

Inspection Evidence Table

O'Flynn - Hampton Wick

(1-552661885)

Inspection Date: 24 November 2022

Date of data download: 16/11/2022

Overall rating: Requires Improvement

At the last inspection in March 2022 we rated the practice as inadequate overall because:

- The practice did not have sufficient practices and procedures to keep people safe.
- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Staff were not always responsive and feedback was not always positive.
- The practice was not sufficiently organised to respond to patients' needs.
- Leaders did not have sufficient governance to ensure high quality, sustainable care.

At this inspection, we found that the practice had improved and addressed the above areas of concern. The practice is therefore now rated requires improvement because:

- Overall, strong improvements had been implemented which had improved patient safety and demonstrated the practice was sustainable.
- Staff were responsive and feedback was used to drive improvements.
- The practice was organised to respond to patients' needs.
- Leaders had implemented effective governance to improve safe, sustainable care.

However, we also found that:

- The practice had improved practices and procedures to keep people safe but there were still patients who had not received sufficient monitoring;
- Patients' needs were assessed but care and treatment wasn't always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice was still improving its access for patients.

Safe

Rating: Requires Improvement

At the last inspection in March 2022 we rated the practice as inadequate for providing safe services because:

- The practice did not have sufficient practices and procedures to keep people safe.
- The practice was not sufficiently monitoring patients on high risk medicines or recording that monitoring had been completed.
- Some staff had not completed safeguarding training and there was no complete risk register for the patient list.
- There were no health and safety risk assessments, infection control audits or COVID risk assessments in place for the premises.
- Not all safety alerts were actioned and there was no scheduled search to review all patients.

At this inspection, we found that the practice had improved and addressed most of the above areas of concern. The practice is therefore now rated requires improvement for providing safe services because:

- All staff had completed safeguarding training.
- There were health and safety risk assessments, infection control audits and COVID risk assessments in place for the premises.

However, we also found that:

- The practice was not always monitoring patients on high risk medicines or with long-term conditions.
- There was a system for safety alerts but they were not always actioned in a timely manner. The practice immediately corrected this issue to ensure patient safety following the inspection.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The safeguarding lead had a register of all vulnerable patients which was regularly reviewed. There were minutes of meetings regarding safeguarding and these were disseminated to all relevant staff.</p> <p>All staff had completed safeguarding training to the correct level.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff had sufficient recruitment checks completed.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: August 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: July 2022	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Health and Safety assessments had been completed of the premises.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: July 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

All staff had completed infection control training. Effective infection control audits had been completed. Although there was damage and worn out aspects within the building such as mould in some corners of the walls and broken wall panels, the practice was in the process of hiring a builder to repair these areas. The practice showed us an email confirming this work was set to be completed by February 2023.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y

Information to deliver safe care and treatment

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

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

Explanation of any answers and additional evidence:

Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance. For example, history, examination, management plans, safety netting and follow up were documented.

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.73	0.69	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	11.5%	8.9%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	6.16	5.47	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	64.9‰	60.6‰	128.0‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.68	0.54	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	10.5‰	4.8‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y

Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	PARTIAL1
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Prescription paperwork was securely stocked, logged and managed to ensure compliance and safety.</p> <p>All patient group directives had been authorised by a doctor and signed by all necessary staff.</p> <p>Hospital notes were sufficiently added to patient clinical records.</p> <p>PARTIAL 1 - We found that the majority of patients had had sufficient monitoring for high risk medicines. However, some patients had not had sufficient monitoring to ensure their safety at the time of the inspection. For example, two patients on high risk medicines had not had sufficient monitoring in line with national guidance. However, both patients had been contacted and reviewed, and the practice were well aware of the risks each patient faced. Where other patients had not received monitoring, the practice had completed risk assessments, invited them for monitoring and in some cases reduced their prescriptions to encourage them to attend the practice for monitoring. Following the inspection, the practice reviewed all of these patients to ensure their safety and comply with national guidance.</p>	

There were various medicines audits being completed by clinicians to review prescriptions, treatment and outcomes for patients.

