

# Care Quality Commission

## Inspection Evidence Table

### Baslow Health Centre (1-561931188)

Inspection date: 7<sup>th</sup> December 2021

Date of data download: 30 November 2021

## Overall rating: Not rated

We completed a review of Baslow Health Centre in response to whistleblowing concerns we received around safety, for example infection prevention and control and the overarching governance at the practice. As part of this review process we undertook a review of GP consultations through remote access of the practice electronic patient information system and spoke with staff working at the practice via online video.

## Safe

## Rating: Not rated

At this review we found:

- The health and safety of patients and staff was not always maintained, or appropriate action taken to identify and mitigate any risks.
- Safe and effective prescribing was not always seen, for example for controlled medicines and co-prescribing of medicines in line with medicine safety alerts.

### 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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Staff told us that any patients deemed to be at risk or of concern were discussed at the weekly multidisciplinary meeting. This meeting was attended by a range of external health and social care professionals, including the health visitor and midwife.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider actions prior to the review had been to check that staff had received immunisations and immunity to potential health care acquired infections. This had identified that a member of non-clinical staff who had not been vaccinated in respect of Hepatitis B.</p> <p>The practice had completed a risk assessment for this member of staff, taken appropriate action, and referred them to occupational health for vaccination.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 2 December 2021	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The health and safety / security risk assessment had identified a number of risks that required attention such as inappropriate storage areas. The practice had taken appropriate action where possible, for example, rooms and corridors cleared to prevent safety and fire risks and relocation of stored clinical waste away from the liquid nitrogen. However, investment in the building was required to reduce / remove some identified risks, for example, the installation of additional electrical plug sockets and boxing in of hot water pipes.</p> <p>Following the inspection, the provider informed us that there had been an ongoing programme of refurbishment and improvement over the last 18 months. This included the refurbishment of consulting rooms, three of which had been completed and new flooring in the dispensary and reception areas.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 2 December 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The latest infection prevention and control (IPC) audit had identified a number of areas for improvement. The practice had addressed a number of the areas, for example clinical waste bins had been replaced and correct storage of cleaning mops, and others were in progress, for example storage racks on order for gloves and aprons. However, the audit had also identified a number of improvements that required investment in the building, for example: replacement sinks and carpets in clinical consulting rooms. The practice had submitted a business case to the Clinical Commissioning Group for support with these improvements.</p>	

The practice had sought support from an external agency to assist with the assessment and management of IPC. The practice had identified that the nursing team needed to be upskilled to take over the leadership of infection prevention and control. In the interim, one of the GP partners had taken over the lead role with support from the external agency. Plans were in place for one of the practice nurses to take on the lead role following completion of appropriate training.

A legionella risk assessment had been completed in March 2020. A risk assessment highlighted a number of action points. We saw that the partners had signed a service level agreement with NHS Estates in December 2021 to undertake the required work and ongoing monitoring.

## 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.	Partial
There was an effective induction system for temporary staff tailored to their role.	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	Partial

Explanation of any answers and additional evidence:

The practice had experienced a recent turnover of staff, with a GP partner, practice manager and a number of reception staff leaving within the last three months. The Registered Manager acknowledged that this had impacted on staff availability. The GP partners had taken action to address the staffing levels, through the use of locum GPs, actively recruiting for additional GPs, a practice manager and reception staff. The practice had recruited two salaried GPs and a practice manager, due to start work in early 2022, and a new GP partner planned to join the partnership in April 2022. Recruitment of reception staff was ongoing.

Following the inspection the provider informed us that in January 2022, they had reviewed the management structures, which resulted in the recruitment of an office manager, to oversee administrative tasks, and two additional reception staff.

## 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.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	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: <p>The clinicians completed long-term conditions and medication reviews, although some reviews lacked detail and did not demonstrate that clinical staff followed best current practice guidelines.</p> <p>Staff told us that due to the reduced number of reception staff, routine work was taking longer to complete, such as scanning and coding of letters. They told us correspondence was reviewed on a daily basis and given to the GPs the same day to action as required. Urgent correspondence was dealt with the same day.</p> <p>Staff described the process in place for two week wait, urgent and routine referrals to secondary care. There were systems in place to ensure that patients had received correspondence from the hospital, and if not, practice staff contacted the relevant department to follow up.</p>	

## 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) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.80	0.69	0.71	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). (01/10/2020 to 30/09/2021) (NHSBSA)	7.4%	9.0%	9.8%	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 (01/04/2021 to 30/09/2021) (NHSBSA)	4.55	5.01	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	113.0‰	146.2‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.77	0.55	0.63	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	4.8‰	7.3‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
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

