

Care Quality Commission

Inspection Evidence Table

Adam House Medical Centre (1-553055514)

Inspection date: 21 November 2022

Date of data download: 16 November 2022

Overall rating: Requires Improvement

We have rated the practice as requires improvement overall as we found leadership was not effective in ensuring processes were embedded. We found recruitment processes and staff training needed strengthening. There was no system in place to monitor patient records were being actioned appropriately.

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement for providing safe services as processes required strengthening to ensure the appropriate systems were in place for the summarising of clinical records, recruitment of staff, training and the monitoring of patients' medicines.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had a spreadsheet in place which contained the information of all safeguarding concerns. This was reviewed on a monthly basis and updated with any new information concerning patients.Staff had completed safeguarding training relevant to their role.We were told that multi-disciplinary team meetings were held and directed to speak with staff who took part in these. However, on speaking with staff we were unable to ascertain who was involved and when the meetings took place.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were unable to gain assurances on the day of inspection on what processes were in place for the recruitment of staff. Due to the change in management, the current staff were unable to provide evidence on how staff had been recruited and if staff vaccination was in line with recommended guidelines. Following the inspection we received evidence of three staff files which showed some checks had been completed, however we received an unsigned contract and limited evidence that staff vaccination was in place or a risk assessment had been undertaken in the absence of staff vaccination status to identify potential risks to patients and staff. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various	Partial
There was a fire procedure.	Y
Date of fire risk assessment: August 2022 Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Fire safety policies were in place and evidence was provided of a completed fire risk assessment. The practice had carried out a range of health and safety risk assessments, however the premises safety risk assessment was out of date. An action plan was in place from the assessments that had been completed. For example: Fire action posters displayed near exits. We found this action had been acted on and clear information was on display. Systems were in place for the regular checks of fire alarms, extinguishers and fire evacuation procedures. We found that not all staff had completed fire safety training. 	

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: June 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Due to staff shortages, the practice currently had no infection control lead to monitor processes were being adhered too. On speaking with the nursing team, they told us the responsibilities for the management of infection control was shared amongst them.• We found some staff had not completed the relevant infection control training for their role.• Policies, procedures and audit templates were in place for infection prevention and control and accessible to all staff.• We observed the general environment to be visibly clean and tidy.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff had completed sepsis awareness training and had access to emergency medicines if required.• Feedback from staff highlighted staff shortages, especially within the nursing team. This had impacted on the number of appointments available. The leadership team were trying to recruit to the nursing team and had employed a locum nurse to provide support to the existing team for three days a week.	

Information to deliver safe care and treatment

Staff did not 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. ¹	N
There was a system for processing information relating to new patients including the summarising of new patient notes.	N
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	-Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was no plan in place to ensure patient clinical records were reviewed and the appropriate actions were taken. We found hundreds of patients' records awaiting summarising. Following the inspection, the provider sent us a quote he had obtained on the same day of the inspection for the summarising of records. We were unable to gain assurances that the provider had plans in place to address the number of records awaiting a review. • We were told there was also a delay in returning notes for patients who had left the practice to the relevant authorities as the staff were unaware which notes required returning. The practice was unable to demonstrate there was an effective system in place to monitor how long notes were being delayed for return. • We found there was no clinical oversight of staff who carried out the role of clinical coding. Staff would code clinical conditions when information arrived for a patient, however we were unable to gain assurances that there was a process in place to monitor the correct codes were being used. • The practice had a system in place for the management of referrals under the two week wait process. Monitoring processes were in place to identify patients who were referred using the two week pathway and to ensure the pathway was used appropriately. 	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.47	0.79	0.82	Variation (positive)
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). (01/07/2021 to 30/06/2022) (NHSBSA)	10.6%	8.0%	8.5%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	7.56	5.09	5.31	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	89.9‰	151.3‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.20	0.51	0.59	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	7.9‰	7.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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

Medicines management	Y/N/Partial
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
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	Partial
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. ²	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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 UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> On reviewing patients on warfarin, we found the practice wasn't following the clinical guidelines in ensuring when the clinical template was completed the date of the next monitoring test was included. Medication reviews were clinically coded as completed, however on reviewing a random sample of patient records we found the clinical code wasn't being used appropriately. The provider had not ensured that the clinical code was used for comprehensive medicine reviews only. The review of clinical records showed 9 patients had been prescribed medicines for neuropathic pain. We reviewed a random sample of 5 records which showed all patients were overdue monitoring and a medication change request had been received from the hospital in October 2022, that had not been actioned. There was clinical oversight for all requests for medicine changes and a clear process was in place to demonstrate what actions had been taken. Emergency medicines and vaccines were appropriately stored and there were clear monitoring processes in place. 	

