

Care Quality Commission

Inspection Evidence Table

DMC Church View Practice (1-10983656589)

Inspection date: 16 November 2021

Date of data download: 10 November 2021

Overall rating: Requires Improvement

We have rated the practice with an overall rating of Requires Improvement because we found concerns relating to the management of staff absences, management of an infection prevention and control audit, medicines management and the management of clinical audits. We also found concerns relating to effective staffing, leadership and the processes for managing risk and performance.

Safe

Rating: Requires improvement

We have rated the practice as Requires Improvement for providing safe services because the provider did not action some of the issues identified in an infection prevention and control audit, there was not an effective approach to managing staff absences and busy periods. Additionally, the management of blank prescription forms was not in line with national guidance, there were no formal regular reviews of the prescribing practice of non-medical prescribers and vaccines were not appropriately stored in line with Public Health England guidance.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
Partners and staff were trained to appropriate levels for their role.	YES
There was active and appropriate engagement in local safeguarding processes.	YES
The Out of Hours service was informed of relevant safeguarding information.	YES
There were systems to identify vulnerable patients on record.	YES
Disclosure and Barring Service (DBS) checks were undertaken where required.	YES
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	YES

Explanation of any answers and additional evidence:

The provider had a designated safeguarding lead who was the lead GP. All staff received appropriate levels of safeguarding training for their role. They knew how to identify and report concerns. Safeguarding concerns were discussed in clinical meetings and shared with all staff to embed best practice.

There were notices in the clinical rooms which explained the process involved should they wish to raise a safeguarding concern along with the relevant phone numbers they should call. There were also posters in the patient toilets with safeguarding information and support.

Practice staff told us the computer system alerted staff to vulnerable adults and children that were on the risk register.

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

Explanation of any answers and additional evidence:

The provider carried out staff checks at the time of recruitment where appropriate. Disclosure and Barring Service (DBS) checks were completed where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	YES 05/11/2021
There was a fire procedure. Date of fire risk assessment:	YES 05/11/2021
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

We saw a variety of risk assessments that had been carried out at Church View Practice. The risk assessments included actions that were required and a timeline to address the issues identified. For example, the provider identified the need to declutter the clinical rooms. We saw that this had been actioned.

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.	PARTIAL
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	YES 26/5/2021

The practice had acted on any issues identified in infection prevention and control audits.	PARTIAL
The arrangements for managing waste and clinical specimens kept people safe.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice completed a comprehensive infection prevention and control (IPC) audit in May 2021 which listed a set of control measures under each heading. This was used to confirm monitoring of infection prevention and control processes. We saw an action plan which described what improvements were needed and the deadline the task should be completed by. We saw not all actions were completed by the deadline. For example, an annual hand hygiene assessment was to be scheduled to include reception staff and training specific to handling specimens to be considered. The deadline for this to be completed was 17 July 2021. However, staff told us this did not happen.</p> <p>The action plan also identified cold chain management training (the process to maintain the temperature of medicines that need refrigeration to maintain quality and safety) was to be undertaken by relevant staff. The deadline for this was 30 September 2021. We asked to see evidence this training had been completed however no evidence of this was available on the day of inspection. After the inspection the provider wrote to us to explain staff were aware of the cold chain policy, that refresher training for clinical staff would be arranged and the cold chain policy would be shared with staff again.</p> <p>During the inspection we found eight adrenaline vials and ten lidocaine vials had expired. These were in a locked stock cupboard. We spoke to the provider about this and they appropriately disposed the medicines on the day of the inspection.</p>	

Risks to patients

There were gaps in 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.	NO
There was an effective induction system for temporary staff tailored to their role.	YES
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	YES
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us cover for reception was not sufficient. They explained on some days only one person covered reception and covering all of the tasks required was unachievable. The managers informed us they currently had two vacancies but on the day of the inspection we were informed a receptionist had resigned. We reviewed the rota covering the week starting 22 November 2021. We saw there was insufficient reception cover on several shifts. Staff we spoke with told us they did cover other staff members when possible but this was having a negative impact on them.</p> <p>We checked the providers emergency equipment. The provider held emergency medicines, oxygen and a defibrillator. We noted spare defibrillator pads were not available.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	YES
There was a system for processing information relating to new patients including the summarising of new patient notes.	YES
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	YES
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	YES
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	YES

