

Care Quality Commission

Inspection Evidence Table

Hama Medical Centre (1-9303163319)

Inspection date: 28 July 2022

Date of data download: 27 July 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">The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarding from abuse.The practice maintained effective working relationships with other safeguarding partners such as health visitors, district nurses and social prescribers who attended meetings regularly.All staff we spoke with and all 12 completed staff questionnaires we received indicated staff knew who the safeguarding lead was and had completed the appropriate level of training for their role.	

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"> Recruitment checks were conducted by the providers human resource department. We reviewed five staff recruitment files and found all records to include comprehensive checks. We reviewed five staff members vaccination records and found all records were available. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/01/2022	Yes
There was a fire procedure. Date of fire risk assessment: 07/06/2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Health and safety governance was overseen by an estates lead who had a good knowledge of the systems and process that were required and would visit the site often to conduct checks. The practice had sought an external risk assessment for Legionella prior to our visit, the copy was not available on the day of our inspection, but we saw evidence the assessment had been conducted. 	

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. Date of last infection prevention and control audit: 04/05/2022	Yes
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"> There was a lead nurse for infection control arrangements and infection control was also overseen by a lead primary care nurse who visited to conduct checks and support the nursing team. 	

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

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> On the day of inspection, we reviewed the practice clinical system and found that all tasks, referrals and test results were completed in a timely manner. The practice had a dedicated administration team who were proud of their organised approach. 	

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)	0.67	0.80	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)	6.8%	8.1%	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)	4.35	4.61	5.29	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	67.7‰	130.0‰	128.2‰	Tending towards variation (positive)
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)	0.31	0.52	0.60	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	4.5‰	6.3‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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.	Partial ¹
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.	Partial ¹
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.	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.	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"> • ¹As part of our inspection we carried our remote searches of the practice clinical system. We found that the process for medication reviews was not always consistent. We reviewed four records of patients with a coded medication review, two of which did not include a review of all drugs prescribed to the patient. However, the practice was using multiple codes and did not always review all medication in one instance, which meant multiple reviews and codes were used. The practice policy did not reflect the process of medication reviews. The provider was responsive to our findings and updated their policy to reflect the process. • The practice provided evidence of clinical supervision and peer reviews of non-medical prescribers. • Emergency medicines were appropriately stored and there were clear monitoring processes in place. • Medicine fridges were monitored to ensure they were maintained at the correct temperatures for storing vaccines and other relevant medicines. 	

Medicines management**Y/N/Partial**

- As part of our inspection we carried out remote searches on the practice clinical system. We found patients taking high risk medicines for example, Warfarin and Lithium had received the appropriate monitoring and clinical review prior to prescribing.

Track record on safety and lessons learned and improvements made

The practice did not have a system to learn and make 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.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	14
Number of events that required action:	14
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> On the day of inspection, we found the systems and processes for recording and acting on significant events were not comprehensive. The leadership structure at the practice had changed and information of significant events from the previous year was not documented on the digital platform that the practice policy referred to. Some incidents did not include thorough evidence of learning and discussion, not all incidents raised were recorded as significant events and therefore not investigated thoroughly. However, all staff we spoke to and staff questionnaires received displayed an understanding on how to identify and report concerns and near misses. Staff were able to articulate examples where they had raised an event and described the learning outcomes from them. The leaders were aware that processes at the practice needed to be further embedded due to new leadership. Significant events were discussed during a clinical governance committee meeting. The committee included members from across multiple sites and professions including doctors and nurses. The purpose of the meeting was to share learning and improve protocols across all practices. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Prescription issue	<ul style="list-style-type: none"> Investigation into processes at the practice. Contact made with pharmacist to discuss new processes going forward. Discussed in clinical meeting. Apology given to patient.
Malfunction of medical equipment	<ul style="list-style-type: none"> Apology given to patient. Medical equipment serviced.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw examples of actions taken on recent safety alerts and found that the practice had conducted regular searches and reviewed patients appropriately. 	

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

Effective care for the practice population

Findings
<ul style="list-style-type: none">The practice had prioritised care for their most clinically vulnerable patients during the pandemic and offered home visits to patients. The practice created a list of vulnerable patients due to medical or social reasons and called at regular periods to check on patients wellbeing. During these calls staff asked patients if they required groceries or toiletries and staff delivered these to patients if required.The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice were aware of long referral waiting times for patients referred to Gynaecology services. They held a weekend clinic with three consultants who saw over 40 patients at the practice for gynaecology conditions. The leadership team attended the event to ensure the smooth running of the practice and provide administration support. Patients who attended spoke positively of a local, familiar setting, reducing travel and waiting times. The practice told us they planned to offer more clinics in the future.
- We spoke to a care home which had 20 residents who were registered as patients at the practice. The care home were complimentary of the ease of the telephone and service of the GPs. The care home was supported by the organisations dedicated care home team which visited the practice weekly to take blood pressure, weights and review Do Not Attempt Cardiopulmonary decisions. If required, the practice would contact the GP to discuss individual patients over the phone and a GP would visit the home if required.

