

# Care Quality Commission

## Inspection Evidence Table

### Moss Street Surgery (1-549649386)

Inspection date: 17 November 2022

Date of data download: 07 November 2022

**Overall rating: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

**The practice had 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
Explanation of any answers and additional evidence: Staff had access to a safeguarding policy that set out the requirements for the practice to take the appropriate actions for safeguarding children, young people and adults at risk of harm or abuse. The policy detailed the practice safeguarding lead and contact details of external agencies should staff require advice or information regarding safeguarding children or adults. Staff we spoke with knew how to identify and report safeguarding concerns. However, at the time of the inspection not all staff had received training in safeguarding to the appropriate level required of their role and staff training requirements were not detailed in the practice safeguarding policy. Shortly following the inspection the practice sent us confirmation that staff had since completed the required training and the policy had been updated.  There were systems in place to assist staff with identifying vulnerable patients on the practice clinical system, including households of children on the child protection register.	

Safeguarding	Y/N/Partial
Evidence of disclosure and barring service (DBS) checks were available on the staff files we sampled. Staff employed by Cannock North Primary Care Network (PCN) and working in the practice had an employment assurance checklist in place detailing that DBS checks had been completed and verified.	
The practice maintained a register for people nearing end of life. Virtual multidisciplinary meetings were held quarterly to discuss the needs and management of these patients. There were no structured meetings held with the local health visiting team, however the practice told us they were able to contact the team to discuss any child safeguarding concerns as and when required.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a recruitment policy in place which was to ensure clear processes were in place to enable the organisation to recruit and retain skilled people. We reviewed the records for 4 staff employed in the previous 18 months. We found most of the required recruitment checks had been carried out prior to all staff members commencing work with the exception of satisfactory evidence of conduct in previous employment for one staff member in addition to documentary evidence of qualifications.</p> <p>The practice had obtained assurance for staff employed by the primary care network (PCN) that worked at the practice were fit to do so. We saw employment assurance checklists were in place for staff including the clinical pharmacists, pharmacy technicians, mental health practitioner, first contact physiotherapist and social prescribers. Immunisation status and training had also been obtained.</p> <p>We found that the service's recruitment policy did not identify all of the information required including the need to obtain written explanations for gaps in employment history. The practice updated the policy following the inspection.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28 October 2022	Yes
There was a fire procedure. Date of fire risk assessment: 6 July 2022	Yes
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Examples of the various health and safety checks and risk assessments undertaken included:</p> <ul style="list-style-type: none"> <li>• Portable appliance testing: March 2022</li> <li>• Equipment calibration testing: 11 March 2022</li> <li>• Emergency lighting service: 6 July 2022</li> <li>• Fire alarm testing was carried out weekly: Last test: 15 November 2022</li> <li>• Fire evacuation drill: 13 July 2022</li> </ul>	

- Fire extinguishers: 30 March 2022
- Gas safety inspection: 14 December 2021
- Fire detection and alarm systems: 6 July 2022
- External inspection of premises checklist: 15 May 2022
- Electrical installation certificate: 15 October 2003 - A risk assessment had been carried out on 15 October 2022 which identified the need to carry out a periodic electrical installation test before the end of 2022. However, this had not been identified on the fire risk assessment.
- Water within the premises had been tested for legionella in May 2022 and this was negative. Water temperatures were monitored monthly. However, the provider was unable to demonstrate that a legionella risk assessment had been completed. The practice told us they would action this.

Leaders told us various local contractors provided maintenance for internal and external areas of the premise. Staff spoken with were satisfied with the health and safety arrangements in place.

The practice had a business continuity plan in place to demonstrate that they have planned for and were capable of responding to a variety of incidents which may affect patient care. As part of this plan all GP's and the practice managers had been provided with laptops. The practice told us this resource had been invaluable particularly through the Covid-19 pandemic when on occasions they were required to work off site due to exposure/illness with Covid.

Fire safety had been discussed during a staff meeting held in July 2022 and all staff were reminded on what to do in the event of a fire, their role and responsibilities. On arrival at our site visit we were advised of the procedure in addition to the safe meeting point in the event of a fire.

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 5 July 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The areas of the premise we viewed on the day of the inspection were visibly clean and tidy. Staff had access to an infection prevention control (IPC) policy, which was last reviewed in July 2022. The policy did not include staff training requirements and frequency of training updates. The practice had a designated staff lead for IPC who had received training in November 2021 to support them in their role.  The most recent IPC audit was undertaken on 5 July 2022. An action plan had been developed as a result of the audit. Areas identified for action included the need to develop specific cleaning schedules for each room, replace carpeting in clinical and patient facing areas, replacement of taps to hands-free taps and smooth splash backs, laminating posters, a non-slip mat in the entrance and decluttering of 2 rooms. The practice had completed a number of identified actions and advised us they had secured	

improvement funding and all outstanding work would be completed by 31 March 2023. Work to refurbish the reception area was due to commence in January 2023.

A control to substances hazardous to health (COSHH) audit had been undertaken on 5 September 2022. No action had been identified as a result of the audit.

