

Care Quality Commission

Inspection Evidence Table

Colchester Medical Limited (1-8639300135)

Inspection date: 29 June 2022

Date of data download: 25 May 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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: <ul style="list-style-type: none">Safeguarding issues and concerns were discussed during practice meetings.The practice told us they were able to contact the health visitor and school nurse if they had concerns about children or needed advice.	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Vulnerable patients were identified on the first screen of their clinical patient record. During this inspection we reviewed four staff files and found all recruitment checks had been carried out appropriately. Staff vaccination records were maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	15/02/2022
There was a fire procedure.	Yes
Date of fire risk assessment:	30/09/2021
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The recent health and safety risk assessment showed no actions were required. All actions on the fire risk assessment had been completed. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	08/11/2021
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The infection prevention and control (IPC) lead was an offsite nurse working in a practice within the primary care network, however we saw processes and policies had been kept up to date. We were told that the recently employed nurse was receiving training and support to take over the IPC leadership to provide this onsite role at the practice. We were also told the recently employed nurse would provide support to the part-time healthcare assistant role. Records we saw, showed staff had received recent IPC and procedure training. We were shown the corrective actions taken to improve the practice infection control policy and processes for example; details of the IPC Lead's annual statement, a poster in clinical rooms outlining the process for the management of inoculation injury/splash incident with up-to-date contact phone numbers for A&E/Occupational Health, risk assessments undertaken for sharps management and the use of 'safer sharps' implemented. A procedure to ensure receptionists did not come in contact with clinical specimens was in place. 	

- Clinical waste was cleared daily and stored securely and appropriately.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice resilience plan had ensured sufficient staffing coverage during periods of unplanned staff absence. • Visual reminders were available for reception staff and all clinicians within their rooms, to assist them in supporting patients, with safeguarding concerns, signs of sepsis, or with deteriorating patients. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We looked at the workflow of patient correspondence and found this was cleared on a daily basis.• Staff explained the process for referring patients and we were provided with the protocol for follow-up referrals. This included the assurance that patients referred through the two week wait process had received their appointment.• The management of test results ensured timely monitoring and clinical oversight.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.82	0.91	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.4%	8.9%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.07	5.59	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	114.3‰	181.9‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.91	1.07	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	8.5‰	11.9‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	None on site
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 UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The storage and recording of blank prescriptions was effective. • The practice undertook regular reviews to ensure the quality and safety of the non-medical prescribers in the practice. • Regular reviews were undertaken of clinician's consultation records and if areas of improvement were identified this was discussed with the staff member. • The practice had systems and processes in place to ensure patients taking high risk medicines received appropriate monitoring. We found patients prescribed high risk medicines had received the required monitoring within the appropriate time frame when we undertook the remote clinical record searches prior to the onsite inspection. • Emergency equipment and medicines were stored and monitored appropriately to keep people safe. The practice had recently experienced an issue with temperature control of with one of their fridges. We saw this had been managed appropriately and was documented as a significant event. 	

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:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us they were encouraged to report significant events. We found events were discussed at practice meetings with the actions and learning disseminated to staff. 	

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

Event	Specific action taken
<u>Event</u> Staff needlestick injury. <u>Impact</u> Possible risk of infection from contaminated blood.	<u>Action</u> Applied the actions in the practice needlestick and accident policy. <u>Learning</u> Ensure all relevant staff are trained to manage needle stick incidents.
<u>Event</u> Discharge letter medication request had not acknowledged patient had a metallic valve. <u>Impact</u> Patients valve could be damaged.	<u>Action</u> Gave medicine appropriate for patient with metallic valve. <u>Learning</u> Ensure patients records checked when reviewing letters about patient's treatment.
<u>Event</u> Vaccine Fridge temperature increasing suddenly and the Max temperature showing higher than guidance. <u>Impact</u> Loss of vaccines & loss of revenue to PHE.	<u>Action</u> Review the place/position of the vaccine fridge. The manufacturer (Lec) to check to see if the fridge is faulty. Room thermometers had been added with daily checks. To have weekly downloads of data loggers. <u>Learning</u> Re-train staff to monitor fridge temperatures and ensure good fridge monitoring is taking place. To provide peer support/clinical guidance on fridge monitoring and protocols by the clinical nurse manager.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were shown an effective system to check MHRA medicine safety alerts. This included the monitoring of historical alerts, which were undertaken on a regular basis. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We were told staff used shut down afternoons commissioned by the clinical commissioning group for inhouse and online training. Clinicians and administrative staff used this protected time to keep up to date with current evidence based practice.• Current evidence based clinical practice was discussed and evidenced in clinical meeting minutes.• The remote clinical searches we carried out on the patient records system, showed patient reviews and pathology results were appropriately documented and up to date.	