Management of people with long term conditions

Findings

- Searches of the clinical system showed the appropriate monitoring was in place for patients with long term conditions. We carried out a remote search of the clinical system to identify patients with hypothyroidism, kidney disease and high-risk diabetes and found all had been monitored appropriately.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Searches of the clinical system showed the appropriate monitoring was in place for patients with asthma. If required patients were referred to secondary care.
- 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.
- 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, 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)	46	47	97.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	48	52	92.3%	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)	48	52	92.3%	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)	49	52	94.2%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	33	35	94.3%	Met 90% minimum

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice were proud to achieve above target percentages of childhood vaccinations. The practice had an appointed lead for vaccination recalls who would send letters and phoned patients to book in. The practice offered a telephone consultation with a nurse to discuss any hesitance.

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: 31/03/2022) (UK Health and Security Agency)	81.6%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	73.2%	64.5%	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)	70.0%	67.7%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	60.0%	55.7%	55.4%	No statistical variation

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 provided several clinical audits which included improvement activity. For example, the practice audited patients who had been prescribed broad spectrum antibiotics. The purpose of the audit was to avoid drug resistant bacteria developing by auditing individual prescribers to ensure prescribing was in line with guidelines. At the time of the audit the practice had recognised that in March 2021 the prescriptions of broad-spectrum antibiotics had increased. The practice audited records to include note reviews of the prescriber and purpose for prescribing. The audit recognised an individual antibiotic was being increasingly prescribed due to the setup of the computer system. The practice advised clinicians of the findings and refreshers on guidance was issued. The practice repeated the audit in 2022 and found a positive downward trend.
- Other audits conducted included, emergency equipment, diabetes, cervical cytology and medications.
- The audits which included data were bench marked against the Integrated care system and the primary care network practices. The data was also benchmarked against the providers six practices within the organisation and learning shared across the organisation.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had developed a thorough induction plan for new starters, this was overseen by their dedicated line manager. At the time of our inspection new staff members were working through their induction and were complimentary of the framework and support they received. • Staff we spoke to told us they had protected time for learning and development and expressed the ability to pursue their careers further within the company if they chose to. On the day of inspection, we spoke to several staff members who had pursued their careers within the practice, and all were complimentary of the support and opportunities given. • We reviewed five staff training records and found all mandatory training requirements were up to date. • Staff had regular appraisals, staff we spoke with described an open-door policy where they could ask for support and further training if required. • The practice conducted record audits to ensure the competence of staff employed in advanced clinical practice roles. • Staff we spoke to demonstrated awareness and understanding in areas such as safeguarding and responding to an emergency. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice held regular meetings with community teams and other organisations to ensure patients received coordinated care. These included palliative care meetings and safeguarding children and adults. 	

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"> Patients who were in the last 12 months of their lives were discussed in multi-disciplinary team meetings. The practice identified patients who may need extra support and referred to social prescribing schemes to support with wellbeing groups, financial and divorce support. The practice had notice boards displaying support groups and encouraging patients to be involved in monitoring and managing their health. For example, information on cervical, bowel and breast screening. Information regarding self-care was also available on the practice website. Staff we spoke with were aware of local support groups for patients with long-term conditions and those wishing to improve their health. For example, patients were signposted to national weight loss support groups. 	

Any additional evidence or comments

The practice ethos was to become a community friendly hub. The practice held a variety of services at the location to create better access to care for the whole community. The practice offered services through the primary care network schemes and wider organisation structure. The practice were able to refer their own patients and invited referrals from patients at other local practices to the services. At the time of our inspection the services available were access to a mental health practitioner, a pain clinic for

triage of a wide range of therapy options, a gynaecology and family planning clinic, a social prescriber, a retinopathy clinic and abdominal aortic aneurysm (AAA) screening.

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 Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

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
Patients we spoke to on the day of our inspection	We spoke to patients on the day of inspection who told us they found booking appointments with the GPs and nurses to be easy, appointments were always available if required and availability was good. Patients described staff as hardworking, honest and kind. Many patients we spoke with had been patients at the practice for several years.
NHS UK	There was five reviews posted on NHS UK website since 2020. Three reviews were positive praising staff for their care and attention. One was a mixed review regarding protocols, and one was negative.
Representative from local care home	We spoke with a representative from a local care home which was complementary about the receptionist at the practice describing an ease of being able to get through to the friendly receptionists. The care home were complimentary of the issues of prescriptions explaining the process was efficient with minimal delays.