Appropriate and safe use of medicines

The practice did not have 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)	0.71	0.73	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)	12.9%	10.6%	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)	6.77	5.89	5.38	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	90.1‰	129.7‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) <small>(NHSBSA)</small>	0.84	0.67	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	3.7‰	6.7‰	6.7‰	Tending towards variation (positive)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	NO
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	YES
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NO
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	YES
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin) with appropriate monitoring and clinical review prior to prescribing.	YES
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	YES
For remote or online prescribing there were effective protocols for verifying patient identity.	YES
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	YES
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	NO
Explanation of any answers and additional evidence: Blank prescription forms and pads were not always kept securely in the practice. For example, we found blank prescription forms and a blank prescription pad in a clinical room that was not in use on	

Medicines management	Y/N/Partial
<p>the day of the inspection. We also found blank prescription forms in another clinical room that was not in use on the day of the inspection. The blank prescription forms and pad that were found were not locked away securely.</p>	
<p>The provider was not always monitoring blank prescription pads in line with national guidance. For example, we saw that the blank prescription pad that was found was not recorded on the provider's monitoring log.</p>	
<p>The provider could not demonstrate there were formal reviews of the clinical work of non-medical prescribers. We were informed the Advanced Nurse Practitioner was currently not receiving formal clinical reviews of their work. However, informal supervision was available and clinical staff informed us they were able to speak with other clinicians when needed for help and support, when the salaried GP was not on site, staff could contact the Primary Care Clinical Lead.</p>	
<p>We looked at the designated refrigerators for the storage of vaccines. We found vaccines were stored touching the inside of the walls of the refrigerator. Vaccines should be kept away from the side and back walls of the refrigerator; otherwise the vaccines may freeze rendering them inactive and unusable. We brought this to the attention of the provider who told us they would take action.</p>	
<p>We looked at the temperature log records of the designated refrigerators for the storage of vaccines. Records showed the temperature of refrigerator had been recorded as being outside of the acceptable limits (of between two and eight degrees centigrade) on one occasion in the last three months. Records showed staff took appropriate action to ensure patient safety. For example, staff checked how long the refrigerator was outside of the acceptable limit and rescheduled patient appointments. We did not see evidence of the provider analysing this incident to see how processes can be improved as a result.</p>	
<p>When we looked at the temperature log records for the designated vaccine refrigerators, we saw staff were recording the temperature in the morning on a daily basis. During the inspection we found a temperature log record which showed another staff member was monitoring and recording the temperature in the afternoon on a daily basis. We brought this to the attention of the provider. They were unaware the staff member was doing this in the afternoon.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	YES
Staff knew how to identify and report concerns, safety incidents and near misses.	YES
There was a system for recording and acting on significant events.	YES
Staff understood how to raise concerns and report incidents both internally and externally.	YES
There was evidence of learning and dissemination of information.	YES
Number of events recorded in last 12 months:	10
Number of events that required action:	10

Explanation of any answers and additional evidence:

During the inspection we found 15 clinical letters dated from 2015 to 2016. The letters contained patient identifiable information. They were in a cupboard in one of the clinical rooms that was not in use on the day we inspected. We informed a staff member and the incident was investigated. The letters were removed from the room, the staff member checked the patient notes to ensure the documents were scanned on the system and that no further action was required. A significant event was recorded, and the provider told us the incident would be discussed in the next clinical meeting to ensure learning.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Breach in the cold chain	Full investigation into the duration of the high fridge temperatures. The vaccine clinic was cancelled. The manufacturer was contacted to ascertain the appropriate next steps.
Urgent prescription sent to online pharmacy	Prescription was repeated and sent to an alternative pharmacy and service user was informed. This was shared with all staff and they were reminded to clarify the service user's nominated pharmacy for urgent prescriptions.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	YES
Staff understood how to deal with alerts.	NO
<p>During our clinical searches we reviewed two safety alerts. We reviewed the safety alert indicating that two types of medication should not be prescribed together (one for the treatment of gastroesophageal reflux disease and the other to reduce the risk of heart disease and stroke). We reviewed the records of three patients who were prescribed both types of medication but could not find evidence to show any of these patients had been informed of the risks associated. We also looked at five patients who were prescribed a particular antidepressant but could not find evidence to show any of these patients had been informed of the risks associated with taking this medicine.</p>	