Track record on safety and lessons learned and improvements made
The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: 4	Y
Number of events that required action: 4	Y
Explanation of any answers and additional evidence: There was a detailed log of all significant events since the last inspection. Each significant event had a detailed report which described the improvements and changes made to the service as a result. See examples listed below. Staff meeting minutes documented all of the events being discussed with staff.	
Examples of significant events recorded and actions by the practice.	
Event	Specific action taken

An systemic error was made which resulted in a patient death.	A full multidisciplinary investigation was carried out along with a coroners investigation which the practice engaged with fully. As a result, the records system was audited to ensure the same error was not repeated and the company that owns the system was contacted and informed of the risk so that other practices did not made the same error nationally. The practice made a serious mistake due to digital systems being changed. In the context of this mistake, there were multiple other professionals and services which also failed to safeguard the patient. The practice was able to demonstrate that this mistake would not happen again.
A collection of complaints were considered regarding access and prescriptions	<ul style="list-style-type: none"> - Prescription processing time was audited which resulted in improvements made to the process. - The Practice met with the pharmacy to implement new changes to the prescription process. - Regular phone performance auditing was implemented to monitor changes following additional lines being added. - Staff attitude/communication was raised with staff at staff meetings and patient feedback was obtained to use as constructive areas for consideration.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial1
Staff understood how to deal with alerts.	Partial2
<p>Explanation of any answers and additional evidence:</p> <p>Partial1 and 2 - The practice had a system to review safety alerts and the practice was regularly completing searches of its patient list to review patients with relevant medicines to safety alerts. However, this system had failed to ensure patients at certain ages were prescribed safe doses of certain medicines. The practice told us that they had completed risk assessments of every patient and their medicines. However, these risk assessments had been not been completed in a manner which demonstrated that there was an effective or robust system in place to ensure patient safety. The risk assessments did not always include consultations with the patients where they were informed of the risks of the medicines or the doses. Immediately during the inspection the practice contacted all of these patients and amended their doses to recommended levels.</p>	

Effective

Rating: Requires Improvement

At the last inspection in March 2022 we rated the practice as inadequate for providing effective services because:

- Patients' needs had not been sufficiently assessed or cared for;
- Vulnerable and long-term condition patients had not been proactively monitored throughout the pandemic;
- The practice had failed to use data and information on its clinical records system to drive improvements or monitor care;
- Staff did not always have the training and skills to provide care.

At this inspection, we found that the practice had improved and addressed the above areas of concern. The practice is therefore now rated requires improvement for providing effective services because:

- Patients' needs had been sufficiently assessed or cared for;
- The practice successfully used data and information on its clinical records system to drive improvements or monitor care;
- Staff had the training and skills to provide care.

However, we also found that:

- Vulnerable and long-term condition patients had not always been sufficiently monitored or followed up;

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	PARTIAL1
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	PARTIAL2
We saw no evidence of discrimination when staff made care and treatment decisions.	Y

Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
The practice prioritised care for their most clinically vulnerable patients	Y
<p>Explanation of any answers and additional evidence:</p> <p>PARTIAL 1 AND 2 – Our clinical searches showed that some patients' with long-term conditions had been reviewed or risk assessed in the past year. However, we found that some patients had not had sufficient monitoring at the time of the inspection. Some patients who required follow up appointments and monitoring to manage conditions such as Asthma or Hypothyroidism had not been sufficiently managed to ensure their safety. Immediately following the inspection, the practice acted to ensure the safety of all patients with long-term conditions.</p> <p>There were regular, minuted meetings between clinical staff which addressed changes, improvements and audits.</p> <p>Patients' needs were being reviewed and updated consistently. We found that patients had had medication reviews and were being risk assessed by clinicians.</p>	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • Those identified received a full assessment of their physical, mental and social needs. • Health checks, including frailty assessments, were offered to patients over 75 years of age. • Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. • All patients with a learning disability were offered an annual health check. • End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • The practice demonstrated that they had a system to identify people who misused substances. • The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder • Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021)(NHS England and Improvement)	76	84	90.5%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021)(NHS England and Improvement)	62	69	89.9%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021)(NHS England and Improvement)	61	69	88.4%	Below 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)	62	69	89.9%	Below 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)	96	109	88.1%	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>