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)	90.9%	89.2%	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)	87.3%	88.6%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	95.0%	95.5%	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)	82.7%	83.7%	83.0%	No statistical variation

Any additional evidence or comments

The national GP patient survey results published in July 2022 revealed the practice had achieved above England average for all the above indicators. The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP had increased since 2021 to 85% with the England average as 72%.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice were able to refer to social prescribers. Social prescribers help patients to improve health, wellbeing and social welfare by connecting them to community services such as wellbeing groups, weight loss and befriending groups. Staff we spoke to were able to give examples where patients may require a referral to the social prescribers. 	

Source	Feedback
Interviews with patients.	Patients we spoke with described the GPs and nurses to be caring and trusting. Patients described having trust and confidence in the staff and being actively involved in decisions of their care and treatment.

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)	91.7%	93.6%	92.9%	No statistical variation

Any additional evidence or comments

The national GP patient survey results published in July 2022 revealed the practice had continued to achieve above England average for respondents stating they felt involved as much as they wanted to be in decisions about their care and treatment. The percentage of respondents to the GP patient survey for the question had increased to 96% in 2022 the England average was 90%.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had several notice boards and displays with information for support groups including befriending and meditation. 	

Carers	Narrative
Percentage and number of carers identified.	6.1% total of 324 carers identified.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had an appointed carers champion who was a member of the administration team. The carers champion role was to identify carers and to offer help accessing support services available to them. Patients who were newly identified had a personalised call from the carers champion. The aim of the call was to discuss their needs and to signpost to the social prescriber if required for further support. The practice had several notice boards for carers which including support group information.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice sent condolence cards and offered support information including counselling support if requested.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice benefitted from a long-standing team who knew individual patients needs well. The practice team were able to articulate examples of when the team went above and beyond for caring for patients. For example, a patient required frequent secondary care visits for a cleaning procedure on a medical device. The practice nurses recognised the inconvenience of this and contacted secondary care to request training on how they could perform the procedure in practice to avoid the patient travelling to secondary care. The practice GP and nurses adjusted visit patients who found accessing the service hard by visiting them in their own home. The practice nurse held a home visit clinic every Wednesday. 	

Practice Opening Times	
Day	Time
Opening times:	
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
Appointments available:	
Monday	7:30am to 6:30pm
Tuesday	7:30am to 6:30pm
Wednesday	7:30am to 8pm
Thursday	7:30am to 6:30pm
Friday	7:30am to 6:30pm

	Extended access is available every morning 7:30am – 8am for appointments with a GP and nurse. Wednesdays until 8pm for appointments with a GP or nurse.
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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.
- Home visits were scheduled for the practice nurse on a Wednesday afternoon.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 8pm on a Wednesday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8pm on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as organised through the primary care network. Appointments were available Saturday and Sunday mornings.
- The practice held vaccination clinics on weekends throughout autumn and winter for flu and Covid vaccinations.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers 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 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients were asked to telephone the practice at 8am if they wanted to book an on the day telephone consultation or face to face appointment. A brief description was asked for by reception staff and patients were given an estimated time for a call back. Patients would be offered a face to face appointment on the same day if required or requested. Further appointments were released in the afternoon at 2pm for patients who were not able to contact during the morning or were unsuccessful. • Where appropriate the GP would signpost patients to alternative services offered at the practice. For example, the practice nurses, the pain clinic or social prescribers. • On the day of inspection, we saw a steady stream of patients visiting the practice for face to face appointments. We spoke with patients in the waiting room and were told by all patients that it was easy to get an appointment at the practice and there was appointments available on the day or within a few days. • On the day of inspection, we viewed the clinical system and found the next prebookable appointment was the following day with a nurse and within 10 days for a GP appointment. • At the time of inspection, the practice were planning to change the GP and nurse rotas to become all face to face unless telephone was requested by the patient from 1 September 2022. • The practice had several blocked appointments for on the day emergencies such as electrocardiogram (ECG) tests or dressing changes. 	

- The practice were trialling online booking, they had recently updated the online booking system to include long term condition checks for patients, patients were invited to book via text message with a link to the online system. The online booking worked well, and all appointments were booked within an hour. The practice plan to offer more availability to book online in the future.