Medicines management	Y/N/Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Processes for the safe handling of requests for repeat medicines were effective, although some areas for improvement were noted. For example, for high risk medicines such as those used in the treatment of rheumatoid arthritis or to prevent blood clots, evidence needs to be seen to support the checking of blood results prior to prescribing either by a read code or written in notes.</li> <li>• We reviewed the records for five patients prescribed a range of controlled drugs. We found that medicine reviews had not been completed within the last six months, and the records did not demonstrate that the risks and treatment plan / options had been clearly explained. For three of the five patients, the medicine had been over prescribed.</li> <li>• Staff told us that the practice nurses administered vaccines under Patient Group Directions which were signed, in date and appropriately authorised. Health care assistants (HCA) administered the influenza vaccine under Patient Specific Directions (PSD), written and authorised by the GPs for individual patients.</li> <li>• We undertook a review of clinical records as part of the review and looked to see if GPs were following the guidance as outlined in a specific combination medicine safety alert. We saw that four patients were prescribed certain medicines that should not be prescribed together due to known interactions. One patient was no longer on this combination of medicine as one of the medicines had been changed and another patient needed to be booked for a medicine review to discuss changing their medicines. The medicines for the remaining two patients had been reviewed during the previous three months but the associated risks had not been discussed with the patient. Following the inspection the provider informed us that these patients had been reviewed and were no longer prescribed this combination of medicine.</li> </ul> <p>Feedback on the clinical and medicine findings was provided in order that mitigating actions could be taken by the practice to reduce risk.</p> <p>The practice provided a dispensary service for medicines. The practice participated in the dispensing services quality scheme (DSQS). The DSQS scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients. One of the GP partners had recently taken over the lead role for oversight of the dispensary. Dispensary staff had completed training appropriate for their role.</p>	

## Effective

## Rating: Not rated

QOF requirements were modified by NHS England 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.

At this review we found:

- Long term condition and medicine reviews lacked detail and minimal information was recorded in care plans.
- Patients prescribed rescue medicines did not always have a follow up review after the exacerbation of their asthma.

### Effective needs assessment, care and treatment

**Although patients' needs were assessed, their 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.	Partial
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:

- Through our remote searches we found that clinicians did not always follow local and national guidance when assessing and managing the care of patients.
- Regular clinical meetings were held at the practice, and we saw that a section to discuss new guidance had recently been added as a standing agenda item.
- The practice had completed long-term conditions and medication reviews, although some reviews lacked detail.

## Effective care for the practice population

### Findings

- We spoke with a representative from a local care home where the practice provided care and treatment to older people. They told us that residents living in the homes had a named GP who provided a weekly onsite ward round and that health and medicine reviews were completed within a timely manner.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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 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

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Our remote searches of patients with asthma who had been prescribed rescue steroids identified that a follow up review after the exacerbation of their asthma did not always take place. In addition, one patient requested steroids and a prescription was issued without a review of the patient taking place. However good practice was also identified and included completion of care plans and as per NHS England Guidance on Steroid Emergency Cards to support early recognition and treatment for all patients with primary adrenal insufficiency and those who are steroid dependent.
- We saw that care plans for long term conditions were often reviewed opportunistically during a consultation for an unrelated condition rather than a formal review. In addition, minimal information was recorded in relation to the review of the care plan, including whether the patient was being appropriately monitored when on specific medicines.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.



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) (01/04/2019 to 31/03/2020) (NHS England)	27	27	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	30	33	90.9%	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) (01/04/2019 to 31/03/2020) (NHS England)	30	33	90.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	30	33	90.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	42	44	95.5%	Met 95% WHO based target

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

### Any additional evidence or comments

The practice had met the WHO based target for two of the five childhood immunisation uptake indicators and the minimum based target for the remaining three indicators. Systems were in place to follow up children who were not brought for their immunisations.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) (Public Health England)	83.6%	N/A	80% Target	Met 80% target

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	78.4%	72.5%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	73.0%	66.0%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	52.3%	51.2%	54.2%	No statistical variation

### Any additional evidence or comments

The practice had met the 80% target for cervical screening. Breast and bowel screening uptake was above the local and national averages.

## Caring

Rating: Not rated

### 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
NHS Website	One positive review had been posted during the last six months. The review commented on the prompt, efficient and friendly service which included treatment for their condition.
Information received by the Care Quality Commission (CQC)	The CQC had received seven positive comments regarding the care and treatment provided to patients. Comments indicated that the care provided was considered, responsive, professional and patient focused. The CQC received one negative comment which indicated that the practice did not have a carers register.

## 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)	97.6%	90.8%	89.4%	Variation (positive)
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)	95.9%	90.5%	88.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.1%	96.5%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	96.0%	84.6%	83.0%	Variation (positive)

### Any additional evidence or comments

The National GP Patient 2021 Survey results for the practice demonstrated a high level of satisfaction around the way in which healthcare staff engaged with patients.