Effective care for the practice population

Findings

- The practice identified older patients who were living with moderate or severe frailty. They were offered an 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 (EoL) care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Multidisciplinary EoL care was supported by the paramedic working at the practice.
- 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 disorders.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with additional 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.
- Clinicians could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. This was seen during the remote clinical searches we carried out prior to the site inspection visit.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus,	168	179	93.9%	Met 90% minimum

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)				
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)	162	172	94.2%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	161	172	93.6%	Met 90% minimum
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)	162	172	94.2%	Met 90% minimum
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)	164	185	88.6%	Below 90% minimum

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

Any additional evidence or comments

- We were told that the practice had continued to provide immunisation clinics throughout the COVID pandemic, however, uptake had been reduced. We were told additional immunisation clinics had been arranged to improve the uptake. However the benefits of these additional clinics was not reflected in the data collection period of the table above.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	64.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	58.7%	61.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	60.2%	68.2%	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)	60.0%	61.5%	55.4%	No statistical variation

Any additional evidence or comments

We asked the practice to comment on the cervical cancer screening data that was below target in the table above.

- We were told that the practice had continued to provide cervical screening throughout the COVID-19 pandemic whenever possible, however it was noted that uptake had been reduced.
- The practice explained catch-up clinics were planned to improve uptake.

Monitoring care and treatment

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

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

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

- The practice had carried out a number of audits that had informed them about any changes needed to the service provision delivered by the practice.
- The practice provided evidence of clinical audits with the actions taken to address any findings that could improve care.

Any additional evidence or comments

- The practice evidenced the clinical audits they had undertaken. These showed their commitment to improving care and treatment at the practice. They included infection control, clinical and administrative audits.
- The clinical audits undertaken looked at diabetic patient treatment targets achievements regarding glucose control, blood pressure and blood cholesterol, and the adherence of guidelines to monitor kidney functions in patients on ace inhibitors.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Recently recruited staff told us they had received a comprehensive induction and we saw evidence in staff records. Staff also told us they felt well prepared for their role. Staff told us the management and clinicians at the practice had an open door policy. During our inspection we found there was reduced access to nurses at the practice due to staff leaving and recruitment time scales. We were told nurses from the primary care network covered the nurse led services currently at the practice. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found the local care homes could easily access the practice for their care and treatment needs. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw health prevention information was available for patients within the waiting room. 	

- We spoke with the social prescriber at the practice, who told us the practice was supportive of their role to help people registered at the practice to access health prevention information and referrals.

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.	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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff explained the practice consent process during the remote interviews. • We found consent was documented on patient records when we carried out the remote record searches. 	

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

Patient feedback	
Source	Feedback
Interviews during the site visit with patients.	We spoke with six patients during the onsite inspection. All those we spoke with felt they could access appointments at the practice. Patients told us staff were supportive and they felt involved in their care and treatment.
NHS comments	There were six patient reviews (rated by stars one star being the lowest satisfaction and five stars being the greatest satisfaction) over the 12 months period prior to our inspection. All of the reviews had received a response from the practice. 1 review was rated with 1 star by patients. 5 reviews were rated with 5 stars by patients.
Healthwatch	No responses/concerns had been received about this practice.

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)	88.4%	87.2%	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)	86.6%	86.9%	88.4%	No statistical variation

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	92.5%	94.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	80.5%	79.3%	83.0%	No statistical variation

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

Any additional evidence
<p>We were provided with evidence from the practice's own survey which showed the actions they had taken. They also shared with us the actions taken in response to the 2021 national GP survey which included.</p> <ul style="list-style-type: none"> Extended access appointments at a practice within one of the primary care network practices at the weekends or late nights. An increase to the number of lines into the practice and a telephone call queuing system. Review carried out of the appointment systems/rotas to increase same day appointments, open same day appointments for afternoon clinics to negate patients calling at 8am only. Direct patients to other services through triage such as online consultations or the paramedic emergency clinic.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff could access easy read and pictorial materials to support them with their patient contacts. The practice used language line for patients whose first language was not English. We were told staff used hand gestures for those with hearing loss, when necessary and there was a hearing loop available. Staff explained to allow lip reading they dropped down their face mask with the patient's agreement. 	

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)	92.1%	91.9%	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.	On request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was accessible information in the waiting area about local support groups and events. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 79 carers which represented 0.75% of the population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carer's were supported by the practice GP care advisor and the social prescriber service.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> GPs phoned the recently bereaved when appropriate to offer support. The practice provided information about the Hospice bereavement line.

Any additional evidence
<ul style="list-style-type: none"> The practice percentage of carer's was low compared with other practices, however the practice has a higher number of young and working age people in their population. There was a lower number of their population with a long term condition that may require a carer.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was prominent signage at the reception desk to inform patients if they needed to request confidentiality. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice worked with other practices within their primary care network to understand patient needs and develop services for their local population. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm
	8am – 6:30pm
Outside core hours appointments are available for patients at practice within their primary care network.	
Monday	6:30pm - 8pm
Tuesday	6:30pm - 8pm
Wednesday	6:30pm - 8pm
Thursday	6:30pm - 8pm
Friday	6:30pm - 8pm
Saturday	8am to 11am

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> Patients had a named GP to support them in whatever setting they lived. The practice responded 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 community services to discuss and manage the needs of patients with complex medical issues.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Practice patients had access to bookable appointments at the primary care network practice sites, these were available for patients on weekdays between 6:30pm to 8pm and on Saturday mornings between 8am to 11am. This access supported school age children and working patients so they did not need to miss school or work.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: The actions taken by the practice to improve access following analysis of the national GP patient survey and their own patient survey included actions taken:	

- Extended access appointments at a practice within one of the primary care network practices at the weekends or late nights.
- An increase to the number of lines into the practice and a telephone call queuing system.
- Review carried out of the appointment systems/rotas to increase same day appointments, open same day appointments for afternoon clinics to negate patients calling at 8am only. Direct patients to other services through triage such as online consultations or the paramedic emergency clinic.