The practice employed 2 part-time domestic staff. We spoke with 1 of these staff during our site inspection. They confirmed they had access to adequate supplies of cleaning equipment, personal protective equipment (PPE) and COSHH data sheets. They told us they were responsible for maintaining the cleaning schedules and were provided with sufficient time to carry out their duties. However, at the time of the site visit they had not received IPC training to support them in their role. Following the inspection, we received evidence to support the completion of this training.

We saw staff had access to adequate supplies of personal protective equipment (PPE). Enhanced IPC measures as a result of the Covid-19 pandemic, including the requirement for staff and patients to wear face coverings, were no longer a requirement unless people chose to wear them. Hand sanitiser remained in place.

## Risks to patients

### There were 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

#### Explanation of any answers and additional evidence:

Arrangements were in place to cover staff absences including sickness, annual leave and training. Staff told us they covered roles within their designated areas and own competency. Therefore, there was minimum usage of regular locum staff.

New staff received an induction to their work and were provided with opportunities to shadow existing staff until they were confident and competent to carry out their work.

Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients that may present with severe infections, for example sepsis. The practice was able to share an example of the action they had taken when a person felt unwell and required urgent medical attention.

Staff had received training in emergency procedures and the practice held all of the suggested emergency medicines and equipment in the event of a medical emergency. We saw these were regularly checked to ensure medicines remained in date and equipment was in working order, including an

automatic defibrillator (a device used to deliver electric shock to the heart in order to restore proper cardiac rhythm in a person who is experiencing sudden cardiac arrest).

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system in place to review test results. We saw these were managed in a timely manner. Most of the outstanding reports had been received on the day of our site visit.</p> <p>The practice had a system in place for sharing information with the out of hours service for patients near the end of their life.</p>	

## 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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority – NHSBSA)	1.44	1.03	0.82	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	6.0%	9.0%	8.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	7.03	5.73	5.31	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	219.5‰	189.5‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) <small>(NHSBSA)</small>	0.32	0.57	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	7.8‰	5.3‰	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 optimized 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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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. <sup>2</sup>	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A



Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimize patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial
<p data-bbox="57 680 1535 719">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 719 1535 831">The practice was aware of their higher prescribing of antibiotics and medicines prescribed for uncomplicated urinary tract infections. They told us they were continually seeking to address this and shared reasons why they were higher prescribers in these areas.</p> <p data-bbox="57 869 1535 981">The practice maintained a prescribing and medicine management policy to ensure that all prescribers within the practice understood the requirement to maintain current? and to work within their professional boundaries to deliver safe and effective clinical care.</p> <p data-bbox="57 1019 1535 1243">The practice told us they regularly received emails from NHS England GP contracting team when there were medication shortages, supply issues or medication withdrawal notifications. These were forwarded directly to all clinicians, pharmacists and the pharmacy technician and searches and actions were undertaken where appropriate. The practice also advised us regular searches on the practice clinical system were undertaken for patients prescribed high risk medicines to ensure they had received the appropriate blood monitoring.</p> <p data-bbox="57 1281 1535 1348">Hospital discharge correspondence was reviewed by the PCN pharmacists or a GP to reconcile medications and review episodes of care.</p> <p data-bbox="57 1386 1535 1476">A prescription security risk assessment had been completed on 1 November 2022 and no actions requiring review had been identified.</p> <p data-bbox="57 1514 746 1552">Our review of the practice clinical records found:</p> <ul data-bbox="105 1590 1535 2051" style="list-style-type: none"> <li data-bbox="105 1590 1535 1742">• All patients prescribed a medicine to treat rheumatoid arthritis had received the appropriate blood monitoring. The practice acknowledged the need for prescribers to record they had seen blood test results for patients whose blood monitoring was arranged via the hospital to ensure it was safe to continue prescribing the medicines.</li> <li data-bbox="105 1749 1535 1816">• There were no patients overdue monitoring who were prescribed a specific anti-coagulant medicine.</li> <li data-bbox="105 1823 1535 2051">• 56 patients were identified as having been prescribed medicines commonly used to treat neuropathic pain and seizures had not had a review in last 12 months. We reviewed 5 patient records and saw 1 patient had not had a review for 4 years and there was a lack of evidence in the records of the patient having had a review of their response to the medicine and the dosage prescribed. There was evidence of a medication review on the 4 other records we reviewed however, there was no documented evidence that 3 of these female patients of childbearing</li> </ul>	

Medicines management	Y/N/Partial
<p>ages had been warned of the risks associated with these medicines. The practice committed to following these patients up.</p> <ul style="list-style-type: none"> <li>288 patients of any age had a medication review in the previous 3 months undertaken by GPs and pharmacists. The quality of medicine reviews undertaken varied. The practice told us they would review and improve the quality and documentary evidence of reviews going forward.</li> </ul>	
<p>The practice had a cold chain policy and procedures for the management of vaccines, including the ordering, receipt and care of these. Temperature monitoring was in place for the vaccine fridges and records were maintained. We reviewed the records and found the recommended temperature had been exceeded on 16 occasions across 3 months in 2022. Only on 1 occasion had an entry been documented in the record that the reason for the high temperature recording was due to the delivery of the vaccines. Vaccines may lose their effectiveness if they become too hot or too cold at any time and being stored outside the recommended temperatures may speed up loss of potency. This had not been identified or acted upon. Following the inspection, the practice sought advice and raised this as a significant event to allow reflection and learning from the incident and improve care.</p>	

