

Care Quality Commission

Inspection Evidence Table

Highwoods Surgery (1-9965286616)

Inspection date: 15 June 2022

Date of data download: 25 May 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial ¹
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Vulnerable patients were identified on the first screen of their clinical patient record.1. We were told during the COVID-19 pandemic the regular multidisciplinary team (MDT) meetings had been reduced to contacting MDT members to discuss concerns on a single patient specific basis only. We were advised the previous level of regular MDT meetings were in the process of being re-arranged.	

Recruitment systems	Y/N/Partial
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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"> We were shown evidence of effective staff recruitment checks, references, and vaccination status. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 25.5.2022
There was a fire procedure. Date of fire risk assessment:	Yes 31/05/2022
Actions from fire risk assessment were identified and completed.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The recent fire and health and safety risk assessments had a dated action log which included work undertaken and projected dates for work in the future. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not 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:	Yes 30.07.21
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The infection prevention and control (IPC) lead gained assurance that staff carried out IPC processes correctly by monitoring them whilst working. Hand hygiene, cleaning, and equipment hygiene audits were seen. A procedure to ensure receptionists did not come in contact with clinical specimens was in place. Clinical waste was cleared daily and stored securely and appropriately. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.95	0.91	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	6.6%	8.9%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.78	5.59	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	227.1‰	181.9‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	1.69	1.07	0.60	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	18.0‰	11.9‰	6.8‰	Significant Variation (negative)

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

Any additional evidence or comments

- The practice were aware of their higher than local and national average prescribing of psychotropics. We were told that due to the practice treating patients in multiple care homes with dementia units and five learning disability homes, they had an increased prescribing need for this type of medicines. The recently employed primary care network (PCN) pharmacists had already commenced the monitoring of the prescribing of these medicines, to ensure they were clinically appropriate.

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
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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"> • We found blank prescriptions were stored securely, and their use was monitored and recorded in line with national guidance. • The practice had booked a medicine review for all those patients being prescribed controlled drugs to ensure they met safe prescribing practices. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	1
Number of events that required action:	1
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Significant event records showed clear, detailed actions and learning; incidents were rated to understand the impact. • The practice had recently reviewed their process for identifying and reporting concerns, safety incidents and near misses. This review had identified they were not reporting all the incidents they could learn from and outlined to us the new process and criteria given to staff to follow for the future. 	

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

Event	Specific action taken
<u>Event</u> Patient newly prescribed blood thinning medication could not be contacted on the phone number or address recorded.	<u>Action</u> Decision made due to risk to contact family member to request the patient contact the practice. Patient came in for blood test.
<u>Impact</u> Patient could not be advised of need for further blood test or medication changes.	<u>Learning</u> Ensure patients asked if their contact details are up to date on the practice records.

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
Explanation of any answers and additional evidence: <p>We saw examples of actions taken on recent alerts for example, regarding sodium valproate.</p> <ul style="list-style-type: none"> • We were shown an effective system to check MHRA medicine safety alerts. This included the monitoring of historical alerts, which were undertaken on a monthly basis. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinicians told us they used the afternoons commissioned by the clinical commissioning group (CCG) when the practices were shut for inhouse and online training, to keep clinicians and administrative staff up to date with current evidence based practice. Current evidence based clinical practice was discussed and evidenced in clinical meeting minutes.• Following the clinical searches we carried out on the patient records system, we found that some reviews and pathology results records from secondary care were in need of updating. We discussed this during the video interview calls with the clinicians. In response to our findings, we received evidence that those patients identified in our searches had been reviewed and pathology results recorded. The practice produced an updated monitoring process to ensure all reviews and pathology recordings would be completed effectively from now on.	

Effective care for the practice population

Findings

- The practice identified older patients living with moderate or severe frailty. They were offered an assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life (EoL) care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Multidisciplinary EoL care meetings were in the process of being set up following the lack of face to face meetings during COVID-19 pandemic.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorders.
- Patients with poor mental health, including dementia, were referred and sign-posted to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with additional health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Clinicians could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- 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,	66	70	94.3%	Met 90% minimum

Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	88	97	90.7%	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)	89	97	91.8%	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)	89	97	91.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	87	97	89.7%	Below 90% minimum

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

Any additional evidence or comments

- We asked the practice to comment on the percentage of children aged 5 who had received immunisation for measles, mumps and rubella as the data showed the practice had a slightly lower uptake when compared to the WHO target.
- We were told that the practice had continued to provide immunisation clinics throughout the COVID-19 pandemic period, however uptake had been reduced.
- Catch-up clinics had been set up to improve the uptake.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	70.3%	N/A	80% Target	Below 80% target

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.3%	61.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.1%	68.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	53.3%	61.5%	55.4%	No statistical variation

Any additional evidence or comments

We asked the practice to comment on the cervical cancer screening data that was below local and national targets.

