

# Care Quality Commission

## Inspection Evidence Table

### Cleveland Surgery (1-7919901144)

Inspection date: 23 November 2021

Date of data download: 15 November 2021

## Overall rating: Good

The practice is rated as good overall. The practice is also rated as good for providing safe, caring, responsive and well-led services. However, the service has been rated as requires improvement for providing effective services.

The service is rated as requires improvement for providing effective services because:

- Most patients received effective care and treatment that met their needs, however, some patients with long term conditions or potential long-term conditions had not received up to date monitoring or their diagnosis had not been identified.

## 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 <sup>1</sup>
Partners and staff were trained to appropriate levels for their role.	Partial <sup>2</sup>
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 <sup>3</sup>
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:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• <sup>1</sup>A safeguarding lead was in place but not all staff were clear on who the safeguarding lead was. However, all staff knew how to raise safeguarding concerns and were confident to do so.</li> <li>• <sup>2</sup>Not all non-clinical staff were trained to the appropriate level. However, all non-clinical staff had received some training and the provider amended training requirements during the inspection to ensure that all non-clinical staff were trained to the correct level.</li> <li>• <sup>3</sup>There were systems in place to identify vulnerable patients on record. However, not all relevant staff had been granted the information access permissions to be able to see whether patients had any potential safeguarding issues. We made the provider aware and they immediately ensured that relevant staff were given the correct access rights.</li> </ul>	

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 Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16 December 2019 reviewed 14 December 2020	Y
There was a fire procedure. Date of fire risk assessment: 12 July 2021	Y
Actions from fire risk assessment were identified and completed.	Y <sup>1</sup>
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• <sup>1</sup>The provider had taken action where possible and started discussions with a different provider who shared the building to ensure that all shared actions were completed. This also included actions identified by the legionella risk assessment.</li> </ul>	

## 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: 26 January 2021	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:	

## 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 <sup>1</sup>
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li><sup>1</sup>Systems were in place to manage staff absences and busy periods. Reception staff felt that there were sufficient staff except when staff were on leave. The provider was in the process of recruiting an additional staff member to support work in this area. The service could also be remotely supported by another of the provider's services if required.</li></ul>	

## 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:	

## Appropriate and safe use of medicines

The practice did not have fully effective 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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	1.06	0.89	0.69	-
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	10.7%	12.6%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	5.86	5.50	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	390.6‰	217.3‰	126.1‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	2.22	0.91	0.65	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	14.2‰	8.3‰	6.7‰	Variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y <sup>1</sup>

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.	Partial <sup>2</sup>
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 <sup>3</sup>
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 Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y <sup>4</sup>
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We discussed the prescribing indicators where the practice was showing a negative variation against national averages. Staff told us that they had identified these issues and felt that they were a combination of historic prescribing by a previous provider and the specific characteristics of the patient population served by the practice. The practice provided care for a number of patients in care settings and it was felt that the figures were affected by this. Practice staff had been working to address the historic prescribing levels and felt that this process would take time. They provided figures that showed that prescribing was reducing in these areas.</li> <li>• <sup>1</sup>We saw that audits were being completed of consultations carried out by non-medical prescribers. These consultation audits also looked at the prescribing decisions. Non-medical prescribers we spoke with could not recall receiving prescribing feedback. However, we saw that the consultation audits were positive regarding the prescribing decisions made by the non-medical prescribers.</li> <li>• <sup>2</sup>We found uncollected prescriptions during the inspection. Some of the prescriptions were several months old. We informed the provider who took immediate action to review each patient affected and to reinforce their guidance to staff to ensure that any uncollected prescriptions were regularly checked so that action could be taken if required. The provider also included uncollected prescriptions as part of their premises checks to ensure that managers confirmed that staff were taking appropriate action in this area in the future.</li> </ul>	

**Medicines management****Y/N/Partial**

- <sup>3</sup>The CQC's GP specialist advisor reviewed patient records via remote searches and checked the system in place for the management of medicines, which included regular monitoring in accordance with national guidance. We identified five patients receiving a high-risk medicine that were overdue monitoring of their condition by the practice. We provided this information to staff who confirmed that two patients had been booked for a review and three patients had not responded to invites to book for a review. Staff confirmed that they would continue to encourage patients to book for a review.
- <sup>4</sup>Vaccines were stored appropriately. There were a few missing temperatures from the daily monitoring of fridges which we brought to the attention of the provider. The provider reminded staff of their responsibilities in this area.