### Track record on safety and lessons learned and improvements made

### The practice had a system in place to learn and make 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:	4
Number of events that required action:	4
<p>Explanation of any answers and additional evidence:</p> <p>There was a system for recording and acting on significant events. The practice had a significant event reporting policy and staff we spoke with confirmed they had access to the policy and were comfortable raising concerns with leaders. The policy stated all staff were permitted to raise and complete a significant event report.</p> <p>Most staff we spoke with were able to share a recent event and the action taken to mitigate further reoccurrence. We saw significant events were shared practice wide to enable discussion and learning and improve patient care. During staff discussions we identified an incident that had not been considered or recorded as a significant event, however, leaders had since actioned and documented the event and it was due to be discussed at the next staff meeting.</p>	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
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A urine sample was tested and the result was incorrectly recorded against another patient and antibiotics were issued to the wrong patient.	The practice was alerted to the error by the patient who had not taken the prescribed medicine. They received an apology. The result was deleted from the incorrect patients record and scanned onto the correct patient. The event was discussed at a staff meeting and staff were advised of the importance of double checking patients name and date of birth.
Incorrect dose of medicine issued to a patient following discharge from secondary care.	The patient had not suffered any adverse effect from the error. The patient received an apology and their prescription was amended.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system in place to act and learn from external safety events as well as patient and medicine safety alerts. There was a mechanism in place to disseminate alerts to all clinicians. Clinical searches were run by a pharmacy technician and any identified patients affected were contacted and recalled for medicine review where appropriate. The practice management team were able to share an example of a recent patient safety alert received and the action taken.</p> <p>Our clinical searches identified 12 patients as being co-prescribed a combination of medicines that should not be prescribed together. We reviewed 5 of these patients and found no evidence in the records that the patients had been informed of the risks associated with taking the combination of medicines, including 1 patient who had a recent extensive medication review. The practice agreed to follow up these patients at the earliest opportunity.</p>	

## 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 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 prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
Our clinical searches overall were positive and found most patients on-going needs were assessed and had received the required monitoring in line with best practice guidance. The practice confirmed they would ensure outstanding patients were invited for monitoring and agreed to review the quality of the documentation of medicine reviews.	
The practice told us they had purchased new integrated software to support the referral process. All referrals, wherever possible were submitted electronically. Patients were actively encouraged to follow up on referrals and were given realistic timescales in terms of possible appointments. The practice had systems in place to ensure urgent referrals were monitored using searches within the practice clinical system.	

### Effective care for the practice population

#### Findings

- The practice told us they currently had 985 patients registered aged 65 and over which equated to 20% of its registered list size. Many of these patients were living in their own homes with a

small proportion residing in residential care. 27 of the patients in this cohort were coded as housebound and reviews were undertaken annually in their birthday month where possible in their own home by a GP. Since April 2022, 32 patients from this cohort had been referred to the social prescriber with many of the referrals related to social isolation.

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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. The practice had 37 patients registered with a learning disability and had completed 11 annual reviews. A further 6 reviews had been booked and 3 people had declined to attend for review.
- 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 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

- The practice told us that in the past year medicine reviews had moved to a recall of 'month of birthday' to ensure patients booked and attended their monitoring to check their health and medicines needs were being met. Patients with a mobile number recorded on their record received up to 3 text messages to remind them to book for their review and were followed up with a telephone call to ensure every opportunity was given to patients for monitoring. Patients without a mobile number were contacted by either landline telephone call or a letter. We saw evidence of recalls in the patient clinical records we reviewed. The practice told us throughout Covid-19 they had continued to monitor patients by telephone or face-to-face as needed, maintaining support with the particularly most vulnerable patients at the time.
- Our clinical searches found that 28 out of 279 asthma patients had been prescribed 2 or more courses of oral steroids for asthma exacerbations. We sampled 5 of the 28 records and found these patients had been appropriately managed in the previous 12 months and patients were offered an asthma management plan. The practice agreed to consider offering 1 of these patients a steroid emergency treatment card. This helps healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment to start if they are acutely ill.
- As part of our clinical searches we reviewed the records of 5 patients at risk of chronic kidney disease (CKD) and found they were being appropriately monitored and reviewed. We saw evidence of a lack of patient compliance in relation to 1 patient who repeatedly had not taken up monitoring invitations, had been offered and declined a renal referral and had since been referred to the community team for blood monitoring.
- Four of the 184 patients prescribed a medicine to treat hypothyroidism (underactive thyroid gland) were overdue blood monitoring. However, records showed the practice had repeatedly contacted these patients to arrange blood monitoring.
- There was 48 out of 363 patients with diabetic retinopathy whose latest blood test results (HbA1c) were greater than 74mmol/l. All but 1 of the 5 patients whose records we reviewed had been in receipt of a diabetic annual review in the previous 12 months. One review was slightly overdue.