### Question

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

Y/N

Yes

### Any additional evidence

The Patient Participation Group (PPG) had undertaken the survey on behalf of the practice in September 2021, looking at patient views on the collection of prescriptions from the practice. The results indicated that 72% of respondents would be happy to continue to collect from the exterior window in the dispensary and 63% would be happy with some form of collection from the dispensary hatch in the reception area. As a consequence, no changes were made to the collection of prescriptions from the practice at that time.

## Involvement in decisions about care and treatment

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

Source	Feedback
Information received by the Care Quality Commission (CQC)	The CQC had received three positive comments which indicated that the GPs involved patients in their care and treatment, listened to them and explained the next steps. For example: appropriate tests or referrals to secondary care services.

## 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)	98.0%	94.1%	92.9%	Tending towards variation (positive)

## Any additional evidence or comments

The National GP Patient 2021 Survey results for the practice demonstrated a high level of patient satisfaction in relation to involvement in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Information about support groups was available on the practice website.	Yes

## Responsive

Rating: Not rated

At this review we found:

- Verbal complaints were not being recorded and acted upon.

### 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
There were arrangements in place for people who need translation services.	Yes

#### Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Dispensary Opening Times:	
Monday	9am to 6pm
Tuesday	9am to 6pm
Wednesday	9am to 6pm
Thursday	9am to 6pm
Friday	9am to 6pm
Appointments available:	
Monday	8.30am to 11.30am & 4pm to 5.30pm
Tuesday	8.30am to 11.30am & 4pm to 5.30pm
Wednesday	7.30am and 4pm
Thursday	8.30am to 11.30am & 4pm to 5.30pm
Friday	8.30am to 11.30am & 4pm to 5.30pm
	8.30am to 11.30am & 4pm to 5.30pm

#### 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 under the age of 5 years were offered a same day appointment when necessary.
- 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.

*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 to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

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

Explanation of any answers and additional evidence:

- We spoke with a representative from a local care home where the practice provided care and treatment to older people. They told us that residents living in the homes had a named GP who provided a weekly onsite ward round, and the GPs were available to contact by telephone at other times.
- Patients were offered a range of appointments. Patients were asked to telephone the practice at 8am if they wanted to book an on the day telephone consultation. Staff told us that once the list was full, patients were advised to telephone the next day to try and book an appointment. They told us that if the patient said they required an urgent appointment and the list was full, a task was sent through to the GP, to decide if the patient was added to the list for that day. Prebookable telephone consultations were also available to book a week in advance.

- Face to face appointments were available morning and afternoon, and patients were invited to attend for a face to face appointment based on clinical need following a telephone consultation with a GP.
- Pre-bookable appointments were available to book with the practice nurses and the health care assistant, for long term condition reviews, blood tests, cervical screening and childhood immunisations.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	93.1%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	89.5%	70.0%	70.6%	Tending towards variation (positive)
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)	88.2%	67.0%	67.0%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	90.5%	82.7%	81.7%	No statistical variation

### Any additional evidence or comments

The National GP Patient 2021 Survey results for the practice demonstrated a high level of satisfaction with contacting the practice and accessing appointments.

Source	Feedback
Information received by the Care Quality Commission (CQC)	The CQC had received three positive comments which indicated that patients were able to access telephone consultations when needed, and face to face appointments were offered when required.



## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	27
	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: The practice had reviewed their complaints information in preparation for the review. The review had identified a number of learning points, including that verbal complaints were not being recorded, although they were upon. We saw that complaints had been discussed at the partners meeting. We saw that the practice had made changes to processes as a result of learning from complaints. Members of the nursing team were now responsible for reviewing home blood pressure readings submitted by patients, and the information was scanned on to the electronic record the same day.	

## Well-led

Rating: Not rated

At this review we found:

- Effective governance structures and systems were not in place.
- Effective processes for managing risks, issues and performance were not in place.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: There had been a number of changes to the leadership team since May 2021, which had led to a period of instability over the past six months. One of the GP partners, who was also the Care Quality Commission Registered Manager, left the partnership at the end of September 2021. One of the remaining GP partners had applied to be registered with the Care Quality Commission to become the Registered Manager. The practice manager who had been post for a number of years left the practice in May 2021. Although the practice was successful in recruiting another practice manager, this person was no longer in post. The Registered Manager told us that the practice had successfully recruited additional staff appointed to a range of roles, to commence employment during 2022. An experienced practice manager was due to take up post in January 2022. In the interim period, the practice was supported by practice manager colleagues from a nearby GP practice. The practice had recruited a GP partner, who was due to join the partnership in April 2022, and two salaried GPs, one of whom would join the practice in January 2022. The practice was also actively recruiting for administrative and reception staff, as well as developing and promoting staff from within the existing staff team. Staff commented that the GPs were supportive and approachable, with a focus on both patients and staff. Staff generally felt supported and valued in their work.	