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.	Partial
Number of events recorded in last 12 months:	13
Number of events that required action:	13
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Minutes from staff meetings were provided, these showed significant events had been discussed, however the minutes provided no information on the incident or what action had been taken to mitigate future risk. 	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Patient provided with incorrect prescription	<ul style="list-style-type: none"> Discussed with staff to ensure all the relevant checks were completed before a prescription is given to a patient.
No consultation record	<ul style="list-style-type: none"> Patient stated they had been in for a review and had been issued a prescription but there was no information on the clinical record to show a discussion with the patient had been held. Discussed with the clinical team to ensure all consultations with patients are recorded appropriately.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider was able to demonstrate that all relevant safety alerts had been responded to. We reviewed a safety alert concerning medicines known or suspected to have the potential to increase the risk of birth defects and development disorders when taken during pregnancy. We found 12 patients on these types of medicines. We carried out a random review of 5 clinical records and found patients had been advised of the potential risks. 	

Effective

Rating: Requires Improvement

We have rated the practice as requires improvement for the effective key question because the practice was unable to demonstrate they had an effective system in place to ensure notes were reviewed and acted on in a timely manner and there were quality improvement activities in place.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. ³	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 prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> On reviewing the clinical system, we found 19 patients with asthma who had received 2 or more courses of rescue steroids in the last 12 months. We reviewed a random sample of 5 records and found 4 patients had not been followed up to check response to treatment within a week of an acute exacerbation of asthma. The practice used a range of clinical templates to support the management of patients' conditions, which linked in with the latest clinical guidance. 	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Most patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	63	67	94.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	53	54	98.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	52	54	96.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	53	54	98.1%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	68	68	100.0%	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	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	77.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	51.6%	62.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	71.5%	70.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	41.0%	53.0%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments
The practice had experienced a shortage of nurses however, they were in the process of recruiting new staff and had also brought in a locum nurse three days a week to support the existing team. The nurses told us that reminders were sent to patients who failed to attend their appointments.
The practice had continually encouraged patients to attend for childhood immunisations and had met the 90% minimum in all childhood immunisation targets and 4 out of 5 for the WHO targets.

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.	N
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	N
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

Following the inspection, requests were made for clinical audits to be shared, we received no information to demonstrate that the practice had a process in place for quality improvements.

Effective staffing

The practice 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.	Partial
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: <ul style="list-style-type: none">• We found some of the leadership team had not completed training deemed mandatory by the practice. This included: Fire safety, infection control and information governance.• Quality standards along with other information such as complaints were discussed at staff meetings.• Staff were very positive about working at the practice. Staff told us they received regular support from the leadership team.• Staff had clear roles and responsibilities and received regular appraisals.• Discussion with clinical and non-clinical staff demonstrated awareness and understanding in areas such as safeguarding and responding to an emergency.	

Coordinating care and treatment

Staff did not work 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.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice care co-ordinator attended and organised regular MDT meetings and regular updates were received from organisations to ensure care was delivered in a co-ordinated way.• Due a significant backlog in the sending of patients' clinical records, the practice was unable to demonstrate an effective system was in place to ensure information was shared between services. We were told that notes had not been reviewed for 6 years and the staff were unaware which notes were for patients that had left the practice and needed to be returned to the relevant authorities. No process was in place to follow up on these notes being returned in a timely manner.	

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

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Patient	We were told on the day of inspection that the staff are helpful, listen and are caring.
NHS UK	Mixed reviews about staff, positive comments on staff being caring and negative comments on staff showing no empathy.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	76.8%	84.3%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	71.1%	83.8%	83.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	92.3%	93.4%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	52.0%	72.5%	72.4%	Tending towards variation (negative)

Any additional evidence or comments
The practice had reviewed the results of the GP national patient survey and had an action plan in place. All appointments were 15 minutes long with both the GPs and nursing staff to ensure patients had enough time to discuss their concerns with the clinician.