- 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 referred for ambulatory blood pressure monitoring.
- Patients with Atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with pre-diabetes were monitored and reviewed.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DtaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	54	55	98.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	27	30	90.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	28	30	93.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	28	30	93.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	41	47	87.2%	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**

The practice had met the minimum target for 4 of the 5 childhood immunisation indicators.

The practice told us they continued to promote uptake of all childhood immunisations, including the MMR. The practice told us some parents were vaccine hesitant however, the former nurse had followed up non-attenders.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	75.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	70.7%	69.8%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	62.4%	63.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	34.4%	56.0%	55.4%	No statistical variation

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.

#### Any additional evidence or comments

The practice cervical screening uptake rate was below the national target of 80%. The practice acknowledged they had not met the target due to the impact of Covid-19 pandemic and the availability of nursing appointments. However, they were confident screening uptake would improve following the recent nurse recruitment and increase in nursing hours.

#### Monitoring care and treatment

**The practice had some evidence of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.**

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

The practice shared the following examples of audits they had undertaken:



- An audit to identify the number of patients with a diagnosis of autism who had received a review in the previous 12 months.
- An audit of patients prescribed direct-acting oral anticoagulants (DOACs) - blood thinners.
- A ring pessary audit.
- An audit of patients with symptoms suggestive of colorectal or annual cancer referred for a 2-week wait appointment in secondary care without a faecal immunochemical test (FIT) – a test used to detect invisible traces of blood in faeces.
- A medication overdue review audit to review how many patients had an overdue medication review when they requested repeat prescription issues and whether the reviews were actually overdue or just not recorded. The 2 cycle audit performed over 2020 and 2021 saw a reduction in the number of patients overdue a medication review.
- A steroid joint and bursa injection audit of injections performed at the practice over a 3 month period. This identified none of the 34 patients required follow up due to infection or complications following their procedure. One patient was referred to secondary care due to no improvement with their specific symptoms. Providing this service at the practice saves referrals into secondary care as well as providing patients with a more local service.

The practice acknowledged the need to develop a programme of targeted quality improvement activity to include second cycle audits.

## Effective staffing

**The practice was able to demonstrate that most 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, 1:1, 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.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice used an electronic tool to record essential on-line training modules that staff had completed, including dates. We reviewed the this and found most staff had completed training appropriate to their role.	

Staff spoken with told us they were provided with good training and development opportunities to carry out their duties effectively and were provided with protected learning time (PLT) 1 afternoon a month when the practice was closed for staff training and networking.

New staff received an induction programme to support their learning. Learning achievements and any other training completed was discussed as part of staff annual appraisals. Following appraisal, staff were provided with a copy of their development plan. Clinical staff were appraised in accordance with the guidelines of their professional registration bodies and a log of staff appraisal dates was maintained.

The practice told us they planned to develop their clinical and administration teams by supporting training to support the future of the NHS. We saw staff were supported to progress within the practice if they so desired. For example, a former receptionist had successfully completed a practice management qualification and had been promoted to a practice manager job sharing role within the practice. The practice had also supported a nurse through the fundamentals of general practice nursing training. A receptionist was being supported to develop in an administrative role within the practice.

### 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-centred care when they moved between services.	Yes

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: Patients were able to access additional services within the practice provided through the PCN. These included a clinical pharmacist, mental health facilitator, a first contact physiotherapist and a social prescriber. The role of the social prescriber included supporting patients with aspects of social isolation, accessing to other health and wellbeing services including smoking cessation, weight management and exercise on referral. They also signposted patients to other agencies where appropriate to support their health and wellbeing.	

New patients registering with the practice were offered a new patient check with the health care assistant or practice nurse if not on any of the long term condition registers.

The practice supported annual campaigns and adhoc campaigns to support health promotion. For example, patients with pre-diabetes were invited to attend an NHS diabetes prevention programme (NHS DPP). and support them with possible lifestyle changes and aid prevention. The clinicians were able to refer patients to the Staying Well Service where deemed appropriate. A specialist team providing preventative services to adults over 55 years of age living in the community with fragility across South Staffordshire.

The practice told us they had continued to promote Covid vaccination uptake and provided these vaccinations to their housebound patients.