Effective

Rating: Requires improvement

We rated the practice as Requires Improvement for providing effective services because some patients receiving treatment for an underactive thyroid were not always followed up in a timely way and there was limited evidence of quality improvement activity. Furthermore, staff did not have protected learning and development, the provider was unable to provide the induction checklist for new staff and feedback from records audits were not shared with staff.

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 not assessed, and care and treatment was not delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	YES
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	YES
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	PARTIAL
We saw no evidence of discrimination when staff made care and treatment decisions.	YES
Patients' treatment was regularly reviewed and updated.	YES
There were appropriate referral pathways to make sure that patients' needs were addressed.	YES
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	YES
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	YES
Explanation of any answers and additional evidence: During our inspection, we completed a series of searches on the practice's clinical record system. These searches were completed with consent and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. We looked at the records of: <ul style="list-style-type: none">Four patients who were identified as having a potential missed diagnosis of diabetes. We found that all four patients had been coded correctly as pre-diabetic. The records showed the practice	

conducted follow up blood glucose tests and which confirmed none of these patients had diabetes.

- Five patients who were diagnosed with diabetic retinopathy (Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated). These records showed three patients had not had a recent average blood glucose test (2016, 2018 and 2020). Only one patient had a recent blood pressure reading completed in 2021 and one patient had not received a diabetic annual review or a medication review within the last 12 months.
- Five patients who were diagnosed with asthma. Records showed that one patient did not have an adequate annual asthma review in the last 12 months which included providing the patient with an asthma care plan. However, we found there was no evidence of potential patient harm.
- We reviewed three patient records who were receiving medication for an underactive thyroid. We found two patients received a thyroid function test in February 2020 and one patient had not received a thyroid function test since 2017. We saw that all three patients had been contacted by the practice to attend further thyroid tests.

Effective care for the practice population

Findings

- Flu, shingles and pneumonia vaccinations were offered to relevant patients over the age of 75.
- 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

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes.

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)	54	56	96.4%	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) (01/04/2019 to 31/03/2020) (NHS England)	69	69	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	69	69	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	69	69	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	73	74	98.6%	Met 95% WHO based target

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of 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)	78.0%	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)	80.8%	70.6%	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)	72.5%	64.3%	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)	35.3%	55.3%	54.2%	No statistical variation

Any additional evidence or comments

The provider understood the challenges facing the practice to increase uptake rates for eligible women requiring cervical cytology screening. On 8 April 2021 the provider had conducted an audit to help ensure they were adhering to the best practice standards of Public Health England. The audit showed improvements could be made when sending patients their third recall letter. For example, providing further advice and guidance could help patients make an informed choice when deciding whether to participate in the screening programme. However, the audit did not contain an action plan for the improvements that were identified.

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	YES
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	PARTIAL

Any additional evidence or comments

As part of this inspection, the provider submitted a variety of clinical audits. These included a long-term conditions audit, prescribing audits, and a childhood immunisation audit.

The chronic obstructive pulmonary disease (COPD) audit showed the provider had analysed the audit results. The report showed an action plan to address the findings and that another cycle of the audit was due to be repeated in February 2022.

One of the prescribing audits did not include the name of the practice where the audit had been carried out and was not signed by the auditor. We could therefore not be assured that it related to this practice.

Another prescribing audit did not include the date the audit was completed or the name of the practice where the audit had been carried out. It also was not signed by the auditor. We could therefore not be assured that it related to this practice.