Cancer Indicators	Practice	SICBL average	England	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). (30/06/2022 to 30/06/2022) ^(UKHSA)	69.2%	N/A	80.0%	Below 70% uptake
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)	57.1%	52.8%	55.4%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) ^(UKHSA)	69.4%	52.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) ^(UKHSA)	66.6%	63.5%	66.8%	N/A

Any additional evidence or comments
The practice maintained a list of patients who required screening and regularly contacted them to drive patient safety.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: The practice had multiple improvement initiatives underway. These included: 1. Working with a local homeless population charity to offer drop-in clinics at locations easy to access by this group of people.	

2. NHS Accelerate program which had created four peer support groups for the practice to work within the local area. This provided feedback and demanded immediate improvements and changes to be made in order to meet the requirements of the program.
3. Mental Health sessions were provided by this practice in various local locations to promote knowledge, understanding and treatment. The practice carried out two of these sessions this year with large groups in attendance.
4. Asthma Care program which was an ongoing audit of their population in this area and their use of medication.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff had completed all recommended training and there was a detailed audit to check this.</p> <p>Staff received appraisals and all followed a program of learning and development.</p> <p>Clinical staff all underwent audits of their consultation notes, prescribing and feedback. The findings were shared with clinical staff to assist them in improving.</p>	

Coordinating care and treatment

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

	Y/N/Partial
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Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: Safeguarding meetings were communicated to clinical staff appropriately.	

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Explanation of any answers and additional evidence

A register of all patients with DNACPRs identified that where necessary the patient's, next of kin's or lawyer's views had been sought and respected. We saw that information had been shared with relevant agencies, this mostly meant that the relevant care home had the same record as the practice. However, there were limited records of mental capacity assessments and best interest considerations held by the practice to support their findings where some patients had been found to lack capacity. The practice implemented a plan to review all DNARs and ensure that these records had been completed and retained following the inspection.

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
NHS Choices and patient interviews on site.	Positive feedback about clinical treatment and access. Although there were some negative reviews, these had been engaged by the practice manager.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	85.4%	86.4%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	86.3%	84.8%	83.5%	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 (01/01/2022 to 30/04/2022)	96.7%	94.0%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	66.6%	77.0%	72.4%	No statistical variation

experience of their GP practice (01/01/2022 to 30/04/2022)				
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	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
The practice had implemented a new text message service which went to all patients who had face to face appointments. This started in September 2022 and the practice was in the process of monitoring the responses. The feedback was mostly positive and the amount of responses were increasing.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Three patients told us during the inspection that they were happy with the treatment, care, access and attitudes of the staff at the practice.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	96.5%	90.8%	89.9%	Tending towards variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y

Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	161 registered careers at the practice which is 2% of the practice population.
How the practice supported carers (including young carers).	They told us they have carer information on the practice website and they offer carers flu and Covid immunisations. They told us with regards to GP support, a lot of the help they give was Ad hoc and help or advice. They told us they were more flexible with regards to appointment times and using emergency doctor slots. They have developed an action plan to have a more structured approach to the support they gave carers.
How the practice supported recently bereaved patients.	The practice told us they had a daily death book on the clinical recording system where all reported deaths were documented. They told us the GP that had most interactions with or was the closest to the patient and their family would call the relatives to check on them and would offer bereavement counselling or invite them for an appointment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Requires Improvement

At the last inspection in March 2022 we rated the practice as inadequate for providing responsive services because:

- Patient access was regularly complained about;
- Complaints were not audited or analysed to drive improvements.

At this inspection, we found that the practice was improving the above areas of concern. The practice is therefore now rated requires improvement for providing responsive services because:

- Patient access was being improved and audited;
- Complaints were logged, responded to and audited to drive improvements.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-20:00
Thursday	08:00-13:00, 14:00-18:30
Friday	08:00-18:30

Appointments available:	
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-20:00
Thursday	08:00-13:00, 14:00-18:30
Friday	08:00-18:30

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.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence:	
A system was in use to monitor improvements and ensure patient access was improving. The data showed consistent improvements in call waiting times, abandoned calls and number of calls answered. For example:	

The average call waiting time reduced from 20 minutes in June 2022 to just under 5 minutes in November 2022

The amount of abandoned calls reduced from nearly 50% at the start of 2022 to just 20% in November 2022.

