

Care Quality Commission

Inspection Evidence Table

Barbourne Health Centre (1-1899200187)

Inspection date: 25 and 26 May 2022

Date of data download: 11 May 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: Staff spoken with were aware of local safeguarding policies, they knew who the practice safeguarding leads were and how to report any concerns. There was evidence of regular meetings where safeguarding discussions took place, we saw that vulnerable and complex care cases were discussed as part of the practices approach to managing safeguarding.	

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

Explanation of any answers and additional evidence:
 We saw evidence to support that the practice carried out recruitment checks in accordance with regulations and evidence was in place to demonstrate the practice had a system for the checking of specific routine immunisations for their staff members.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 25 May 2022	Y
There was a fire procedure. Date of fire risk assessment: 25 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: Full audit September 2020 and the audit was revisited in May 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 observed the practice to be visible clean during our inspection.	

Risks to patients

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

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

Staff we spoke with demonstrated they understood how to prioritise patients who reported signs and symptoms of sepsis. Staff we spoke with knew how to respond in the event of a medical emergency and there were protocols in place for receptionists to refer to if they encountered an emergency.

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: There was a daily system in place for checking test results, results were checked by the practice pharmacists with oversight by two of the practices GPs. Any results requiring further actions were brought to the attention of a GP.	

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)	0.99	0.87	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)	10.7%	9.5%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and	5.88	5.28	5.28	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	93.4‰	123.4‰	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)	0.90	0.64	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.4‰	7.3‰	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
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
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
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

Medicines management	Y/N/Partial
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>There was no statistical variation in the published and verified data (2021) by the NHSBSA (NHS Business Service Authority), for the prescribing of certain medicines. This included for the prescribing of narrow-spectrum AEDs (also known as antiepileptic medicines), certain antibiotics, as well as for the prescribing of hypnotic and psychotropic medicines.</p> <p>The practice did not stock a specific non-steroidal anti-inflammatory medicine as part of their emergency medicines. Nor did they keep stock of a specific emergency medicine which can be used in the event of an epileptic fit or seizure. To manage the risk in the absence of these medicines the practice had an agreement with the pharmacy which was located onsite where they could access these medicines if needed, during the inspection process the practice shared a copy of their formal protocol to support this.</p> <p>As part of our inspection we looked at the practice's systems for managing patients on specific novel oral anticoagulants (NOACs); blood thinning medicines. We also looked at the practices systems for monitoring patients with Chronic Kidney Disease and also for patients with Hypothyroidism. We noted that across these areas, some patient reviews were overdue; however, we saw that attempts had been made to call these patients in for various tests and reviews. Some of these were successfully arranged during our inspection. Overall we found that the practice operated safe and effective systems for monitoring patients on high risk medicines and for the management of patients with long term conditions.</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:	Y
Number of events that required action:	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practices systems for reporting concerns, incidents and near misses were well embedded throughout the practice. Minutes of practice meetings showed that actions and lessons learnt were applied to significant events.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
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Medicines assigned to the wrong patient	Due to a technical system issue and also a transcribing error, a medicine was assigned to the wrong patient for collection. The medicine was left with the pharmacist and therefore not collected and on being made aware of the issue the practice ran a check of their IT system and also installed a second screen to help improve visibility when transcribing.
Test samples rejected by the lab	On being made aware of the issue, the practice noticed that the wrong patient details were assigned to the tests. Identified patients were contacted, made aware of the matter and apologies given. Tests were repeated and correctly processed. On reflection, clinical staff were reminded to complete their documentation before seeing to the next patient, to double check their test labels and ensure details correspond with their IT and lab systems.

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of actions taken on recent alerts. For instance, we saw that the practice was in the process of reviewing patients on the concomitant use of a specific medicine used to treat stomach problems and another medicine used to prevent blood clots; in line with recommendations on a specific combined medicines alert, from the Medicines and Healthcare products Regulatory Agency (MHRA).</p>	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y

We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice cared for a number of elderly patients at two local care homes, this included a weekly ward-round to the homes. Staff we spoke with explained that the practices Primary Care Network (PCN) was due to manage the primary care delivery to one of the care homes as of June 2022; this included facilitating care through a PCN care home team which had been recruited specifically for this purpose. This was described as a positive arrangement, with a specialised team in place to meet complex care needs and demands for patients in the care home.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- All patients with a learning disability were offered an annual health check.
- 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 demonstrated that they had a system to identify people who misused substances.
- The practice was able to refer patients to a number of additional roles and care providers through their PCN. This included a social prescriber and a podiatrist based on-site.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. In addition, flu, shingles and pneumonia vaccinations were offered to various patient groups.