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

Any additional evidence
The practice had completed an inhouse survey to gather patient feedback in October 2022. The results of the survey were being analysed and showed 83% of patients found the reception staff helpful, this was based on 7 patients' views.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	We spoke with a patient during the inspection who told us the staff were supportive and helpful and provided them with appropriate care.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	82.6%	90.2%	89.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	47 carers, this represented 0.6% of the practice list
How the practice supported carers (including young carers).	Carers were provided with annual flu vaccinations and information was available on the practice website of local support organisations.
How the practice supported recently bereaved patients.	The practice website provided families with information on local support groups and how to access bereavement counselling.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

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"> The practice had increased appointment availability by opening the branch surgery 2 mornings a week. The practice was currently trying to recruit more staff to increase the number of days the branch site could open to offer more flexibility of appointments to patients. A dedicated clinic for diabetic patients was available on Thursday evenings from 6.30pm to 8pm. The practice had a team of clinicians to provide a range of appointments. This included a clinical pharmacist and nurse practitioner. Appointments were available during the morning and afternoon with the GPs. 	

Practice Opening Times

Day	Time
Opening times: Adam House	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Opening times: Hillside Medical Centre	
Monday	Closed
Tuesday	8.30am to 10.30am
Wednesday	Closed
Thursday	8.30am to 10.30am
Friday	Closed

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Nurse appointments were available on a Monday and Tuesday morning from 7am to 8am to support patients who were unable to attend during the practice opening hours.
- 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 Saturday and Sunday 10am until 1pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- 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.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patient feedback had been mostly negative on getting through on the telephone and appointment availability. Carers of patients with complex health needs who lived in a residential care home setting told us that they had difficulties in accessing the practice. 	

- The practice was aware of patient feedback in relation to access and were in the process of reviewing the telephone system to see if there were options to monitor the number of incoming calls to assess when extra staff were needed to reduce waiting times.
- Extra appointments were now available at the branch practice and nurse and health care assistant appointments were available from 7am to 8am, 2 days a week to offer more flexibility.
- The practice had recruited a regular GP locum to increase appointment capacity. On the day of inspection, we found the next prebookable appointment was in 3 days.
- The practice had access to translation services if needed to support patients who did not have English as a first language.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	24.1%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	32.4%	54.3%	56.2%	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 (01/01/2022 to 30/04/2022)	33.8%	52.8%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	61.4%	71.4%	71.9%	No statistical variation

Any additional evidence or comments

- The practice had reviewed the results of the GP national patient survey and had implemented an inhouse survey during October 2022. At the time of the inspection, the practice had received 7 replies to the inhouse survey.
- An action plan was in place which included extra appointments being available at the branch practice Hillside Medical Centre on Tuesday and Thursday mornings and increase in GP appointment availability with the recruitment of a regular GP locum.
- On speaking with staff, they were unaware of the outcomes of the GP national patient survey.

Source	Feedback
NHS UK	The practice had received 4 reviews in the past 12 months. The reviews were mixed, 3 related to getting an appointment and 1 was positive about the overall experience of getting an appointment easily. The practice had responded to all reviews.
Google reviews	The practice had received 44 reviews in the past 12 months. 35 of the reviews were negative and related to access and getting appointment and prescription queries. Positive comments included excellent service and friendly and caring staff.

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.	20
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Minutes of practice meetings showed complaints were a standing agenda item and were discussed. However, the minutes provided no information on the complaint or how learning was shared. We were unable to gain assurances that there was a formal process in place to monitor complaints to identify trends and improve patient satisfaction. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Unable to get an appointment	<ul style="list-style-type: none"> The patient was contacted to discuss their concerns. Branch practice has opened twice a week to offer more availability. Nurse and Health Care Assistant appointments are available 2 days a week from 7am to 8am for patients who cannot attend during normal practice opening hours.
Prescription not sent to pharmacy	<ul style="list-style-type: none"> Apology given to patient Discussed with staff to share learning.

Well-led

Rating: Requires Improvement

We have rated the practice as requires improvement for providing well-led services as the constant changes in management had impacted on its capacity to effectively manage and ensure systems were in place to monitor risk and ensure quality and sustainability were maintained. This included the summarising of patient records, staff recruitment and training and effective leadership for the management of risk.

Leadership capacity and capability

There was compassionate, inclusive 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.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice lead understood the challenges to quality and sustainability and was actively trying to recruit staff to increase appointment availability. A temporary part time manager had been recruited for 2 days a week to oversee the management of the practice. We were unable to gain assurances that processes would be maintained once the manager left as staff we spoke with demonstrated a lack of knowledge to ensure effective processes were embedded to drive efficiency, manage risk and ensure quality and sustainability was maintained.• We were told that there was a succession plan in place, however there were no formalised plans in place for the future leadership of the practice.• Staff we spoke with explained that the leadership team were visible and approachable. Staff described the practice team as supportive. There was strong collaboration and support across the team and a common focus on improving the quality of care and people's experiences.	

