

Inspection Evidence Table

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(1-510083447)

Inspection Date: 19 September 2023

Date of data download: 15/08/2023

Overall rating: Requires improvement

At the last inspection on 4 May 2016 we rated the practice as Good. During this inspection, we have rated the practice as Requires improvement because:

- Patients prescribed medicines for high blood pressure did not always have the appropriate monitoring completed.
- Some patients had been incorrectly coded as having a medication review done when this had not been completed.
- Patients who were prescribed a type of medicine to treat epilepsy, anxiety or neuropathic pain were not always informed of the potential birth defects or abnormalities that could be caused as a result of a taking this medicine during pregnancy.
- National GP Survey results related to access scored lower than local and national averages in 3 out of 4 indicators.
- Since 2019, the National GP Patient Survey results related to access have been lower than local and national averages, and it was not clear what actions the practice had taken to address these in previous years when the decline in patient satisfaction began.
- New systems implemented by the practice to improve concerns regarding access had not been embedded for sufficient time to demonstrate subsequent improvement in patient satisfaction.

Safe

Rating: Requires improvement

At the last inspection on 4 May 2016 we rated the practice as good for providing safe services. At this inspection, we have rated safe as requires improvement because:

- Patients prescribed medicines for high blood pressure did not always have the appropriate monitoring completed.
- Some patients had been incorrectly coded as having a medication review done when this had not been completed.
- Patients who were prescribed a type of medicine to treat epilepsy, anxiety or neuropathic pain were not always informed of the potential birth defects or abnormalities that could be caused as a result of a taking this medicine during pregnancy.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Four staff personnel files were reviewed during the site visit (two clinical and two non-clinical staff members). All personnel files examined had received the appropriate level of safeguarding training applicable to their role.• The practice kept a list of adults and children on their safeguarding registers and made note of when their last interaction with the practice was.• Staff spoken with detailed how they raised concerns on an ad hoc basis with health visitors, who shared the same premises as the practice twice per week.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	January 2023
There was a fire procedure.	Y
Date of fire risk assessment:	10 July 2023
Actions from fire risk assessment were identified and completed.	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met. However, there were some ongoing maintenance issues in progress.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	25 July 2023
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice highlighted some issues in the infection prevention and control risk assessment. For example, it was noted that the flooring and walls were not in an optimal state of repair. The audit found there was a missing part to the seal by the mat situated near the front door and small holes in the wall in one of the consulting rooms from where a nail had been removed. The practice told us these issues had been escalated to the landlord of the practice premises. We saw evidence of communication between the landlord and the practice manager regarding this and the practice manager requesting these outstanding items be actioned as soon as possible. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a comprehensive induction pack in place for clinical, non-clinical and locum staff. Evidence of completion of the induction schedules was evidenced in the four staff personnel files reviewed during the site visit.• Non-clinical staff spoken with during the site visit were able to clearly describe how they would identify a deteriorating or acutely unwell patient and the steps they would take to assist them.• Non-clinical staff were trained in a variety of tasks to help support others during periods of absence of sickness. For example, administrative staff were able to take on receptionist duties and vice versa. Additionally, non-clinical staff were trained to cover one another to monitor other staff's responsibilities in their absence (for example, the monitoring of two week wait referrals).	

Information to deliver safe care and treatment

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

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

Explanation of any answers and additional evidence:

- Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. Patient’s history, examination, management plans, safety netting and follow up were adequately documented within the patient record.
- The practice had a robust system in place to monitor two week wait referrals. A member of staff was assigned to call each patient referred on this pathway to ensure they had booked in an appointment. The assigned member of staff noted the appointment date, then called back again to confirm that the appointment had been attended.

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.53	0.65	0.91	Variation (positive)
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). (01/04/2022 to 31/03/2023) (NHSBSA)	5.3%	8.8%	7.8%	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 (01/10/2022 to 31/03/2023) (NHSBSA)	4.69	5.54	5.23	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	51.5‰	61.5‰	129.9‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	0.78	0.54	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) (NHSBSA)	6.6‰	6.0‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> Patients prescribed angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) did not always have the appropriate monitoring completed. ACE inhibitors and ARBs are groups of medicines prescribed to patients experiencing high blood pressure. For example, 36 out of 491 patients were identified as not having the required monitoring completed during our clinical records search. Five patients were selected and all of these patients had been prescribed their medication for over one year without the appropriate monitoring having been completed. There was no documentation 	

to support a risk assessment as to why the medication had continued to be prescribed despite the lack of monitoring.