## Consent to care and treatment

### The practice 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 Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. <sup>1</sup>	Yes
<p>Explanation of any answers and additional evidence</p> <p>Staff had access to a consent policy to advise them of the principle of consent in addition to a 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)' policy. This included information on the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency should they not have capacity to make or express choices. Clinical staff were able to share examples of how they obtained and recorded patient consent for procedures undertaken, including minor surgery, child immunisation and cervical cancer screening.</p> <p>The practice clinical system showed 13 patients had a DNACPR decision recorded on their record. The practice told us where possible the patients views had been sought and respected and information shared with relevant agencies.</p> <p>The practice held regular meetings with other healthcare professionals to discuss registered patients near end of life. A record of discussions held was maintained which included information about patients with and without a DNACPR, preferred place of care if stated and if an advanced care plan was in place.</p> <p>A representative of a local care home told us ReSPECT forms were completed on an individual basis in conjunction with the GP, the person and a family member if required, and a copy of the record was retained and reviewed.</p>	

# 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
Friends and Family Test (FFT)	Eight patients had completed the FFT for the month of October 2022. Six patients had rated the practice very good and 2 patients had rated the practice good for their overall experience. In relation to providing caring services staff were described as very supportive, very helpful, understanding and considerate. One person had provided feedback in relation to a specific receptionist and said they go above the call of duty.
CQC Give Feedback on Care	<p>In preparation for the inspection, we asked the practice to share a link on their website to our Give Feedback on Care campaign to give their feedback about the care and treatment they received from the practice. We received feedback from 6 patients. In relation to providing caring services people told us:</p> <p>Receptionists are pleasant, informative, amazing, friendly, helpful and understanding and direct people to the appropriate medical staff.</p> <p>GPs bedside manner is brilliant, very attentive and helpful. The GPs and nursing staff are all very approachable and professional. They have gone above and beyond.</p> <p>All staff are professional and caring and work perfectly as a multi-disciplinary team. They are a family orientated and diverse practice that listen, communicate, and provide outstanding care which is invaluable. From the initial call or communication with all the staff until consultation and beyond is at the highest standard which is immensely important and reassuring. A caring environment delivering exceptional care.</p>
CQC enquiries	CQC had received 3 enquiries in the previous 12 months about the practice. Comments included the receptionists are great ...friendly, helpful and all have a good sense of humour. The practice nurses have a patient calming demeanor especially with children and the elderly. The doctors ...with the nurses put patients at ease gaining their trust and are very thorough with their diagnosis.

CQC observations	During the inspection we carried out observations where staff took telephone calls and in the reception area where patients attended in person. We saw staff were helpful in their approach towards patients and were considerate in their approach.
NHS website	One person had provided a review about the practice on the NHS website following their visit in March 2022. They rated the practice 5 out of 5 and described everyone working at the practice warm, friendly and very professional.
Local care home	We spoke with a representative of a local care home that the practice provided a service to. The representative told us they had a designated GP which helped provide their residents with continuity of healthcare. They told us they considered the GP was helpful, friendly, knew their residents well and demonstrated a good understanding of their needs.
Patient compliments	We saw the practice had received a number of thank you cards about the care and treatment provided.

## 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 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 (01/01/2022 to 30/04/2022)	93.4%	82.4%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	92.7%	81.2%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	97.2%	91.9%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	85.7%	67.3%	72.4%	No statistical variation

## Any additional evidence or comments

The practice results in the National GP Patient Survey 2022 were higher than local and national averages in relation to providing caring services. The practice provided a link on their website, so patients were able to access the practice National GP Patient Survey 2022 results.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

### Any additional evidence

The Patient Participation Group (PPG) were previously involved in the preparation and the analysis of an annual in-house survey however, this had ceased during the Covid-19 pandemic.

The practice was aware of the results they had achieved in the most recent national GP patient survey and told us they were very pleased with them. They had scored higher satisfaction rates across all questions compared to local and national averages. Leaders acknowledged that this was based on the number of responders to the survey and considered there were still improvements to be made. They told us with the help of the PPG they were hoping to prepare an in-house survey in the next 12 months to assess their focus.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:            During our site visit we saw a patient being supported during their appointment by a sign language interpreting service. We saw this specific communication need was recorded on their patient record to ensure staff were aware of their needs and was able to support them.</p> <p>Information was available in the practice and on the practice website signposting patients to self-help and living well resources. The social prescriber also signposted patients to a range of agencies where appropriate to support their health and wellbeing.</p>	

Source	Feedback
CQC enquiries	Feedback we received from 1 patient included a procedure they had to have undertaken and this had been explained to them beforehand. This ensured they were fully involved in the decision about their care and treatment.

### 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 average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as	96.3%	90.5%	89.9%	No statistical variation



Indicator	Practice	SICBL average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)				

### Any additional evidence or comments

The practice achieved higher than local and national averages for 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.

	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.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Patients had access to a social support board displayed in the waiting area. This provided a range of information including the role of a social prescriber, support services available for carers, local support groups and information on how to raise a safeguarding concern including domestic abuse.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 95 patients as carers, 1.96% of the practice population.
How the practice supported carers (including young carers).	The practice offered carers a flu vaccine. 41% of the carers registered had received the flu vaccine this season and a further flu clinic was scheduled to take place on 19 November 2022. The practice had reviewed the patients records for those coded as a 'carer' aged 70 and over, and all appeared to be caring for their spouse. Carers were signposted to local support services, for example the social prescriber.
How the practice supported recently bereaved patients.	Bereaved patients were able to obtain support from the social prescriber who was able to signpost them to bereavement support services.