The childhood immunisation audit showed the provider had analysed the clinical audit results. This audit did not include the date the audit was completed or the name of the practice where the audit had been carried out. The audit was not signed by the by the auditor.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	YES
The practice had a programme of learning and development.	YES
Staff had protected time for learning and development.	NO
There was an induction programme for new staff.	NO
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.	NO
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	PARTIAL
Explanation of any answers and additional evidence: Staff told us they did not have protected time for learning and development and this was because of low staffing levels. Staff said they would often complete any training outside of working hours. We asked the provider for a copy of an induction program for new staff members however this was not provided to us. We asked the provider to see appraisal documents for two staff members. Records showed that one staff member had received a recent appraisal. The provider told us that the second staff member had not received their appraisal as yet but it was in the progress of being organised. We looked at clinical records audits conducted by the provider. Some of the audits identified improvements. However, it did not show whether feedback was shared with the staff member, it did not include an action plan and some of the audits did not indicate whether a follow up audit was required. The provider employed one full time salaried GP and relied on locums to cover the additional GP hours required to see patients. We noted through reviewing minutes to meetings that the workload for clinical staff was discussed and it was agreed that non patient specific duties would be performed by head office, due to lack of resources. For example, audits.	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

The practice was unable to demonstrate that it 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.	YES
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	YES
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	NO
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed do not attempt cardiopulmonary resuscitation (DNACPR) forms. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the patient suffer cardiac arrest or die suddenly. We found that these were not scanned on to patient notes. Therefore, by not having the DNACPR readily available on patients notes the patient's wishes or guidance to follow may not be available.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	YES
Staff displayed understanding and a non-judgemental attitude towards patients.	YES
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	YES
Explanation of any answers and additional evidence: On the day of the inspection we saw staff were kind and helpful when speaking to patients on the phone and/or face to face.	

Patient feedback	
Source	Feedback
Verbal from staff	Staff told us that they received positive feedback from patients verbally. Patients thanked staff for their help and found them to be attentive.
NHS Choices website	Four out of nine patients said that some staff were fair, kind and responsive.
NHS Choices website	Four out of nine patients said that some staff were unhelpful and rude.
NHS Choices website	One of the nine patients found it difficult to book a Covid-19 vaccination appointment.

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)	86.2%	87.9%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	85.1%	87.0%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and	93.9%	95.2%	95.6%	No statistical variation

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)	91.0%	79.8%	83.0%	No statistical variation

Any additional evidence or comments

Our review of data via the National GP patient survey (collection period 01/01/2021 to 31/03/2021) suggested the provider was performing above local and England averages for patient satisfaction for example:

- 91% of respondents responded positively to the overall experience of the GP practice.

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

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.	YES
Staff helped patients and their carers find further information and access community and advocacy services.	YES
Explanation of any answers and additional evidence: During the inspection we saw there were easy read and pictorial materials available.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	92.3%	92.9%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	In November 2021, the practice population list was 5,990. The practice had identified 134 patients who were also a carer; this amounted to 2% of the practice list.
How the practice supported recently bereaved patients.	The practice sent condolences cards to support recently bereaved patients. Patients were also signposted to bereavement support services.

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.	YES
There were arrangements to ensure confidentiality at the reception desk.	YES

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	YES
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	YES
The facilities and premises were appropriate for the services being delivered.	YES
The practice made reasonable adjustments when patients found it hard to access services.	YES
There were arrangements in place for people who need translation services.	YES
The practice complied with the Accessible Information Standard.	YES

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 7pm
Tuesday	8am – 7pm
Wednesday	8am – 7pm
Thursday	7am – 7pm
Friday	7am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7am – 6.30pm
Friday	7am – 5.30pm
Extended access was provided locally by a GP federation and out of hours services were provided by NHS 111. This information was shared with patients via the practice's website.	

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

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open from 7am on a Thursday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available on Saturday and Sunday.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice used a messaging service that allows practice staff to instantly send messages to patients with healthcare advice and self-care information. These messages are automatically saved into the individual patient record.
- Telephone consultations and home visits were available for patients who were not able to travel to the practice.