- Additionally, 327 patients were coded as having had a medication review in the preceding three months. Of these patients, five patients were sampled. Only two patients had been reviewed by the pharmacist; the remaining did not have a medication review but were marked as such following an unassociated review (for example, an asthma review). The coding of patients as having received a medicine review when not all medicines have been assessed means that these patients would not show as needing further assessment and therefore may not receive appropriate care. This was discussed with the practice who provided evidence that they had liaised with the clinical correspondence system regarding this; however, were advised that changes to the template could not be made. The practice manager informed us that the staff member involved had been made aware to not check the “medication review complete” option unless this had been appropriately completed.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All staff spoken with during the inspection could clearly explain their role regarding incident reporting and how learning was cascaded as a result. • Discussion of significant events was evidenced through practice meeting minutes. 	

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

Event	Specific action taken
Incorrect coding of a condition in a patient’s electronic clinical record	Entry deleted and staff member involved spoken with. Learning shared with rest of practice team.
Referral delayed as task was not sent to appropriate clinician to action.	Staff reminded to send tasks in a timely manner and to document items in referrals book as a reminder.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients who were prescribed pregabalin were not always informed of the teratogenic effects. Pregabalin is a medicine which can be prescribed to treat epilepsy, anxiety or neuropathic pain. 12 patients were identified in this search, of which four patients were sampled. Whilst there was evidence that side effects were discussed, the teratogenic effect was not highlighted. The teratogenic effect refers to the potential birth defects or abnormalities that could be caused as a result of a developing foetus being exposed to certain medicines during pregnancy. Three out of the four patients did not have evidence that they were on long term contraception. 	

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. However, we noted some issues with potential missed diagnoses.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice held a risk register for vulnerable adults and children and ensured that those listed were always offered a same day appointment at the practice, regardless of whether the appointment was routine or urgent.• During our clinical records review, 13 patients were identified as potentially having a blood test result that might indicate they should be diagnosed with chronic kidney disease (CKD). Five of these patients were sampled. All five patients had an abnormal renal function and therefore received a delayed diagnosis of CKD.	

Effective care for the practice population

Findings

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

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Management of acute exacerbations of asthma were thoroughly assessed prior to patients being prescribed steroids. Additionally, appropriate follow ups were in place to monitor affected patients.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- During our clinical records review, 13 patients were identified as potentially having a missed chronic kidney disease (CKD) diagnosis. Five of these patients were sampled. All five patients had an abnormal renal function and therefore received a delayed diagnosis of CKD.

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 influenzae type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	81	104	77.9%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	49	81	60.5%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	47	81	58.0%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	47	81	58.0%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	51	97	52.6%	Below 80% uptake

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

Unverified data submitted by the practice during the site visit demonstrated higher percentages than those shown above. For example, the data produced by the practice showed that 72% of children aged two years old were fully immunised, and that 87% of children aged five years old were fully immunised. Data from practice systems cannot be compared with nationally validated data.

The practice had taken measures to actively encourage the uptake of childhood immunisations. This involved having a dedicated member of staff call the caregivers of eligible children and book the appointments in. Time was offered to reluctant caregivers to provide further information and advice. If a child was not brought to an appointment, the assigned member of staff would call the caregiver and attempt to rebook. Attempts would be made by a variety of means, including phone calls, text messages and letters. All clinicians would opportunistically offer immunisation appointments if the child or caregiver was attending an appointment for an unrelated reason.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	46.6%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	55.6%	N/A	70.3%	N/A
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). (3/31/2023 to 3/31/2023) (UKHSA)	51.9%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	71.4%	55.6%	54.9%	No statistical variation

Any additional evidence or comments

Unverified data submitted by the practice during the site visit demonstrated higher percentages than those shown above. For example, 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) was 74% and 81% respectively. Data from practice systems cannot be compared with nationally validated data.