## Governance arrangements

### The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff we spoke with were aware of lead roles within the practice for example, safeguarding and infection control leads.</li><li>• Policies and procedures were in place and staff knew how to access them. However, a structured process for reviewing and updating policies was not in place. A number of the policies provided prior to the review had been updated prior to the submission or appeared to have recently been written.</li></ul>	
We found that effective governance structures and systems were not in place: <ul style="list-style-type: none"><li>• To ensure that staff received immunisations and immunity to potential health care acquired infections.</li><li>• To ensure the health and safety of patients and staff, including infection prevention and control.</li><li>• To manage the safe monitoring and issuing of repeat prescriptions for controlled medicines.</li><li>• To embed an effective system that responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts and supported safe and effective prescribing. For example, the co-prescribing of medicines.</li><li>• To ensure long term condition and medicine reviews were structured and comprehensive and the associated care plans detailed.</li><li>• To ensure that all complaints were recorded and acted upon.</li></ul>	

## Managing risks, issues and performance

### The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Partial
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The partners told us that the staffing challenges within the management team (being without a practice manager and third GP partner) had impacted on the oversight of the running of the practice. They had recognised when preparing for the review that improvements needed to be made to the processes in place for managing risk, issues and performance. The partners provided a summary of learning points, areas for development and the plans to address these. These included:</p> <ul style="list-style-type: none"> <li>• Infection control: upskill the nursing team to take over leadership of the infection prevention and control (IPC). At the time of the Care Quality Commission (CQC) review, one of the GP partners had taken responsibility for IPC, with plans for one of the practice nurses to take on this role once they had received appropriate training for the role.</li> <li>• Staff training and induction: to have a clearer structure for staffing training, induction and documentation to support this. The practice planned to use a web based intranet and a sharing platform specifically built for use in primary care for recording staff information, managing alerts for staff training updates and registration renewals, and develop a yearly rolling plan for essential training on designated learning afternoons,</li> <li>• To improve the recall system for patients with long term conditions: to develop and implement a structured search-based system to identify patients on a monthly basis. For example, to identify patients with long term conditions, on high risk medicines requiring regular monitoring and safeguarding emergency department attendances.</li> <li>• Immunisation status of staff.</li> <li>• Dispensary staff appraisals: to develop and implement formal competency reviews for dispensary staff.</li> <li>• Significant event analysis: to encourage and empower administrative staff to identify, record and report significant events.</li> <li>• Lead roles: to review lead role and delegate responsibility between the three GP partners once in post.</li> </ul>	

## 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.	Not checked
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> <ul style="list-style-type: none"> <li>• Remote consultations had been introduced to meet the needs of patients during the Covid-19 pandemic. Clinicians triaged patient requests for appointments and if considered appropriate, patients were offered a face to face appointment at the practice.</li> <li>• Changes had been made to infection prevention arrangements within the practice in response to the Covid-19 pandemic. For example, the availability of personal protective equipment (PPE), changes to the dispensary and changes in access to appointments.</li> </ul>	

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:            Information about the Patient Participation Group (PPG) was available on the practice website, including how to become involved. The PPG posted information on the website, the latest update was in May 2021, and included information about proof of vaccine status, support programme for people living with a long term condition and a farewell note from the practice manager.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The PPG provided information about their engagement with the practice and the practice population. Throughout the covid 19 pandemic, the PPG had produced electronic newsletters keeping patients informed about a range of topics. For example, updates on the vaccination programme for covid 19 and influenza; updates from the practice including staffing news and changes to the appointment system, as well as updates within the local community, such as changes to the mental health services provided at the local community hospital. The PPG also used social media to share information with the local community.</p>

Any additional evidence
<p>We spoke with a representative from a care home, who told us that they were satisfied with the service provided by the practice and that the GPs were approachable. They said that the practice was responsive and supportive and advice was available promptly via the telephone. One of the GP partners was aligned to the home and visited once a week to review residents as required.</p> <p>The member of staff told us that the GPs were passionate about the delivery of end of life care. Staff at the home and the GPs engaged with residents and families when first admitted to the home to discuss health and social care plans called ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) which targeted patients' wishes and the care they required. This incorporated an assessment of mental capacity and details of the patient's resuscitation status (i.e. if cardiopulmonary resuscitation should be given or not). The GPs were proactive in prescribing anticipatory medicines (medicines prescribed to manage distressing symptoms) to ensure there was no delay in people receiving the care they required.</p> <p>They also told us that the practice proactively shared the health and social care summaries for people every time it was updated. The Health and Social Care Summary contained information that helps</p>

patients and the people involved in their care to support their health and social care needs ensuring they receive the best care possible.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- **PHE:** Public Health England.
- **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.
- 
- %<sub>o</sub> = per thousand.