## 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:	47
Number of events that required action:	45
Explanation of any answers and additional evidence:	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Patient confidential information left in blood pressure monitoring kit which was then lent to another patient	Patient contacted and incident discussed with staff. Blood pressure monitoring kits are now placed in clear plastic boxes so that they are easier to check for patient information.
Mental health team concerns that changes to medicines not made promptly	Discussed with all relevant staff and change made to process so that any medicines changes are prioritised by duty doctor.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y <sup>1</sup>
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li><sup>1</sup>A system was in place for receiving and acting upon safety alerts. Safety alerts were acted upon when received but fully effective processes were not in place to check that previous safety alerts were still being complied with. The provider confirmed that they would re-run searches for these historic safety alerts each month to ensure that these issues would be picked up in the future. We identified that some patients were being prescribed two medicines which a previous safety alert had warned against being prescribed together. The provider had been taking action to review those patients and make changes where appropriate.</li> </ul>	

## Effective

## Rating: Requires improvement

We have rated the provider as requires improvement for providing effective services. This was because:

- Most patients received effective care and treatment that met their needs, however, some patients with long term conditions or potential long-term conditions had not received up to date monitoring or their diagnosis had not been identified.

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 were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. Most patients received effective care and treatment that met their needs, however, some patients with long term conditions or potential long-term conditions had not received up to date monitoring or their diagnosis had not been identified.**

	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.	Partial <sup>1</sup>
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• <sup>1</sup> Most patients received effective care and treatment that met their needs, however, some patients with long term conditions or potential long-term conditions had not received up to date monitoring or their diagnosis had not been identified.</li></ul>	



## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered 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.

## Management of people with long term conditions

### Findings

- The CQC's GP specialist advisor reviewed patient records via remote searches and checked the system in place for the management of patients with long term conditions and the potential missed diagnosis of long-term conditions.
- We found 34 potential missed diagnoses of diabetes and we looked into five of those in more detail. Two of the five patients should have been diagnosed with diabetes and required follow up.
- We found one patient with renal disease where it was not clear that they were receiving appropriate monitoring and two other patients diagnosed with diabetes who required follow up.
- We shared this information with staff who immediately reviewed the patients to take actions where appropriate.
- 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, 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. However, we found that some of the assessments for rescue packs were not well documented.
- Patients with asthma were offered an asthma management plan. However, staff told us that there had been delays in booking asthma reviews due to staff capacity issues. The provider was recruiting staff to address this.

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) (01/04/2019 to 31/03/2020) (NHS England)	123	134	91.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	138	163	84.7%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	134	163	82.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	135	163	82.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	131	177	74.0%	Below 80% uptake

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

### **Any additional evidence or comments**

We were provided with unverified data from the provider which showed an improvement in childhood immunisation performance. We were told that any non-attending patients would be initially contacted by reception staff and then by a nursing staff member where appropriate. Any repeated non-attending patients would be discussed with health visitors to identify actions to improve uptake. A care coordinator had also just started work with a specific group of patients which was hoped to continue to improve performance in this area. Extended hours appointments were available to encourage uptake in addition.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) (Public Health England)	74.9%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	74.0%	74.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	61.5%	65.9%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	54.4%	54.6%	54.2%	No statistical variation

#### Any additional evidence or comments

Extended hours appointments were available to encourage uptake of cervical screening. Reception staff would contact patients who had not attended and a nurse would also contact them if appropriate. Screening would also be discussed with patients opportunistically if they attended for a different appointment.

## Monitoring care and treatment

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

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

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

The practice had completed audits to identify patients that according to NICE guidance should be under the care of a nephrologist. The practice's first audit identified six patients that met the criteria and were not under the care of a nephrologist. Each patient was clinically reviewed and five required no further action and one was scheduled for a consultation with a GP and was subsequently referred to a nephrologist. The latest audit found two new patients that met the criteria and a case review has been conducted, neither patient was appropriate for referral.