Management of people with long term conditions

Findings

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Patients with asthma were offered an asthma management plan and patients with COPD were offered rescue packs
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

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)	139	143	97.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	127	130	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	127	130	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	127	130	97.7%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles,	132	139	95.0%	Met 90% minimum

mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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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

Staff we spoke with described an opportunistic approach to childhood immunisations. Published and verified data from NHS England showed that the practice met the World Health Organisation (WHO) targets for the uptake of childhood immunisations between April 2020 and March 2021. The practice had safe and effective arrangements for following up on any missed immunisation appointments. When necessary the practice would liaise with other agencies including health visitors if required.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	75.9%	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) (UKHSA)	38.6%	62.3%	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)	65.7%	65.7%	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)	64.9%	60.3%	55.4%	No statistical variation

Any additional evidence or comments

A snapshot of published and verified data by Public Health England (PHE) for December 2021 showed that the practice was not meeting cervical screening targets. Staff described an opportunistic approach and advised that they were continuing to make efforts in encouraging patients to attend for screening appointments. Appointments were available outside of work hours and on weekends through the primary care network (PCN), there were female sample takers in place and the practice operated effective failsafe systems to ensure results were received for every sample sent for testing. 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 through phone, text and by post. The practice followed effective failsafe systems to ensure results were received for all tests and samples sent for processing. Unverified data provided during our inspection site visit showed that 82% of their patients aged 25-49 had been invited for screening and 84% of their patients aged 50-64 had been invited for screening between April 2021 and May 2022.

The practices published and verified data (2020/2021) for patients screened for breast cancer (in a three-year period) did not flag as a variation but was below local and national averages. We discussed this with a member of the nursing team during our inspection who advised that they actively encouraged patients to attend for breast screening and often discussed this area during other consultations; such as when discussing medicines, contraception and Hormone replacement therapy (HRT).

Monitoring care and treatment

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

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

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

The practice completed an audit focusing on the prescribing of a specific medicine for patients diagnosed with diabetes. National Institute for Health and Care Excellence (NICE) guidelines were considered and used as indicators as part of the audit criteria. Findings from the repeated audit in February 2022 showed that out of 39 patients, 55% showed a reduction in their HbA1c (blood sugar/glucose levels) since starting their medicines and 44% showed a healthy weight loss (a general improvement in lifestyle factors in relation to their condition). The repeated audit highlighted improvements overall when compared with the first audit. We saw that a plan was developed following the audit which included a further review of their patients with diabetes. Other audits included a review of patients on specific high risk medicines, we saw that this review resulted in prescribing alternative medicines to patients where recommended, in line with evidenced-based guidelines.

Effective staffing

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

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

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of completed appraisals for staff and where appraisals hadn't been completed there was evidence to demonstrate these were scheduled. Staff we spoke with said they had protected time for training and clinical staff had time to undertake other duties such as admin in-between patients. We saw examples of where the practice offered support and funding to upskill and train staff in various areas. For instance the practice pharmacist had recently completed a prescribing course and was due to undergo a course in minor ailments; this was an example of how the practice utilised their clinical team in various ways to help with patient demand. Although we came across no concerns regarding clinical competency or oversight, we noted that clinical supervision was mostly informal. Discussions with management during our inspection highlighted plans to implement a more formal system of clinical supervision.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence to support a multidisciplinary and joint-working approach when managing patient care.</p>	

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
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Consent to care and treatment

The practice was able to demonstrate that it 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
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence to support that DNACPR decisions were made appropriately and in line with relevant legislation. There was evidence to support that conversations about DNACPR took place as part of a broader anticipatory care planning, with use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. The practice had a designated worker who took the lead on ReSPECT forms and explained that part of the lead role included carrying out home visits; offering support; sign posting patients to local support services as well as attending multidisciplinary team meetings (MDTs).</p>	

Responsive

Rating: Not Rated

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y

There were systems in place to monitor the quality of access and make improvements	Y
<p>Explanation of any answers and additional evidence:</p> <p>In addition to daytime and weekday appointments, patients could access appointments at the practice from 7am on Tuesdays and Thursdays as well as on some evenings and Saturdays; these were based on various clinics and pre-bookable arrangements. Patients could also be seen by a local clinician in the evenings or on Saturday and Sunday at locations across South Worcestershire; this was facilitated through the Primary Care Network (PCN).</p> <p>The practice championed patient choice, although they offered a range of appointment types to suit different needs including telephone consultations, they analysed the needs of their patient population and noticed that most patients required face to face appointments; the practice organised their appointment system based on this need. At the time of our inspection the practice was in the process of having a new system installed to improve telephone access for patients.</p> <p>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. On the day of our inspection we noted efforts made by the practice to ensure that patients were always seen and not turned away; for instance in the event of a non-booked appointment or a booking error.</p> <p>We saw that when appointments were booked, patients were being booked in with the relevant clinician to meet their needs which included appointments with one of the practices Physicians Associates or a member of the nursing team, in addition to the GPs.</p> <p>The practice utilised their clinical team in ways to help meet demand; for instance the pharmacists (one employed by the practice and one provided through the PCN) were able to support the GP with medicines reviews. The practice-employed pharmacist was also furthering their training and development in order to support the practice in areas such as prescribing and minor ailment care. The practice actively referred patients to other roles provided by the PCN, including an on-site podiatrist and a social prescriber.</p> <p>The practice was in the process of reviewing their catchment area in efforts to meet the demands of the growing population, patients identified as being out of the catchment area were supported to register with practices within their local boundary, or catchment area.</p>	

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:	

As part of our inspection process members of the management team shared information about the practice's history and organisational set-up. This highlighted how the practice had undergone some changes and some challenges over the years, which included changes in staffing; in particular the leadership team.