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)	95.4%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.2%	73.1%	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)	76.3%	70.0%	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)	90.1%	82.9%	81.7%	No statistical variation

Any additional evidence or comments

The national GP patient survey results published in July 2022 revealed the practice had continued to achieve above England average for patients responding positively to access. For example, the percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to the GP practice on the phone was 91% with the England average of 53%.

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.	13
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	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"> We saw that complaints were discussed at staff meetings and during clinical governance committee meetings. All staff were invited to the staff meeting and were given opportunities to discuss verbal and written complaints. Clinical governance committee meetings were attended by staff from multiple sites including doctors, pharmacists nurses and management. The purpose of the meetings was to share learning and improve protocols across the providers sites. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
GP attitude during medical procedure	<ul style="list-style-type: none"> Investigation by practice Apology given to patient
Missed diagnosis	<ul style="list-style-type: none"> Investigation by practice Apology given to patient New processes implemented around reviewing test results.

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 manager was new to the position at the practice however, had worked at the practice for several years and knew the patients and team well. Interim clinical leaders were in place and were supported by the clinical medical director.• The practice manager was supported by the wider organisation leaders who at all levels were visible and approachable.• Leaders had a shared focus to strive to deliver the highest quality person-centred care. The leadership team were keen to achieve, seek advice and strive for further ongoing improvements.• As a new provider to the practice, there was a commitment from leaders to ensure that the practice was able to demonstrate their adherence to fundamental standards of care as part of their CQC registration. Leaders as part of the wider organisation, would visit the practice regularly to review process.	

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 provider had developed a set of values which were “We care about patients, carers and families, our partners and all the people who we work with.” Staff we spoke to shared the values and were able to articulate examples in which they had given a caring and can-do approach. For example, the team had identified patients who were at risk of social isolation during the covid pandemic and had phoned to check on their wellbeing.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had developed a health and wellbeing plan for 2022/2023 which was to continue to focus on health and wellbeing at staff conferences, email updates and staff meetings. • Staff had access to a wide variety of wellbeing services such as Talking support, bereavement support managing anxiety and stress and support for families. • Staff had access to podcasts on mindfulness, diet sleep and mental health. • Health and wellbeing updates were sent to staff on safety in the sun, sleep awareness and winter survival. • Staff we spoke with during the inspection felt supported in their wellbeing by the leadership team located at the practice and in the wider organisation. 	

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

Source	Feedback
Feedback forms directly to the CQC	We received 12 completed feedback forms from staff members at the practice. All were complimentary about the practice describing staff meetings as a chance to raise concerns and discuss new policies. Staff felt there was good opportunities for training and development and felt supported.

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"> The provider had a management structure which included a medical director, managing director, lead primary care nurse, lead clinical pharmacist, estates lead and primary care support lead. The management team regularly visited the site to conduct audits, welfare checks on staff and provide training and support. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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

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:	
<ul style="list-style-type: none"> • A telephone triage consultation had been introduced to meet the needs of patients during the covid-19 pandemic. Clinicians triaged patient requests for appointments, and if considered appropriate patients were offered a face to face appointment. • The practice had implemented a one way entrance and exit and at the time of inspection this remained in place. 	

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

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

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

Feedback from Patient Participation Group.

Feedback
We spoke to the Patient Participation Group (PPG) who confirmed the practice met regularly with the PPG. The practice manager had a good honest relationship with the group and kept them informed of policy and staff changes. Patient feedback is also discussed with the practice and time during the meetings is spent on how the practice can improve. The PPG were involved in promoting awareness of bowel cancer and supporting carers with events and leaflets and hope in the future to become more actively involved with the community.

Any additional evidence

The provider had signed the Ministry of Defence Armed forces Covenant as part of 800 organisations within the East midlands. The provider had also been accredited with the Bronze award of recognition. Signing the covenant is a demonstration of support for the armed forces community and will enable the practice to become forces friendly. The signed amendment also supported the employment of veterans where possible.

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:	

Examples of continuous learning and improvement

- The provider had appointed a Lead Primary Care Nurse who held educational events across the practices. The events were a place for practice nurses to share learning and ideas and discuss case studies. In February 2022 the topic was focus on renal disease and diabetes with different

speakers from areas of the organisation and outside of the organisation. In September 2021 the event was focused on Safeguarding. Staff reported they found the events engaging and positive for social needs, networking and learning.

- The practice benefitted from a long-standing team who knew individual patients needs well. The practice team were able to articulate examples of when the team went above and beyond for caring for patients. For example, a patient required frequent secondary care visits for a cleaning procedure on a medical device. The practice nurses recognised the inconvenience of this and contacted secondary care to request training on how they could perform the procedure in practice to avoid the patient travelling to secondary care.

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 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.