A dedicated member of staff was assigned to proactively invite eligible females in for cervical smears.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:	
The practice completed a three-cycle audit to identify patients who had atrial fibrillation but were not anti-coagulated. Atrial fibrillation is a condition which causes an irregular, and often fast, heartbeat. Anti-coagulants	

are medicines used to help prevent blood clots. Patients who experience atrial fibrillation are at greater risk of developing blood clots as the atria (the upper chambers of the heart) do not pump effectively.

First cycle – Nine patients identified (October 2020)

Second cycle – Five patients identified (July 2021)

Third cycle – Four patients identified (November 2021)

Any additional evidence or comments

The practice had a comprehensive quality improvement plan in place. The practice had made improvements to the use of care plans in residential and nursing homes to reduce unnecessary hospital admissions. This was done by reviewing admission data and amending patients care plans accordingly to attempt to capture patients before their condition potentially deteriorated. The practice had also implemented teaching sessions as a result if gaps in knowledge were identified within the team.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Explanation of any answers and additional evidence:

- The practice had regular contact with other teams, services and organisations, and demonstrated in-depth knowledge of local services that were available to patients.
- Due to the sharing of the premises, practice staff had regular access (twice per week) to health visitors, enabling staff to raise concerns regarding vulnerable children or safeguarding concerns on an ad hoc basis.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the site visit, both clinical and non-clinical staff were observed to be positively interacting with patients. There appeared to be a strong rapport between staff members and patients, which was further supported by patient feedback obtained on the day of inspection. 	

Patient feedback	
Source	Feedback
NHS Choices	Eight reviews dating back to November 2021. The ratings for the reviews are as follows: 5 star – 2 reviews 4 star – 3 reviews 3 star – 1 review 2 star – 0 reviews 1 star – 2 reviews Negative feedback – Long waits on the telephone, difficult to obtain appointments Positive feedback – Excellent doctors, professional staff
GP Patient Survey	Please see results table below.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	70.8%	83.5%	85.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a	68.9%	81.4%	83.8%	Tending towards

general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)				variation (negative)
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 (01/01/2023 to 30/04/2023)	88.7%	91.9%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	58.3%	68.7%	71.3%	No statistical variation

Any additional evidence or comments				
<p>The practice identified areas of improvement based upon GP Patient Survey results and launched their own questionnaire to capture patient opinions immediately after they had seen a clinician. The practice identified that the uptake for the questionnaires sent out was low, so the practice tried opportunistically to obtain feedback whilst patients were physically present. Whilst the questionnaire results seen on the day of inspection were largely positive in nature, the practice manager continued to try and ascertain what the practice could be doing to help improve patients' experience.</p> <p>We reviewed seven feedback cards that the practice obtained through completion of its own feedback exercise. Within this feedback, we saw patients were generally very happy with the service, with it being mentioned that staff were helpful, attentive and polite.</p>				

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Both clinical and non-clinical staff were able to describe how they would support patients who had additional needs. Staff interviewed had an extensive knowledge of local services and knew how to signpost patients to these. 	

Source	Feedback
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Interviews with patients.	Patients spoken with during the site visit spoke positively about their experiences at the practice. The patients described both clinical and non-clinical staff as compassionate and reported that practice staff had always gone above and beyond to assist them during times of hardship.
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National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	86.1%	88.4%	90.3%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	Approx 1% (8130 patients)
How the practice supported carers (including young carers).	The practice would ask patients whether they had caring responsibilities at the point of registration. There was a carers board and carers pack at reception, and staff spoken with during the inspection knew local services available to help support carers in the community.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, their usual GP or the senior nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information was also available on the practice website detailing what to do in times of bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Requires improvement

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is Requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

At the last inspection on 4 May 2016 we rated the practice as good for providing responsive services. At this inspection, we have rated responsive as requires improvement because:

- National GP Survey results related to access scored lower than local and national averages in 3 out of 4 indicators.
- Since 2019, the aforementioned indicators have been lower than local and national averages, and it was not clear what actions the practice had taken to address these.
- The practice had implemented a new telephone system; however, this new system had not been embedded for sufficient time to demonstrate improvement in patient satisfaction as a result.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Many of the practice staff were fluent in other languages, such as Albanian, Greek, Turkish and Bengali. • Practice staff created alerts on the electronic clinical records system to advise when a patient's first language was not English, so this could be easily seen when appointments were booked in. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm
Appointments available:	
Monday	8:00am – 6:30pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm