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).	YES
Patients were able to make appointments in a way which met their needs.	YES
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	YES
There were systems in place to support patients who face communication barriers to access treatment.	YES
Patients with urgent needs had their care prioritised.	YES
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	YES

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	88.7%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.1%	66.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	83.5%	62.8%	67.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	90.1%	80.5%	81.7%	No statistical variation

Any additional evidence or comments

Our review of data collected via the National GP patient survey (from 01/01/2021 to 31/03/2021) indicated the practice were scoring higher than local and national averages in relation to access. For example:

- 88.7% of respondents responded positively to how it easy it was to get through to someone at the practice on the phone.
- 83.5% of respondents were satisfied or fairly satisfied with the appointments offered.

Source	Feedback
NHS.UK website	The patient feedback left on the NHS.UK website was mixed. At the time of our November 2021 inspection, there were nine reviews from October 2021 to November 2021. Four out of nine were five-star reviews, two were three-star reviews and three were two-star reviews. Themes from the reviews highlighted waiting times on the phone, staff behaviour and administration issues. The reviews also highlighted good organisation regarding Covid-19 vaccinations and proactive and attentive staff. We saw all reviews had a personalised response from the practice manager.

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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES
<p>Explanation of any answers and additional evidence:</p> <p>There were posters available in the waiting area which encouraged patients to share their feedback. It also contained information on how to raise a complaint with the provider. Staff told us they explained the complaint process, provided the practice's email address and signposted patients to the provider's website if patients wanted to raise a complaint.</p> <p>The provider monitored and documented complaints on a central system to identify trends. They recorded actions taken and any learning that could be taken in order to drive improvement. We looked at meeting minutes dated 5 October 2021 and saw sharing of complaints.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Staff attitude	The practice manager listened to the call. The staff member was spoken with. The practice shared learning regarding conduct with the wider practice team.
Access to services	The practice responded to concerns raised on NHS Choices website. The concerns were discussed with the patient and steps were taken to ensure the patient was able to access the service they needed. The practice told us staff were spoken with regarding how to better deal with enquiries about services.

Well-led

Rating: Inadequate

We rated the practice as Requires Improvement for providing well-led services because staff reported that leaders were not visible and approachable and there was not a strong emphasis on the well-being of staff. The provider's processes for managing risks, issues and performance were not always effective. This included issues relating to the management of blank prescription forms, the management of ensuring the competency of staff and the management of infection prevention and control risks.

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	PARTIAL
They had identified the actions necessary to address these challenges.	PARTIAL
Staff reported that leaders were visible and approachable.	NO
<p>Explanation of any answers and additional evidence:</p> <p>Practice staff told us the wider leadership team were not visible and accessible.</p> <p>Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended. For example, the security of prescriptions and clinical supervision.</p>	

Vision and strategy

The practice had a clear vision, but it was not supported by a 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.	NO
Staff knew and understood the vision, values and strategy and their role in achieving them.	NO
<p>Explanation of any answers and additional evidence:</p> <p>The provider had a statement of purpose which reflected the visions of the practice.</p> <p>Staff told us that the priorities in the last 18 months had been providing accessible primary care throughout the pandemic. They also told us that changes were often made by the primary care at scale organisation without input from local staff and that they were unaware of plans for the future.</p> <p>We found that that the practice was reliant on locums for the provision of services. We saw no evidence this was being reviewed by the management team to ensure services were meeting the clinical needs of the practice population.</p>	

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
Staff reported that they felt able to raise concerns without fear of retribution.	PARTIAL
There was a strong emphasis on the safety and well-being of staff.	NO
There were systems to ensure compliance with the requirements of the duty of candour.	YES
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	YES
The practice encouraged candour, openness and honesty.	YES
Staff had undertaken equality and diversity training.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us the local leadership team were approachable and had been proactive in supporting the practice team during the pandemic and making changes to improve the practice. Staff felt comfortable raising any concerns with the practice team.</p> <p>However, practice staff said the wider leadership team were not visible or accessible. They said news and updates were not shared. Staff told us the practice was understaffed and the increase in workload was having a negative impact on their well-being.</p> <p>Staff told us there was not sufficient reception staff to cover the week starting 22 November 2021. We asked to see the work rota for that week. We noted that there was not sufficient cover for three days before 8.30am and on two days there was only one person on duty for the whole day. After our inspection the practice provided a copy of a rota showing there was reception cover for the whole period of time that the practice was open for the week starting 22 November 2021 but there were still periods where only one person was on duty.</p>	