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)	63.6%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	68.9%	67.0%	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)	62.0%	64.5%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	78.8%	82.2%	81.7%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	15
Number of complaints we examined that were satisfactorily handled in a timely way.	15
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was information within the reception area and on the practice website to support patients who wanted to complain. The complaints we reviewed showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Issue</u> Patient unhappy with recent consultation and lack of referral. <u>Impact</u> Patient felt GP had not provided the treatment required.	<u>Action</u> Apology given; appointment made with another GP. Patient wanted referral for surgery. Patient does not wish to take the complaint any further. <u>Learning</u> Discussion with GP regarding need for referral and appropriateness.
<u>Issue</u> Patient not happy with GP during consultation. <u>Impact</u> Patient felt GP had not listened.	<u>Action</u> Apology given, and an alert put on patient's homepage to ensure they are not booked with this GP in the future. Patient was happy with this solution. <u>Learning</u> Check patient records for alerts when making appointments.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice held an effective business continuity plan to guide staff should there be loss of services, buildings or staff. This included how to act during a major incident.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice held regular meetings to update staff with practice development plans.The practice told us they worked with their primary care network practices, to discuss the development of services to meet the needs of the local patient population.The practice charter and mission statement was available with the practice and on the practice website.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The staff handbook guided staff on how to raise a whistleblowing concern or contact a speak-up guardian. 	

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

Source	Feedback
Staff members	The staff members we spoke with were positive about the support provided by the clinicians and the management at the practice.
	Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	Staff told us they felt safe working during the COVID-19 pandemic restrictions and were supported with increased infection control related guidance.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Management at the practice held regular meetings with the clinicians to regularly review governance. Roles with a specific focus had been developed within the clinical and management team. These roles had been communicated to staff to support them to understand who to speak with for advice. 	

Managing risks, issues and performance

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

	Y/N/Partial
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There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We found an effective assurance system to manage risks and performance. • There was a scheduled programme of auditing and reporting to monitor quality at the practice, this included clinical and administrative processes. • There was a practice business continuity plan, that had been updated to include risks from the COVID-19 pandemic. 	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: The systems in place to deliver services, and meet patients' treatment needs during the pandemic included: <ul style="list-style-type: none"> • Clinicians worked in scrubs. • Increased cleaning procedures after every face to face patient appointment. • Signage and staff from 'Community360', (this is an independent, charitable organisation that encourages through engagement to inspire and seize opportunities to become more enterprising 	

and sustainable) and the social prescriber ensured patients'/staff were socially distancing safely and appropriately.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice monitored data from the Quality Outcomes Framework (QOF) and worked with the medicines team to monitor their performance. This commitment to use clinical data was seen during the clinical remote searches undertaken prior to the onsite visit.• Management staff had received training and understood the responsibility to make statutory notifications to the care quality commission.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We were provided evidence that the practice held registration with the 'Information Commissioner's Office'.• We found evidence that patients' consent was obtained and interactions were recorded during the remote searches of patient records.• The practice website informed patients of their responsibility to keep their details confidential.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had carried out and analysed their own patient satisfaction survey to produce actions for service development and improvement.• The patient participation group was in the process of being re-established and had plans to restart meetings face to face following the easing of restrictions imposed during the COVID-19 pandemic. We were provided evidence of the contact that had been made with the previous members.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We found the practice had a schedule of development that included seeking patient feedback and clinical/administrative audits.• The practice had carried out a number of audits that had informed their clinical service provision. The clinical audits undertaken looked at diabetic patient treatment targets achievements regarding glucose control, blood pressure and blood cholesterol, and the adherence of guidelines to monitor kidney functions in patients on ACE inhibitors, a medication prescribed for hypertension.• We found the practice had sought patient feedback and carried out, infection control, and administrative audits.	

Examples of continuous learning and improvement

We were provided evidence of improvements and work undertaken to provide quality, access, and patient satisfaction for example: <ul style="list-style-type: none">• During the Covid-19 pandemic period the practice had ensured their doors remained open for patients to access to the practice.
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- The practice telephone system had been updated and improved to allow greater access via the telephone.
- Work with the Primary Care Network (PCN) practices had given them the opportunity to develop additional shared services to support their patients.
- The practice continued to monitor quality outcome framework (QoF) indicators despite the limitations of the COVID-19 pandemic, this was seen during the remote searches we carried out prior to the site inspection visit.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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