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 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. • In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People did not always feel they were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Some online patient reviews reported dissatisfaction with length of time waiting on the phone to obtain an appointment, with some patients experiencing being on hold for in excess of 30 minutes. In response to this, the practice had introduced a new telephone system which enabled them to see how many calls were waiting at any given time. Additionally, it produced data to show how many callers had aborted and what the longest waiting time had been for the phone to be answered. This helped inform the practice what the busiest times were and how many staff members to allocate to answering the phones at particular times. If calls had been aborted, the practice could call patients back. Patients who were identified as vulnerable were coded on the electronic clinical records system and were always seen on the same day, regardless of the appointment urgency. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	40.0%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall	40.7%	53.2%	54.4%	No statistical variation

experience of making an appointment (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	54.0%	53.6%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	61.5%	68.2%	72.0%	No statistical variation

Any additional evidence or comments

- 3 of the 4 indicators above (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; the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment; and the percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered) had been below local and national averages since 2019, and have been on a downward trend since this time.
- The practice was aware that patient access was an ongoing issue; however, it was unclear as to what actions the practice had taken in preceding years to improve patient satisfaction when the decline in patient satisfaction began in 2019.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>Eight reviews dating back to November 2021. The ratings for the reviews are as follows:</p> <p>5 star – 2 reviews 4 star – 3 reviews 3 star – 1 review 2 star – 0 reviews 1 star – 2 reviews</p> <p>Negative feedback – Long waits on the telephone, difficult to obtain appointments</p> <p>Positive feedback – Excellent doctors, professional staff</p>

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.	5
Number of complaints we examined.	3

Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with attitude of clinician.	Written and verbal apology given, clinical staff advised to check with patients that they are satisfied with care received prior to finishing consultation.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">All staff spoken with during the site visit reported they felt supported by senior management, and that they had an active role in contributing towards the success of the practice.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y

There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff interviews	All staff spoken with described a positive ethos within the practice. There was an inclusive culture, with staff members reporting they felt supported and cared for by senior management and colleagues.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

- The practice had a comprehensive major incident policy in place. Designated staff members were given specific roles dependent on which emergency arose, and these staff members were aware of their roles and responsibilities.
- Practice policies were regularly reviewed and updated.
- The practice adopted a proactive approach to quality improvement and had devised a quality improvement plan, which detailed what improvements had been made so far and what improvements were ongoing. For example, the practice had identified actions needed to reduce their carbon footprint.
- Our inspection identified that improvements were required in relation to management of risks relating to:
 - Patients prescribed medicine for high blood pressure not always having the appropriate monitoring completed.
 - The incorrect coding of some patients as having a medication review done when this had not been completed.
 - Patients who were prescribed a type of medicine to treat epilepsy, anxiety or neuropathic pain not always being informed of the potential birth defects or abnormalities that could be caused as a result of taking this medicine during pregnancy.

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner’s Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Staff are supported to work remotely where applicable.	Y
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Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice demonstrated a proactive approach to improving services based on patient feedback. For example, the practice created their own questionnaire in response to areas of concern highlighted in the GP Patient Survey results. Additionally, the practice obtained a new telephone system in response to patient feedback regarding the lengthy waiting times to get through on the phone. 	

Feedback from Patient Participation Group.

Feedback
The PPG stated that meetings would be held approximately every three months. Feedback from the PPG was largely positive in nature, and it was reported that the practice management would listen to suggestions and implement these ideas whenever possible. For example, there was a suggestion made to use a QR code at reception, which patients could scan and leave feedback electronically. At the time of inspection, however, this had not been implemented. The PPG reported that senior management were approachable and welcomed their input.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Learning points from significant events and complaints were a standard agenda item on the practice meeting minutes. Evidence of discussion regarding learning was seen during the inspection. 	

- All staff spoken with during the inspection reported they felt informed about any incidents which occurred within the practice and how learning was cascaded appropriately as a result.

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.