking, for example cervical cancer screening and childhood immunisations programs in order to measure their progress. The practice advised on their plans to develop the practice including succession planning with the GPs.	

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.	Yes

Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Leaders promoted an 'open' door, learning and supportive culture. Feedback from all staff suggested they felt able to raise concerns safely as the senior leadership team were all approachable and listened to their views.</p> <p>The practice-maintained details of the local Freedom to Speak Up Guardian Independent to the practice and an accessible whistleblowing policy as well as a Blame-Free Culture policy.</p> <p>The practices' Duty of Candour policy notes that speaking up about any concern at work was not just important but vital to help the organisation to continue to improve its services for all patients and the working environment for staff.</p> <p>Staff had access to the practice Health and Wellbeing policy which outlined why employee health and wellbeing was important. It looked at how issues could be identified and understood, what individuals could do to help themselves to maintain good health and wellbeing. It also outlined what responsibilities line managers, the organisation and others had, and what internal and external support was available to employees.</p> <p>The practice had completed a staff survey on how they had felt their responses to the Covid-19 pandemic had been managed by their practice which provided positive results.</p>	

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

Source	Feedback
Staff interviews and questionnaires	<p>Staff confirmed they had received an appraisal of their work where applicable and were provided with career development opportunities and professional development.</p> <p>Staff commented they felt well supported and that communication and regular meetings had kept them well informed.</p> <p>All staff enjoyed working at practice and took pride in their delivery of GP services during the pandemic including the additional work of the vaccination programmes.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice ensured that all staff completed information governance (IG) training and the practice maintained an IG policy which was accessible to all staff. The practice had also completed a data security spot check audit in February 2022 which further assured the practice leadership team.</p> <p>Staff we spoke with and staff questionnaires demonstrated that staff were aware of who held lead roles within the practice for example, safeguarding and infection control leads.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Policies and systems were in place to support staff to ensure the management considerations of risk, issues and performance. Regular minuted meetings took place including monitoring and benchmarking of the practice's performance against national and local targets and expectations.</p> <p>There was evidence of quality improvement through the audits undertaken.</p> <p>The practice had a business continuity and disaster action plan in place for staff to refer to for support. This covered issues such as loss of utilities and IT and actions to be taken in a pandemic. The practice business continuity plan included mutual aid arrangements with other practices.</p>	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: Arrangements continued to be in place to help mitigate risks of Covid-19 to staff and patients. The practice had a lone worker policy in place to further support staff to have the necessary information and training to manage the risks relating to their work activities and the actions to take in an emergency.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes

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

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.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice held regular practice and clinical meetings all of which were minuted and agreed and any agenda actions taken forward for discussion to their next meeting.</p> <p>PPG meeting minutes were maintained and in general the meetings had been held quarterly.</p> <p>The practice was actively engaged with their Primary Care Network (PCN) and attended regular minuted meetings which were accessible for staff to read.</p> <p>As of January 2022, the practice carer register consisted of 87 patients. The practice had put in place a lead staff member for carers and maintained a Carer Support Policy. This included how carers were identified, referral form and consent from carers for support from appropriately signposted services and information for staff on the various support agency contact details. The practice, with consent, held an electronic record of the carers which informed a carer's register at the practice.</p>	

Any additional evidence

A staff survey was conducted by the provider on how they had handled the pandemic to date. This explored what had gone well and the challenges as well as what they could learn from this event. Their staff feedback was extremely positive. Staff remarked that the transition from face to face appointments to telephone consultations had gone smoothly with staff reacting quickly and that good communication

had kept them up to date with changes. The initial challenges had included staff finding that patients on occasion who were booked in for a telephone calls arrived at the practice for an appointment. As well as work increases and administration such as text messaging systems and photograph downloads. Staff were clear that face to face appointments were taking place as clinically appropriate, and actions such as ensuring all telephone calls were coded with the telephone slot type to ensure no patients received a text asking them to attend the practice for an appointment inappropriately.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice told us their future plans included continuing with their close ties with the local community including local schools, charities, religious and cultural organisations. Including the provision of targeted and tailored patient education.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.
- **PHE:** Public Health England.
- **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.
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- ‰ = per thousand.