### 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

Explanation of any answers and additional evidence:

Staff we spoke with recognised the importance of people's dignity and respect and were able to share examples of how they promoted confidentiality, privacy and dignity in their work.

During our site visit we saw consultation and treatment room doors were closed during consultations. Arrangements were in place for patients to be offered a private room to discuss sensitive issues if required. Incoming calls were taken away from the main reception desk where possible to promote privacy wherever possible.

Staff had access to a confidentiality and non-disclosure policy which explained and enforced the obligations of confidentiality and non-disclosure among the employees of the practice. Signed confidentiality agreements were available on the staff files we reviewed.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice currently had just under 5000 patients registered and leaders told us they continued to monitor growth and expectations. The current demand for appointments was maintained and patients were offered advance bookings and on the day appointments with various clinicians in the practice. The practice told us that patients were generally able to see their preferred GP where possible. GP's provided additional sessions during colleague's annual leave and therefore the reliance of locum staff was minimal.</p> <p>The premise was single storey built in 1989 and extended in 2004 and provided level access with handrails to the main entrance with push control automatic doors. Two designated disabled parking bays were available. The practice was aware that they needed to prioritise and commit to supporting their patient population by making the practice more accessible. The practice had recently been successful with obtaining partial funding for renovations to the reception and waiting area along with improvements to clinical rooms and corridors to enable improved accessibility for its patient population. Works were due to commence in early 2023.</p> <p>Due to the expansion of staff provision over the years, space within the practice was limited resulting in many of the consulting rooms and offices being utilised by different people at different times. The practice told us they had engaged with a range of stakeholders with a view to build a new local primary care development however, no land had become available within the local vicinity and therefore could not be progressed.</p> <p>The practice had an ethnicity and communication needs form available for patients to complete so they could alert the practice to their preferred format of communication including large print, braille, easy read and any additional support they may need. For example, an interpreter.</p>	

#### Practice Opening Times

Day	Time
Opening times:	
Monday to Friday	08.00 – 6.30pm

<p>Appointments available:</p>	<p>Appointments were available at various times according to each clinician.</p> <p>Extended hours appointments were available on a Monday to Friday between 6.30pm and 7pm with a GP.</p> <p>Patients were also able to access additional extended hours GP appointments through the Ascent Primary Care Partnership based at Cannock Hospital. These appointments could be booked in advance by directly calling the practice during usual opening hours and were available . Monday to Friday 6.30pm to 8pm and on a Saturday between 9am and 5pm.</p>
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**Further information about how the practice is responding to the needs of their population**

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional GP appointments were available until 7pm Monday to Friday.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open between 8am and 6.30pm on a Monday and Friday. Pre-bookable evening and Saturday appointments were also available to all patients through the Ascent Primary Care Partnership based at Cannock Hospital.
- 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 were access care and treatment in a timely way.**

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	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 (including those who might be digitally excluded).	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
<p>Explanation of any answers and additional evidence:</p> <p>Patients with urgent needs had their care and treatment prioritised and were offered same day appointments. The practice told us that throughout the Covid-19 pandemic they maintained face-to-face appointments and the remained open. The practice continued to offer patients telephone consultations and many patients preferred this option, particularly patients of working age.</p> <p>The practice told us that the pandemic had accelerated the adoption of digital resources by using video, online and telephone consultations in the early stages but whenever possible and safe to do so, the clinicians preferred to consult with patients face-to-face wearing appropriate personal protective equipment (PPE).</p> <p>The practice utilised a software text messaging service linked to the practice clinical system to communicate with patients. This included recalls, test results, appointment bookings and health advice. The practice told us they had purchased a new electronic dictation software system in 2020 which had improved efficiency, linkage to patient records and better transfer to the secretary.</p> <p>At the beginning of the Covid-19 pandemic the practice had identified that their telephone system was inefficient and potentially unable to support them with undertaking telephone consultations. A new cloud-based telephone system was installed in August 2020 with improved functions including call recording and additional capacity for calls.</p> <p>The practice told us they had promoted Patient Access for a number of years and had recently seen an increase in uptake of patients using this facility particularly for requesting medications and booking appointments. Information about how to use this facility was available for patients within the new patient pack. Patient Access is a 24-hour online service that patients are required to register for which allows them to access their local GP services either via desktop or a mobile App.</p> <p>The practice offered a range of appointment types and services including:</p> <ul style="list-style-type: none"> <li>• Face to face routine and urgent appointments - Appointments were realised at 8am and 11am each morning</li> <li>• Telephone consultations</li> <li>• Online appointment booking, including flu clinic and prescription requests</li> <li>• A text messaging service.</li> <li>• Home visits were made available based on clinical assessment for patients housebound, terminally ill or too ill to attend the practice. Home visits were also undertaken by the Acute Visiting Team (AVT).</li> <li>• Extended hours appointments</li> <li>• E-referrals system, an electronic service that allows patients to choose a hospital or clinic and book an appointment at a convenient date and time</li> </ul>	

The appointment system showed a routine appointment with GP or member of the nursing team was available within 2 weeks. Same day appointments were detailed on the system in addition to home visit slots.