Staff we spoke with during our inspection described that things had improved and they felt that the practice was travelling in the right direction. The evidence and staff feedback we gathered highlighted that the practice was moving towards a period of settling into some positive changes; this included the successful recruitment of two GPs who were due to join the practice in the summer of 2022.

We noted clear lines of accountability in place during our inspection. This included clinical oversight and strong operational management of the practice. Leaders were experienced, they demonstrated a clear understanding of practice challenges and we were assured by actions taken and plans in place to address them. For instance, to help meet demand we saw examples of staff development and training and instances of upskilling staff to help with patient care.

In addition to the successful recruitment of two GPs, the practice was in the process of recruiting for an Advanced Clinical Practitioner (ACP) as well as an assistant Practice Manager with a view to further development as part of their long term plans. The practice was also hoping to grow their reception team and were advertising for more reception staff at the time of our inspection. The long term plan included a view to growing the team (as a GP partnership) and plans to become a training practice in the future.

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: Staff we spoke with demonstrated awareness of the practices vision and values. Managers were committed, dedicated and passionate about their work. There was a theme captured amongst staff feedback gathered during our inspection, many staff we spoke with expressed a common aim for the practice to succeed and do well for their patients and the team.	

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
Explanation of any answers and additional evidence: Staff we spoke with were proud of the practice as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. Staff we spoke with expressed that they were comfortable being open and honest about things at work, advising they felt listened to and supported to raise concerns. There was evidence of collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. In addition to formal and informal meetings, the practice used IT systems to help with their internal communications, where appropriate changes were communicated through internal email as well as through tasks on the patient record system. We saw that topics such as safeguarding, significant events, complaints and appointments were discussed during practice meetings.	

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

Source	Feedback
Feedback from some members of the non-clinical team	Staff we spoke with said they enjoyed coming to work. Staff expressed that they always made efforts as a whole team to accommodate patients and that they were very much proud of this. They spoke positively about various staffing teams and noted their confidence in the management team, describing leaders at the practice as approachable and friendly.
Feedback from some members of the clinical team	Those requiring clinical supervision described an open-door policy, advising that the GPs were always on hand to help if needed. Staff spoke positively about working at the practice and described a well-experienced clinical team overall. Conversations with clinicians highlighted a passion for patient centred care.
Feedback from a member of the Neighborhood team.	During our inspection we spoke with a member of the local Neighborhood team, Neighborhood Teams are a combination of local health and care providers and commissioners who work together to provide more integrated and joined up care and services to their local community. They described a positive relationship with the practice, describing the practice as responsive to the needs of their patients. They spoke positively about the practice's engagement with multidisciplinary teams and described good joint-working, as well as well-structured meetings. In addition they highlighted good palliative care provided by the practice as well as examples of good access to care, such as home visiting for patients with complex care needs.

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

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

Appropriate and accurate information

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

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

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice organised services to meet the needs and preferences of their patient population. For example, where telephone consultations were not suited to the needs of the patient the practice always	

offered a face to face appointment. Where suitable, this was offered at the time of booking an appointment and avoided the patient needing to have a telephone consultation first.

Due to the impact of the Covid-19 Pandemic the practices Patient Participation Group (PPG) was no longer active, therefore they were in the process of reestablishing their PPG. We saw that this was being organised by a member of the patient services team and forms had been developed to gauge interest. Staff we spoke with told us some patients had expressed their interest and were going through the process of formalising these arrangements.

Feedback from Patient Participation Group.

Feedback

At the time of our inspection the practice was in the process of reestablishing their PPG.

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: Information about how to complain was available. We observed two complaints during our inspection and found that they were satisfactorily handled in a timely way. Complainants were signposted to the Parliamentary and Health Service Ombudsman in the event that they were unhappy with the outcome and there was evidence that complaints were reflected on as a practice and used to drive improvement. For instance, we saw that issues such as appointment booking errors were discussed with the reception team and reflected on to try and prevent recurrence.	

Examples of continuous learning and improvement

We saw examples of how the practice had made changes to improve access to appointments for their patients. For instance at the time of our inspection the practice was in the process of having a new system installed to improve telephone access for patients. This was implemented following patient feedback.

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.
- **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.