- We were told that the practice had continued to provide cervical screening throughout the COVID-19 pandemic period, however, it was noted that uptake had been reduced.
- Catch-up clinics had been set up to improve the screening uptake.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial ¹
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

1. The practice had carried out a number of audits that had informed their service provision however, a second cycle had not been carried out to evidence there had been improvement.

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"> Recently recruited staff told us they had received an induction and felt well prepared for their role. Staff told us the management and clinicians at the practice had an open door policy and were supportive. Competency checks were carried out and professional registrations were evidenced in staff records. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The local care homes had been provided with a dedicated prescription email address to ensure they could easily access the practice for medicine needs. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes

Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw health prevention information was available for patients within the waiting room. • We were also told the practice's social prescriber supported patients to access health prevention. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Clinicians explained the practice consent processes when we spoke with them. • We found consent was recorded within patient clinical records when we carried out remote record searches. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Interviews during the site visit with patients.	We spoke with five patients during the onsite inspection. Four were positive about the access to the practice saying they were able to get an appointment when needed. One patient felt access still needed improvement. Patients told us staff were supportive and they felt involved in their care and treatment.
NHS comments	There were four reviews over the last 2 year period prior to our inspection. 1 review was rated with 1 star by patients. 1 review was rated with 2 stars by patients. 2 reviews were rated with 5 stars by patients.
Healthwatch	No response had been received about this practice.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	87.8%	87.2%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	83.9%	86.9%	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	95.6%	94.8%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	81.3%	79.3%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial ¹

Any additional evidence
<ul style="list-style-type: none"> We were provided with evidence of actions taken in response to the 2021 national GP survey results. <ol style="list-style-type: none"> The practice had recently carried out their own patient survey however, at the time of our inspection they had not had the opportunity to undertake any improvement work.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us when they required, they could access easy read and pictorial materials to support their patients. The practice used language line for patients whose first language was not English. We were told staff used hand gestures when necessary. Staff also explained that for people with reduced hearing they dropped down their face mask, with their agreement, to allow them to lip read. 	

Source	Feedback
Interviews with patients about involvement in care.	All the five patients we spoke with told us they were involved in their care and treatment and felt safe receiving it at the practice.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	90.5%	91.9%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 94 carers which represented 1.3% of the population
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carer's were supported by the practice GP care advisor and social prescriber. The practice used the community 360 service to support carers. The practice texted young carers to offer them support.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> GPs phoned recently bereaved families when appropriate to offer support. The practice provided the bereaved with support information, and the Hospice bereavement line contact details.

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am – 12 noon, 2pm - 6:15pm
Tuesday	7am – 12 noon, 2pm - 6:15pm
Wednesday	8:45am – 12 noon, 2pm - 6:15pm
Thursday	8:45am – 12 noon, 2pm - 6:15pm
Friday	8:45am – 12 noon, 2pm - 6:15pm
Out of Hours Service was available between 6.30pm and 8am Monday to Friday and all day at weekends and on Bank Holidays is accessed via the NHS 111 service.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">Patients had a named GP to support them in whatever setting they lived.The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.The practice liaised with the community services to discuss and manage the needs of patients with complex medical issues.

- Appointments were available from 7am Monday and Tuesday this ensured working patients and school age children so that they did not need to miss work or school.
- 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, Traveler's and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- 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

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	49.0%	N/A	67.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
their GP practice on the phone (01/01/2021 to 31/03/2021)				
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)	59.9%	67.0%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	59.9%	64.5%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	80.2%	82.2%	81.7%	No statistical variation

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	4
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was information within the reception area and on the practice website to support patients who wanted to complain. The complaints we reviewed, showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Issue</u> Patient complained their prescription had not been done yet again.	<u>Action</u> Investigation showed the patient was not ordering or taking medicine regularly as advised by the GP. GP called the patient and discussed treatment need. Followed up telephone

<p><u>Impact</u> Patient felt the practice not providing prescriptions.</p>	<p>conversation with letter by post to ensure patient was clear about plan.</p> <p><u>Learning</u> The communication with patients to be repeated if this issue occurs in the future.</p>
<p><u>Issue</u> Patient family complained we gave medicine intervention when they requested no intervention.</p> <p><u>Impact</u> Patient given treatment against family wishes.</p>	<p><u>Action</u> Explained patient had an easy to treat condition and were not made aware by the care home they didn't want her treated. This wish is now flagged on surgery notes and at the care home.</p> <p><u>Learning</u> Check care requests are examined at the care home.</p>