The practice had completed a three-cycle audit of sodium valproate prescribing. The second and third cycles showed a reduction of the number of patients prescribed it, an increased percentage of patients with a pregnancy prevention plan and also under the care of a neurologist.

## 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
Explanation of any answers and additional evidence:	

## 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
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y <sup>1</sup>
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 <sup>2</sup>
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li><sup>1</sup>Clinicians understood the steps required to ensure appropriate consent was obtained. However, not all clinicians were able to refer to Gillick competencies when considering consent discussions with children. The provider agreed to refresh staff training in this area.</li> <li><sup>2</sup>Staff had noted DNACPR information on clinical records. Copies of the DNACPR forms were not always on patient records and this had been discussed at the palliative care meeting that practice staff attended with other providers. An action had been put in place to obtain a copy of a patient's DNACPR form (these forms were usually stored at a patient's home).</li> </ul>	

## Caring

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

Patient feedback	
Source	Feedback
Patient feedback sent to CQC as part of inspection process	Patients commented that staff were friendly and helpful.
NHS Choices	One negative review commented that staff didn't seem to care. The practice had responded to this review and asked the reviewer to contact the practice to discuss further.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	75.5%	88.9%	89.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	69.7%	87.7%	88.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and	86.8%	95.9%	95.6%	Variation (negative)



Indicator	Practice	CCG average	England average	England comparison
trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	62.7%	82.0%	83.0%	Variation (negative)

#### Any additional evidence or comments

The practice had considered the patient survey results. They told us that they had discussed them with staff in order to reflect on areas for improvement. Staff told us that they felt that patients' overall experience of the GP practice had been affected by phone and appointment access concerns. Staff felt that changes to the phone system and improvements to the system of responding to requests for appointments would improve patient experience in this area.

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

#### Any additional evidence

The provider had carried out a patient survey across all its locations in August and September 2021. Feedback showed some improvement in patient satisfaction in the areas identified by the national GP patient survey.

The patient participation group (PPG) chair told us that there were plans to carry out a patient feedback exercise in the New Year. PPG patient feedback exercises had been limited due to the Covid-19 pandemic.

#### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y <sup>1</sup>
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li><sup>1</sup>Information on community and advocacy services was clearly displayed in the reception area.</li> </ul>	

Source	Feedback
Patient feedback sent to CQC as	Patients commented that staff were thorough and took their time giving patients the opportunity to be involved in decisions about their treatment.

part of inspection process	
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## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	88.4%	92.8%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	(3.5%) 440
How the practice supported carers (including young carers).	Carers were offered an annual flu vaccination and covid vaccinations. A carers information leaflet was available and information for carers was displayed in the reception area.
How the practice supported recently bereaved patients.	The practice sent cards to recently bereaved patients. Staff also provided patients with information of bereavement support groups. Information for bereaved patients was also in the reception area.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The provider had led the Covid-19 vaccination programme at the local hospital.</li> <li>The clinical lead was the lead for mental health service transformation in the local area.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm (Pre-bookable extended hours appointments from 6.30pm-8pm)
Tuesday	8am to 6.30pm (Pre-bookable extended hours appointments from 6.30pm-8pm) Third Tuesday of each month the practice is closed in the afternoon for staff training)
Wednesday	8am to 6.30pm (Pre-bookable extended hours appointments from 6.30pm-8pm)
Thursday	8am to 6.30pm (Pre-bookable extended hours appointments from 6.30pm-8pm)
Friday	8am to 6.30pm (Pre-bookable extended hours appointments from 6.30pm-8pm)
Saturday	(Pre-bookable extended hours appointments only from 9am to 12pm)
Sunday	(Pre-bookable extended hours appointments only from 9am to 12pm)
Appointments available:	
Monday	Appointment times vary by clinician.
Tuesday	Appointment times vary by clinician.

