

Care Quality Commission

Inspection Evidence Table

Mayflower Medical Centre (1-560716117)

Inspection date: 09 March 2022

Date of data download: 23 March 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none">Monthly multidisciplinary team meetings included health and social care professionals from SinglePoint, which is where professionals can access and share a single point of contact information through a Triage system to arrange urgent and non-urgent referrals, and the palliative care services.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<ul style="list-style-type: none">Evidence of staff vaccinations and maintenance dose schedules were seen in staff records.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 01.09.2021
There was a fire procedure. Date of fire risk assessment:	Yes 23.10.2021
Actions from fire risk assessment were identified and completed.	
<ul style="list-style-type: none"> Evidence provided showed regular safety assessments and appropriate actions undertaken. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 27/01/2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> The infection control lead explained the training provided to nurses and reception staff. We found monthly random clinical handwashing audits were undertaken. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<ul style="list-style-type: none"> Visual reminders were available for reception staff to assist them support patients, with safeguarding concerns, signs of sepsis, or deteriorating patients. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none">Staff explained the process for referring patients and the management of test results that ensured timely monitoring and clinical oversight.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.75	0.83	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)	9.0%	10.5%	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)	5.27	5.58	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	238.8‰	180.9‰	128.1‰	Tending towards variation (negative)
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)	1.52	1.11	0.63	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	12.1‰	11.6‰	6.7‰	Tending towards variation (negative)

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

Any additional evidence or comments

- We asked the practice to comment on the higher prescribing. We were told that the practice had started working with 'Open Road' (an Organisation that provides services to support individuals on their journey to recovery from drug and alcohol addiction). The project work involved supporting people to reduce their addictive medicine in a controlled and supportive way.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> • We found blank prescriptions were kept securely, and their use monitored in line with national guidance. • The practice reviewed the prescribing of controlled drugs to ensure prescribing of unusual quantities, dose, formulations, and strength, was safe. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<ul style="list-style-type: none"> Approximately 900 people living in rural areas without easy access to a pharmacy received the dispensing service provided by the practice. We found the dispensing processes and procedures were well managed and monitored to keep people safe. Audits and competency checks were regularly undertaken. The standard operating procedures that governed the dispensary had been regularly reviewed and updated to include recent guidance. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	35
Number of events that required action:	11
<ul style="list-style-type: none"> Staff told us they were encouraged to report significant events. We found events were discussed at practice meetings with the actions and learning disseminated to staff. 	

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

Event	Specific action taken
<u>Issue:</u> Child triaged remotely and booked to be seen face-to-face in surgery. COVID status not documented. On arrival, patient's grandmother stated patient's sibling and mother had COVID and another sibling was awaiting results. <u>Impact:</u> Possible COVID infection could be spread within the practice.	<u>Action:</u> Patient seen in isolation room following COVID-19 risk assessment procedures. Add red flags and COVID status to triage procedure. <u>Learning:</u> Review triage procedures.
<u>Issue:</u> Patient given wrong type of medicine (three monthly dosage instead of four weekly). Nurse picked injection up from pharmacy and did not double check it was the correct one. <u>Impact:</u> Possible clinical impact.	<u>Action:</u> Senior nurse checked with oncology whether patient at any risk. (Risk found to be low) <u>Learning:</u> Double check injections and frequency with colleague in future.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> We found an effective system to check MHRA medicine safety alerts, this included the monitoring of historical alert checks, which were undertaken on a monthly basis. 	

Effective

Rating: Good

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.

Effective needs assessment, care and treatment

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

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

Effective care for the practice population

Findings

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

Management of people with long term conditions

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus,	158	168	94.0%	Met 90% minimum

Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)				
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)	179	188	95.2%	Met 95% WHO based target
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)	180	188	95.7%	Met 95% WHO based target
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)	175	188	93.1%	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)	191	218	87.6%	Below 90% minimum

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

Any additional evidence or comments

- We asked the practice to comment on the lower childhood immunisation data in the table above. We were told that the practice had continued to provide immunisation clinics throughout the COVID pandemic period, however, uptake had been reduced. We were provided evidence of additional immunisation clinics that had been arranged to improve uptake. However the results of these additional clinics were not seen in the data collection period in the table above.

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: 30/06/2021) (Public Health England)	74.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	72.2%	74.1%	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) (PHE)	65.3%	65.0%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	64.7%	61.5%	55.4%	No statistical variation

Any additional evidence or comments

- We asked the practice to comment on the cervical cancer screening data that was below target in the table above. The practice explained they had held additional clinics in the evenings and on Saturdays to improve uptake. However the results of these additional clinics were not seen in the data collection period in the table above.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The practice provided evidence of clinical two cycle audits with the actions taken to address any findings that could improve care.