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

Source	Feedback
Staff feedback	<ul style="list-style-type: none"> • Staff told us they worked well in their team and enjoyed working together. They said all practice staff were approachable and helpful. • Staff told us they did not feel supported by the wider leadership team. • Staff told us they were understaffed and worried whether they could meet the demands of the practice. Staff said this was negatively impacting on their well-being. • Staff felt unsettled as they did not have long term permanent local management. They also said they did not feel wider leadership was open and transparent.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	PARTIAL
Staff were clear about their roles and responsibilities.	PARTIAL
There were appropriate governance arrangements with third parties.	YES
Explanation of any answers and additional evidence:	
Governance structures and systems were regularly reviewed by wider leadership however this was not effectively communicated to local staff. We also found a lack of clarity and discrepancies between the systems that local staff were using compared to the expectations of wider leadership.	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	NO
There were processes to manage performance.	NO
There was a quality improvement programme in place.	PARTIAL
There were effective arrangements for identifying, managing and mitigating risks.	NO
A major incident plan was in place.	YES
Staff were trained in preparation for major incidents.	YES
Explanation of any answers and additional evidence:	
<p>At our inspection, we found the provider was unable to demonstrate their processes and systems were effective in the management of risks. For example:</p> <ul style="list-style-type: none"> • Some identifiable infection prevention and control risks. • Management of blank prescription forms. • Management of ensuring prescribing competence of non-medical prescribers. • Management of medicines that required refrigeration. • Management of the reviewing of some long-term conditions. • Not providing staff with protected time for learning and development. • Not having an induction programme for new staff. • Management of ensuring competence of staff. • Management of scanning DNACPR forms onto individual patient records. • Management of clinical audits. 	

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

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

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to monitor and improve performance.	PARTIAL
Performance information was used to hold staff and management to account.	PARTIAL
Staff whose responsibilities included making statutory notifications understood what this entailed.	YES
Explanation of any answers and additional evidence: The provider completed 13 audits which looked at the standard of the clinical records. Some audits highlighted improvements and whether a follow up was needed. We did not see evidence to show feedback was provided to the staff members.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	YES
Patient records were held in line with guidance and requirements.	YES
Online consultations took place in appropriate environments to ensure confidentiality.	YES

Engagement with patients, the public, staff and external partners

The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	YES
The practice had an active Patient Participation Group.	YES
Staff views were reflected in the planning and delivery of services.	NO
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	PARTIAL
Explanation of any answers and additional evidence:	
<p>The practice had an active Patient Participation Group (PPG) who spoke with the provider about day to day practice activities, changes, complaints and compliments. The PPG members told us the provider was good at sharing information, mistakes and complaints. They said the practice were honest, engaging and learned from shortcomings. The provider acted on patient feedback. For example, patients were offered appointments via the hub if an appointment was not available at DMC Church View Practice.</p> <p>Staff told us leaders were not visible and approachable and their wellbeing was not taken into account. We saw no evidence that staff were involved in the planning and delivery of the service, and staff we spoke with confirmed this.</p> <p>Staff told us they were unaware of future and ongoing planning. For example, they were not told if new staff would be recruited when current members had resigned from employment.</p>	

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	NO
Learning was shared effectively and used to make improvements.	PARTIAL
Explanation of any answers and additional evidence:	
<p>Staff we spoke with told us the main priorities over the last 18 months had been providing primary care throughout the pandemic. Some of the clinical staff we spoke with told us they did not have time to undertake any audit or quality improvement work due to their clinical workload. We also found there was a lack of clinical and non-clinical supervision.</p> <p>Significant events and complaints were used to make improvements. We were told any learning was shared with relevant staff. We saw evidence of learning from complaints was shared with staff. For example, staff were made aware at a clinical meeting of learning from a complaint about the practice's telephone system.</p>	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- ‰ = per thousand.