Well-led

Rating: Requires improvement

We have rated the practice as requires improvement because;

- Although we saw areas of improvement had been made, further embedding of audits to inform a quality improvement programme was needed.
- The way the practice was led and managed promoted the delivery of high-quality, person-centered care. However, the practice also recognised further improvements to their policies and some processes were required.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels which demonstrated they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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.	Partial ¹
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice worked with the other practices within their primary care network (PCN) to understand local population needs and develop patient services.• The practice held an effective business continuity plan to guide staff should there be loss of services, buildings, or staff. <ol style="list-style-type: none">1. The lead GP at the practice told us they had arranged to attend a leadership development course. However, they took over the practice in the months leading up to the COVID-19 pandemic and this had been cancelled. We were told they intended to arrange to attend a course in the near future.	

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:	

- The practice mission statement was visible throughout the practice and staff understood their involvement.
- The practice told us they worked with their primary care network practices, and held regular meetings to discuss the development of services to meet the needs of the local patient population.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The staff handbook guided staff on how to raise a whistleblowing application or contact a freedom to speak-up guardian. 	

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

Source	Feedback
Staff members	<ul style="list-style-type: none"> • The staff members we spoke with were positive about the support provided by the clinicians and the management at the practice.
	<ul style="list-style-type: none"> • Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	<ul style="list-style-type: none"> • Staff told us they felt safe working during the COVID-19 pandemic restrictions and were supported with personal protective equipment (PPE) and increased infection control related processes and guidance.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial ¹
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:	
<ol style="list-style-type: none"> At the time of this inspection, policies were being updated and reviewed. We were told as these policies were reviewed, staff were being updated. We were also told they would be holding a governance meeting to support staff understanding of revised policies. 	

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.	Partial ¹
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We found effective assurance systems to manage risk and performance. 1. We were provided with evidence of a number of searches undertaken and audit work carried out, however a second cycle audit had not been carried out to evidence there had been improvement. There was a practice business continuity plan, that had been updated to include the enhanced risks of the COVID-19 pandemic and major incidents. The impact on quality and sustainability was discussed and considered with other practices within their primary care network (PCN). 	

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
<p>Explanation of any answers and additional evidence:</p> <p>There were systems in place to deliver services, and meet patients' treatment needs during the COVID pandemic. For example:</p> <ul style="list-style-type: none"> • Clinicians all worked in scrubs. • Cleaning procedures had been increased after every face to face patient appointment. • Patients followed a one way journey through the practice to ensure social distancing. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice monitored data from the Quality Outcomes Framework (QOF) and worked with the Clinical Commissioning Group (CCG) medicines team to monitor their prescribing performance. • Management staff understood the responsibility to make statutory notifications to the Care Quality Commission. 	

Governance and oversight of remote services

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

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.	Partial ¹
The practice had an active Patient Participation Group.	No ²
Staff views were reflected in the planning and delivery of services.	Partial ³
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice had very recently collected patient views and feedback by asking patients to answer questions via a form left in the waiting. They shared with staff the proposed actions identified in the feedback and the period of time throughout which they would trial the changes. 2. The practice patient participation group had stopped meeting during the COVID-19 pandemic period. The practice had approached previous members; however, most had declined being involved for the future. They are now trying to encourage patients to join and set up a virtual group. 3. We were told by staff that we spoke with they had been asked their views about the planning and delivery of services; however, this was not reflected in the meeting minutes. 	

Feedback from Patient Participation Group.

Feedback
No patient participation group currently.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial ¹
Learning was shared effectively and used to make improvements.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice had carried out a number of audits that had informed their service provision. However, a second cycle had not been carried out to evidence there had been improvement. 2. We found the practice had sought patient feedback and carried out clinical, infection control, and administrative 1st cycle audits. However, it was unclear whether any learning gained had been shared. 	

Examples of continuous learning and improvement

There were numerous pieces of improvement work being undertaken; to assess the quality of care, to improve access to appointments, and improve patient satisfaction for example:

- During the Covid-19 pandemic period the practice had ensured their doors remained open for patients to access to the practice.
- The recent patient feedback exercise had shown changes were needed to the telephone system. The practice had decided to add a queuing function and the ability to choose who to speak with to the telephone system.
- They had increased the number of receptionists and administrative team members to support appointment bookings during busy periods.
- An improved telephone triage work system had supported those people that needed to be seen in the practice.
- Work with the practice Primary Care Network (PCN) practices had supported additional shared services with access to more staff for patients.
- The practice had continued to monitor quality outcome framework (QoF) indicators despite the limitations of the COVID-19 pandemic; this emphasis on maintaining quality work was seen during the remote clinical searches we carried out prior to the site inspection visit.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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