Patients were also able to access appointments available through staff employed through their PCN including a first contact physiotherapist, social prescriber, mental health practitioner and pharmacists. Additional extended hours GP appointments were also available through the Ascent Primary Care Partnership based at Cannock Hospital evenings and on a Saturday.

### 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 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 (01/01/2022 to 30/04/2022)	64.0%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	73.1%	50.5%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	64.7%	48.9%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	83.5%	66.6%	71.9%	No statistical variation

### Any additional evidence or comments

The practice results in the National GP Patient Survey 2022 were higher than local and national averages in relation to providing responsive services.

Source	Feedback
Friends and Family Test (FFT)	<p>Eight patients had completed the FFT for the month of October 2022. Six patients had rate the practice very good and 2 patients had rated the practice good for their overall experience. In relation to providing responsive services, 1 person had commented that they had not had any troubles when trying to get to see a doctor and another person commented that the practice not always able to offer appointments but do support or offer alternatives.</p> <p>The practice provided a link on their website to the FFT in addition to providing a paper format and box, which was held in reception.</p>



CQC Give feedback on care	<p>In preparation for the inspection, we received feedback via our Give Feedback on Care campaign from 6 people registered at the practice. In relation to providing responsive services they told us:</p> <p>They were able to book to see a doctor reasonably quickly either face-to-face or by phone and received a text message to advise of appointments and when any vaccinations were due.</p> <p>If they were unable to get an appointment, they were always advised when to phone back to increase their chance of getting a face-to-face appointment.</p> <p>When they had received a telephone consultation with a GP, they had rang within the suggested time and were very attentive and helpful. Their experience of face-to-face experience was very good. The GP was thorough and very pleasant.</p> <p>99 times out of 100 they had secured an appointment on the same day.</p>
CQC enquiries	<p>CQC had received 3 enquiries in the previous 12 months about the practice. Comments in relation to access to appointments included one person telling us although they had experienced a delay in getting through to the practice on the phone, they had never not been able to talk to someone. They commented that they liked to see the same GP and to date they have always managed to do this.</p>
Local care home	<p>We spoke with a representative of a care home that the practice provided a service to. Feedback was positive. They told us they received a weekly call from a designated GP to review people's health and medical needs. They said the GP attended the home in person when requested and was always very responsive to the needs of their residents.</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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice management team were responsible for managing all complaints. Patients had access to information about how to make a complaint, which was available from the reception team and on the provider website. The complaints procedure stated the practice would ensure that complaints were investigated effectively and in accordance with extant legislation and guidance. The practice aimed to</p>	

acknowledge receipt of complaints within 3 working days and provide a structured response to complainants within 10 working days. If there was a delay in meeting these timescales complainants were advised. Complaints and compliments were shared practice wide during staff meetings held.

We reviewed all 5 complaints and found the practice had investigated concerns raised and provided complainants with a written response. However, complainants had not been advised of the escalation route, for example the contact details of the health ombudsman, should they not be happy with the outcome of their complaint or how this had been managed.

Examples of learning from complaints.

Complaint	Specific action taken
Patient complained about the customer service they had received from reception staff.	The phone call was listened to by the management team and the staff member identified was spoken with and the patient provided with a response.
Patient complained they had not received a call back from the practice following a referral to a member of the Primary Care Network (PCN).	The practice spoke with the staff member referred to in the complaint and the patient received a call, an apology and obtained the desired support they had requested.

## 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
Explanation of any answers and additional evidence: The leadership team comprised of 3 GP partners who were supported by 2 practice managers in a job share role providing flexibility where required. One of the GPs, a former salaried GP at the practice, had recently become a partner. Leaders told us the aim of the practice was to maintain diversity of leadership and to be open and transparent with all staff and patients about decisions and the decision-making process.  Discussions we held with leaders demonstrated they were knowledgeable about issues and priorities relating to the quality and future of the service. They had identified and understood the challenges including recruitment and retention of nurses, patient demand and complexity and were addressing them. Leaders told us they were proud of their staff and considered there was now stability with the staff team, however their roles were increasingly demanding and challenging. They told us they had developed a good team ethos and worked together to offer support to patients and signpost where necessary to the appropriate clinician or service.  Staff told us the leadership team were visible, approachable, supportive and worked closely with them providing a compassionate and inclusive leadership. They said they felt comfortable to raise concerns without any fear of retribution.  The provider had effective processes to develop leadership capacity and skills, including succession planning for the future leadership of the service. They told us they felt confident that their management structure would see them through the next few years.  Leaders had recently developed a business plan which set out clear objectives that outlined the practice's development over the next 2-3 years. The development of the plan had provided an opportunity for leaders to reflect on the past 3 years, including the challenges as a result of a global Covid-19 pandemic which had resulted in working and delivering services very differently to its patient population. In addition, the practice had undergone a number of changes internally including changes to its own workforce and the amalgamation of staff employed through the Cannock North PCN. One of the internal challenges experienced had been the difficulty in recruiting to practice nurses. However, the practice had recently recruited 2 nurses. One had just joined the team and the second nurse was due to commence in the New Year providing greater stability to the workforce.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>In preparation for the inspection a business development plan had been developed and included the practice vision and values. These were shared with staff team following the inspection and there were plans to share it with the PPG to ensure everyone was made aware of the goals and objectives going forward.</p> <p>The vision included the need to embrace new initiatives and to accept the challenges that lay ahead in maintaining good access to primary care services. In addition to developing the relationship with their PCN to support the wider population of the locality and effective working relationships with other community providers, public health and voluntary services.</p> <p>The practice had established a set of core values, which were:</p> <ul style="list-style-type: none"> <li>- Community focused</li> <li>- Caring</li> <li>- Knowledgeable and professional</li> <li>- Trusting and trustworthy</li> <li>- Accountable and fair</li> <li>- Committed to delivering a high standard of care to our practice population</li> </ul>	