Where some calls resulted in outlying data and oddly long time periods the practice wrote to the callers and got the phone company to investigate each call directly to ascertain the cause.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	31.9%	N/A	52.7%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	41.7%	61.1%	56.2%	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 (01/01/2022 to 30/04/2022)	42.2%	60.1%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	68.1%	72.5%	71.9%	No statistical variation

Any additional evidence or comments

This data demonstrated that the practice still needed to sustain its access and improvements to drive up positive feedback from patients about access.

Source	Feedback
For example, NHS Choices	Patients had commented positively on the practice for its treatment and care.

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.	22
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Medication error and a long waiting time on the phone	The practice apologised for the medication error and corrected it. They requested a report from the phone company to account for the waiting time.

Well-led

Rating: Requires Improvement

At the last inspection in March 2022 we rated the practice as inadequate for providing Well-led services because:

- Leaders did not know how to deliver high quality sustainable care;
- There was insufficient evidence of learning and development;
- There was little governance in place to quality assure processes and systems at the practice;
- Leaders had failed to ensure the safety of staff and patients. Leaders had not followed their own internal policies regarding COVID, infection control and health and safety throughout the pandemic.

At this inspection, we found that the practice had improved and addressed the above areas of concern. The practice is therefore now rated requires improvement for providing Well-led services because:

- There was sufficient evidence of learning and development;
- There was good governance in place to quality assure processes and systems at the practice;
- Leaders ensured the safety of staff and patients and followed internal policies regarding infection control and health and safety.

However, we also found that:

- Leaders did not always ensure continuous monitoring and review of patients with long-term conditions or on high risk medicines.

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.	PARTIAL1
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: PARTIAL1 - The leaders had implemented new processes and systems to monitor patient data and drive improvements. However, these new processes and systems had not yet proven themselves to be	

sufficiently effective or robust. Our clinical searches showed that whilst the clinical management team had carried out audits and searches of the patient list, patients still had insufficient monitoring, follow ups or reviews completed to demonstrate that the system was effective. We found that safety alerts were still not always being actioned and some patients with long-term conditions also required follow ups. Immediately following the inspection, the practice addressed all patients who required attention.

There was a detailed action plan showing that the leaders knew the challenges they faced and were prepared to address them.

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
Staff knew how to use the clinical records system and there was a good system in place to run searches on patient lists.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
The practice had safe arrangements for infection control and health and safety.	

All staff had completed equality and diversity training.

Staff told us that they were happy working at the practice and staff surveys had been completed which showed that overall staff were content. Staff told us that they felt supported by management and that the leadership team were effective.

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

Source	Feedback
Staff Interviews and feedback	All staff told us that they were happy working at the practice and could see the improvements that had been made since the last inspection.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence:	
There were effective governance processes and systems in place.	
There was a detailed improvement programme in place.	
There was an auditing cycle in place which reviewed various areas of clinical work and record keeping to drive improvements and find weaknesses.	

Managing risks, issues and performance

There were clear ~~and effective~~ processes for managing risks, issues and performance but they were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	PARTIAL1
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>PARTIAL1 – Some patients had not been sufficiently monitored and some safety alerts had not been actioned at the time of the inspection. There were systems and processes in place but these were not always effective to manage and mitigate risks for patients.</p> <p>There were effective clinical audits which reviewed work such as consultation notes. An audit completed in July 2022 found that some notes did not include sufficient detail and this finding was then discussed at a meeting with all clinicians along with templates and suggestions as to changes/improvements to implement.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y

Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The new audits implemented at the practice were ongoing and reviewed access, clinical treatment and care. The practice was working with NHS Accelerate to drive improvements at the service which included meeting with other services in the area and working with a professional from NHSE who monitored their progress against an action plan.

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.