Wednesday	Appointment times vary by clinician.
Thursday	Appointment times vary by clinician.
Friday	Appointment times vary by clinician.
Saturday	Appointment times vary by clinician.
Sunday	Appointment times vary by clinician.

#### Further information about how the practice is responding to the needs of their population

- 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.
- Nurse appointments were available outside school hours for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered appointments until 8pm Monday to Friday. Appointments were also available on Saturday and Sunday 9am to 12pm.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were 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
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
Explanation of any answers and additional evidence:	

## 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)	43.5%	N/A	67.6%	Variation (negative)
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)	48.8%	70.9%	70.6%	Tending towards variation (negative)
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)	53.0%	67.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	79.0%	84.7%	81.7%	No statistical variation

### Any additional evidence or comments

- The provider had introduced a cloud-based telephone system to improve patient access. It allowed real time monitoring of calls allowing for additional staff support to be put in place at times of demand.
- The provider had also introduced a 'Ask my GP' online service which allowed patients to access the service from 6am to 12pm to request appointments. These requests were assessed and forwarded to the most appropriate clinician to respond to. All requests were monitored throughout the day to ensure they were managed effectively.

Source	Feedback
NHS Choices	Five negative reviews in 2021 regarding access. The practice had responded to these reviews and asked the reviewers to contact the practice to discuss further.

## 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.	85
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Complaints were promptly acknowledged and responded to. Complaint responses were clear and addressed complaints in full using appropriate language and tone.</li> </ul>	

## Examples of learning from complaints

Complaint	Specific action taken
Not allowed to talk about more than one concern at an appointment	Learning discussed with staff to ensure more flexibility when appropriate.
Regarding delay in prescribing medicine	Advice given to patient on most appropriate routes for requesting prescriptions to ensure no future delays.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was 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.	Partial <sup>1</sup>
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• <sup>1</sup>Most staff told us that leaders were visible and approachable. However, some reception team staff told us that they felt that management were not always approachable.</li><li>• The provider had several staff who worked across their sites to provide additional leadership and support in areas such as human resources, safeguarding and infection prevention and control.</li></ul>	

### 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:	

### 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.	Partial <sup>1</sup>
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:	
<ul style="list-style-type: none"> <li><sup>1</sup>Most staff told us that they were comfortable raising concerns. However, some reception team staff told us that while they would raise concerns, they would not always feel comfortable doing so as they felt that management were not always approachable.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff told us that they were very busy but were proud of the care that they provided at the practice. Some staff felt that more staff meetings would be useful to improve communication when changes were taking place quickly.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

### Managing risks, issues and performance

**There were clear processes for managing risks, issues and performance. However, they had not identified and addressed the issues that we found during the inspection.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Partial <sup>1</sup>
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
Explanation of any answers and additional evidence:	

- <sup>1</sup>Processes were in place to manage performance but had not identified and addressed the issues that we found during this inspection. The provider was responsive to feedback and took action to improve systems to address issues.

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

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

**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
Explanation of any answers and additional evidence:	

**Governance and oversight of remote services**

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

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

### 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: <ul style="list-style-type: none"> <li>The provider had recently recruited a group engagement and marketing officer to concentrate on communication and relationships with patients and other stakeholders.</li> <li>Practice staff were involved in the local primary care network (PCN) and attended weekly PCN meetings. The practice was the only practice of the five in the PCN that took part in the covid-19 vaccination programme.</li> <li>The practice was involved in pilot work for the direct enhanced service for care homes. We received feedback from one of the care homes supported by the practice. The care home was happy with the care provided by practice staff.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
The PPG Chair told us that meetings took place every two to three months and the agenda for the meetings was set by the PPG. The relationship between practice staff and the PPG was good. They also felt that staff were approachable and responsive to feedback received.

### Continuous improvement and innovation

**There were 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:	

<b>Examples of continuous learning and improvement</b>
<ul style="list-style-type: none"> <li>• A nurse was being supported to achieve advanced care practitioner status.</li> <li>• The provider shared learning across all sites which allowed improvements identified at one practice to be implemented at all practices if appropriate.</li> </ul>

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.
- 
- $\text{‰}$  = per thousand.