Any additional evidence or comments

- The practice evidenced the clinical audits they had undertaken. These showed their commitment to improving care and treatment at the practice. They included infection control, clinical and administrative audits.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none">• Recently recruited staff told us they had received a comprehensive induction and felt well prepared for their role.• Staff told us the management and clinicians at the practice had an open door policy.• Competency checks were evidenced in staff records along with professional registrations.	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<ul style="list-style-type: none">• The practice told us they used their patient text messaging software to remind patients about their appointments and healthcare.• We saw health prevention programme information available for patients within the waiting room. We were also told the practice social prescriber supported staff to access health prevention.	

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Interviews during the site visit with patients.	We spoke with eight patients during the on-site inspection. The patients were positive about their recent ability to access the practice via the telephone. Patients told us the reception and administrative staff were helpful and supportive.
NHS comments	There were 16 results over the six months period prior to our inspection. All of the reviews had received a response from the practice. 9 reviews were rated with 1 star by patients. 1 review was rated with 2 stars by patients. 1 review was rated with 3 stars by patients. 1 review was rated with 4 stars by patients. 4 reviews were rated with 5 stars by patients.
Friends and Family results 11/02/2021 - 25/11/2021	616 Responses - 18% Response Rate Not Recommended 6% Neither/Don't Know 1% Recommended 93%

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)	89.3%	87.2%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	86.9%	86.9%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	98.2%	94.8%	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)	77.1%	79.3%	83.0%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> We were provided with evidence of actions taken in response to the 2021 national GP survey. This included their feedback to the council and local member of parliament regarding the work undertaken to improve telephone access to the practice following concerns raised by patients.

Involvement in decisions about care and treatment

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

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

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)	93.1%	91.9%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • The practice had identified 835 this represents 4.7% of the population

How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carer's were supported by the practice GP care advisor and social prescriber. • The practice texted young carers to offer them support.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • GPs phoned recently bereaved when appropriate to offer support. • The practice provided the Hospice bereavement line.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> • There was prominent signage at the reception desk to inform patients if they needed to request confidentiality. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none">The practice worked with other practices in their primary care network to understand patient needs and develop services for their local population.	

Practice Opening Times	
Day	Time
Monday	8am – 8:30pm
Tuesday	8am – 8:30pm
Wednesday	8am – 8:30pm
Thursday	8am – 8:30pm
Friday	8am – 8:30pm
Bookable access to appointments at other practices for the Weekend	
Saturday	8am – 1pm
Sunday	9am – 12 noon

Further information about how the practice is responding to the needs of their population

- Patients had a named GP to support them in whatever setting they lived.
- The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 8:30pm Monday to Friday for school age children so that they did not need to miss school and for working patients.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8:30pm from Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP primary care network of practices. Bookable appointments were available for patients at other practices on Saturday between 8am – 1pm and Sunday 9am – 12 noon.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

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

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	40.7%	N/A	67.6%	Significant Variation (negative)
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)	56.0%	67.0%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	58.9%	64.5%	67.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	85.1%	82.2%	81.7%	No statistical variation

Any additional evidence or comments

We asked the practice to explain any actions they had taken in response to the low GP survey indicator in the table above.

- The practice took actions to further upgrade their telephone system when patients told the practice they were being cut off after being in a queue. A cloud based solution was added into the existing system in October 2021. The practice reported that during the COVID booster programme calls had increased however, the number of calls had settled down and complaints regarding telephone access had reduced/ceased.

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.	71
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> There was information within the reception area and on the practice website to support patients that wanted to complain. The complaints we reviewed showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Issue</u> Pt. unhappy with reception regarding blood test appointment information. <u>Impact</u> Pt. felt they were being called a liar by reception. Pt. dissatisfied they had to wait for blood test.	<u>Action</u> The nurse notified reception missed appointment was cancelled. Reception was asked to inform pt. but this was not done before pt. submitted complaint. Pt.'s apology for missing the blood test was acknowledged, blood test was not medically