Vision and strategy

The practice had a vision and 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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a vision and strategy to improve the health outcomes of patients. This included the provision of a better quality of care for the local population.• Due to the changes in management, we were unable to gain assurances that progress was regularly monitored.	

Culture

The practice had a culture which drove quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Partial
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had seen constant changes to the management structure over the previous 12 months which had impacted on the staff. Staff told us there had been a large turnover of staff over the recent months, they were unsure as to the reason why so many staff had left. This had increased the workload for others whilst the practice was trying to recruit. The practice had a whistleblowing policy in place, however on speaking with some staff they were unaware what a Freedom to Speak Up Guardian was and whether the policy contained the information. Staff had clear roles and responsibilities and staff wellbeing was discussed as part of the appraisal process. 	

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

Source	Feedback
Staff	We spoke with a range of staff during the inspection. The staff we spoke with said the clinical lead was approachable and everyone worked well together as a team.

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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none">On the day of inspection, we were unable to gain evidence of how staff had been recruited and the processes that were in place to ensure the appropriate checks had been made prior to employment. Following the inspection we received evidence of three staff files which showed some checks had been completed, however the files were incomplete and showed limited evidence that staff vaccination was in place or a risk assessment had been undertaken in the absence of staff vaccination status to identify potential risks to patients and staff.We identified gaps in staff training, which included the clinical leadership team. We were unable to gain assurances that there was an effective process in place to ensure all staff had completed training relevant to their role.The practice were unable to demonstrate they had effective processes in place to manage the backlog of patients' records we found and an action plan to address the records awaiting summarising.The practice had systems in place to ensure all staff were clear on their roles and responsibilities. From the evidence provided we were unable to confirm that all new staff received an induction tailored to the individual.	

Managing risks, issues and performance

The practice had some processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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: <ul style="list-style-type: none">The practice had a range of risk assessments in place to monitor safety in the practice. On the day of inspection we found the premises risk assessment was out of date.Due to the shortage of staff, the practice did not have an infection control lead in place to monitor infection control guidelines were being adhered too. We were told that it was the combined responsibility of the nursing team, however there were nursing shortages at the practice and one of the nurses was also a locum.The practice had a significant event policy in place and minutes of meetings showed significant events were a standing agenda item. On reviewing the minutes of 6 practice meetings, we were unable to gain assurances that there was a formal process in place for learning to be	

shared to mitigate future risk as there was no documented evidence on actions taken within the minutes we reviewed.

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: <ul style="list-style-type: none"> The practice used clinical audits to drive performance and demonstrate improved outcomes for patients. 	

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.	N
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	N
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
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found the practice had a significant backlog of patients' notes awaiting summarising or a return to the relevant authorities due to patients leaving. On speaking with staff, we were told that there was a 6 year delay in notes being actioned. We found hundreds of records at the main site Adam House and at the branch Hillside Medical Centre. The practice was unable to demonstrate they had a system in place to monitor the number of records awaiting action. Following the inspection, we received a copy of a quote the practice had sourced to have the records summarised by an external company. The backlog of notes had not been shared with NHS Derby and Derbyshire Integrated Care Board who commission the services of the provider. 	

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">• The practice had an active patient participation group (PPG). Following the COVID-19 pandemic the group had seen a reduction in numbers returning to the PPG. The PPG chair told us that the group used to be very active with expert talks being held to provide information to patients on certain health conditions. Ongoing recruitment was in place and the practice hoped more patients would join.• An inhouse patient survey had been distributed in October 2022, to gather patient views on the services provided. At the time of inspection, the practice had received 7 replies.• An action plan was in place following the results of the GP National Patient Survey to improve patient satisfaction.	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the patient participation group who told us that there were currently 4 members in the group. The clinical lead had kept the group up to date of changes and a recent meeting had been held with the members to update them on the practice. This included an increase in staff and a review of the telephone system.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We found some of the leadership team had not completed training deemed as mandatory by the practice.• Staff meetings were held on a regular basis, however we were unable to gain assurances that learning was shared to mitigate future risk and improve patient satisfaction. We reviewed minutes of staff meetings and found events and complaints were standing agenda items, but there was no formalised written actions to demonstrate what had been implemented.• The practice had acted on patient feedback and was currently recruiting staff to further improve access and appointment availability.	

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)	≤ -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 SICBL 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 SICBL average and is scored against the national target of 80%.

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

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

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

Glossary of terms used in the data.

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