	<p>urgent, and they could only be offered the next available appointment.</p> <p><u>Learning</u> Pt. should have been informed sooner as reception had been asked to inform pt. in good time.</p>
<p><u>Issue</u> Pt. claimed was promised a call back and did not receive one. They claim to have called next day and was promised the same thing and that a message would be put in GP's pigeonhole.</p> <p><u>Impact</u> No call took place. Pt claimed they were told no appointments until after weekend. Pt claims they had been fobbed off by reception.</p>	<p><u>Action</u> Reception to document all encounters agreed with the pts.</p> <p><u>Learning</u> However, management advise to reception previously was to document only medical facts. Way forward to be agreed, as advice has resulted in frustration for pt. and hostility towards reception through no fault of their own.</p>
<p><u>Issue</u> Pt claimed phlebotomist told them they had taken blood from a vein they shouldn't have.</p> <p><u>Impact</u> Pt felt they had received incorrect care.</p>	<p><u>Action</u> Clarification sought from phlebotomist - confirmed that pt. had tricky veins and they had used one not commonly used. Confirmed that while they were trained to use the veins in the middle of the arm wherever possible to minimise bruising, it was permissible and safe to use veins elsewhere if necessary.</p> <p><u>Learning</u> Phlebotomist to take additional care to explain this in the future.</p>
<p><u>Issue</u> Pt sent message via website on behalf of parents complaining about access.</p> <p><u>Impact</u> Parents unable to access the practice via telephone.</p>	<p><u>Action</u> Letter sent acknowledging the present issues with access and outlining that an upgrade to the telephone system had been installed. Also outlined other means to access the practice.</p> <p><u>Learning</u> Nothing specific as aware of the current issues with the telephone system and actively looking into many ways to improve access.</p>
<p><u>Issue</u> Pt unhappy they weren't given medicine for a suspected UTI. Also dissatisfied that reception could not advise status or result of the sample.</p> <p><u>Impact</u> Patient unhappy no medicine given or sample results not known.</p>	<p><u>Action</u> Pt had advised that they did not have a temperature or back pain and nurse therefore did not deem it necessary to issue medicine prior to test results coming back. Senior nurse agreed with this course of action. Pt. reminded that reception has no control over response times from the laboratory. It was found that it had not been clearly documented in pt.'s records that the sample had been sent to lab, meaning that reception could not confirm what had happened to it.</p> <p><u>Learning</u> Clinicians to document when a sample has been sent to the lab.</p>

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none">The practice held an effective business continuity plan to guide staff should there be loss of services, buildings, or staff.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none">The practice held regular meetings to update staff with practice development plans. This included the plan to increase the rooms available to provide more services.The practice told us they worked with their primary care network practices, and held weekly meetings to discuss the development of services to meet the needs of the local patient population.	

Culture

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

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

When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candor, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> The staff handbook guided staff how to raise a whistleblowing application or contact the speak-up guardian. 	

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

Source	Feedback
Staff members	The staff members we spoke with were positive about the support provided by the clinicians and the management at the practice.
	Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	Staff told us they felt safe working during the COVID-19 pandemic restrictions and were supported with personal protective equipment (PPE) and increased infection control related guidance.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> Management at the practice held weekly meetings with the clinicians to regularly review governance. Roles with specific focus had been developed within the clinical and management team. These roles had been communicated to staff to support them understand who to speak with for advice. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes

There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> • We found effective assurance systems to manage risk and performance. • There was an established quality assurance programme, that included clinical and administrative audit processes. • There was a practice business continuity plan, that had been updated to include risks from the COVID-19 pandemic. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>The systems in place to deliver services, and meet patients' treatment needs during the pandemic included.</p> <ul style="list-style-type: none"> • Clinicians all working in scrubs • Increased cleaning procedures after every face to face patient appointment. • Arrows on the floor to ensure patients'/staff were socially distancing. • Increased and cleaning procedures and notes in toilets for people to follow. • An isolation room was used for anyone that needed to visit the practice with possible COVID-19 symptoms. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<ul style="list-style-type: none">• The practice monitored data from the Quality Outcomes Framework (QOF) and worked with the medicine team to monitor their performance.• Management staff had received training and understood the responsibility to make statutory notifications to the care quality commission.	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	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
<ul style="list-style-type: none">• The practice carried out their own regular patient satisfaction surveys. These included using the text messaging system to understand specific service provision needs from people.• We saw staff views in the practice meeting minutes were reflected in the planning and delivery of services.• The patient participation group had recently been re-established following the restrictions to meet face to face during the COVID-19 pandemic had been reduced.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• During the onsite inspection we spoke with three members of the patient participation group (PPG) they had not had the opportunity to hold a full membership face to face meeting since the COVID-19 pandemic restrictions. However, they told us a small group of PPG members had met with the practice management and the information discussed had been cascaded to other members.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none">• The practice had a business case to expand the surgery with the addition of three rooms that was supported by the North East Essex clinical commissioning group (NEE CCG) to allow additional service provision.• We found the practice had a programme of quality improvement that included seeking patient feedback and clinical/administrative audits.	

Examples of continuous learning and improvement

We were provided evidence of improvements made since the previous inspection in April 2021. There were numerous pieces of improvement work to provide quality, access, and patient satisfaction for

example:

- During the Covid-19 pandemic period the practice had ensured their doors remained open for patients to access to the practice.
- The telephone system had been updated and improved to allow greater access to the practice via the telephone.
- They had increased the number of receptionists and administrative team members to support appointment bookings during busy periods.
- An improved telephone triage system supported more people and ensured that really need to be seen in the practice. Computer links were sent to patients via text to improve access to follow-up treatment and self-care.
- A business case had been developed to expand the surgery with the addition of three rooms. This additional workspace will ensure the ability to use the building more effectively, and to accommodate more staff in the reception area.
- Work with the practice Primary Care Network (PCN) practices had given them the opportunity to develop additional shared services to support their patients.
- The practice continued to monitor quality outcome framework (QoF) indicators despite the limitations of the COVID-19 pandemic, this was seen during the remote searches we carried out prior to the site inspection visit.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- 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.
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- % = per thousand.