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

Explanation of any answers and additional evidence:  
 Staff spoke positively about the culture of the practice and the way it was led and managed.  
 Staff had access to wellbeing services provided throughout the Covid-19 pandemic. Information and availability of support mechanisms continued to be shared.  
 Staff training records showed all but one staff member had completed training in equality and diversity.

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

Source	Feedback
CQC staff survey	In preparation for the inspection we provided the practice with a survey for staff to complete and return to us. We received one completed survey and overall feedback was positive. The staff member told us they believed the practice delivered patient care very well, and patients could access appointments fairly easily compared to other practices and there was good communication between staff and the patients. They considered their role had become very stressful with an increased workload and patient demand. They told us the leadership team were always available to voice concerns especially 1 GP (who they named) who was very caring towards the staff.
Staff discussions	Staff we spoke with told us they enjoyed working at the practice and felt respected, supported, valued and encouraged to do their role. They told us there was an open and transparent culture and they felt able to raise any concerns and these were listened and responded to. They reported positive working relationships between staff and leaders and said the staff skill mix complimented each other's role. One GP was named for their caring approach and consideration for staff wellbeing.

**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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Explanation of any answers and additional evidence:  
 Leaders had developed a suite of policies and procedures and these were accessible to staff electronically and in paper format. Those we reviewed included a review date but not a version date. Leaders committed to addressing this.  
 The practice had developed an organisation chart and this was displayed in the practice. There were clear lines of accountability and staff we spoke with were confident about their roles and accountabilities.  
 The practice held a range of meetings to share and discuss a range of information. These included:

- Staff meetings which included new developments in addition to any significant events and complaints.
- Clinical meetings which enabled the nursing team to discuss issues and clinical cases with the GP partners and the management team.
- Partner meetings
- Training meeting/events
- Primary Care Network meetings
- Multidisciplinary meetings including patients with palliative care needs and those residing in a care home.
- Patient Participation Group meetings

### Managing risks, issues and performance

**There processes in place for managing risks, issues and performance however these were not always effective.**

	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.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, some risk assessments with actions plans to address potential issues were not in place. For example, legionella. Shortfalls were also identified in the oversight of the temperature monitoring of vaccines.	

### Appropriate and accurate information

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

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



Staff had access to an information governance and data security policy which stated the practice was committed to ensuring that there was adequate provision for the secure management of information resources it owns or controls.

Quality and operational information was used to ensure and improve performance including Quality and Outcomes Framework (QOF), a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results and the local Quality Improvement Framework (QIF) programme.

## 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
Staff are supported to work remotely where applicable.	Yes

## 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 (PPG).	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
Explanation of any answers and additional evidence: Staff spoken with were able to describe the systems in place to give feedback including complaints, compliments, suggestions, friends and family test , the national GP patient survey, the practice page on social media, reviews on NHS website and google and the patient participation group .	

The practice had an active patient participation group with around 7 members who met quarterly with a GP and practice manager. The practice and PPG were encouraging further uptake of the membership to represent all population groups to encourage greater patient involvement with all aspects of the practice. We saw the practice was advertising the group within the practice and on the website. Minutes of meetings held in 2020 and 2022 were detailed on the website for people to access.

The practice told us they wanted to increase patient engagement and aimed to promote the PPG and develop it further possibly working across their PCN.

Leaders were able to share examples of working with other health and social care professionals including the mental health team, community nursing, a local care home and the local PCN that consisted of 7 practices providing a service to around 42,000 patients. They also engaged with their integrated care board (ICB) through meetings held.

Feedback from Patient Participation Group (PPG).

### Feedback

As part of the inspection we spoke with a representative of the PPG who reported a positive working relationship with the practice. The PPG found the practice acted on their feedback and were patient led. The representative told us they were wanting to increase the PPG membership and were hoping to promote uptake through events such as coffee mornings to share the work they do. They told us about the links they had with local groups and their plans going forward.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Leaders told us their future aims was to embrace the move that the NHS was taking towards the increased use of technology. In March 2021 the practice took part in the pilot scheme of medical record digitisation. They also recognised the importance of developing their staff in terms of back office functions and aimed to address this in the forthcoming year.	
The practice told us they were keen to continue to develop collaborative working relationships with other local practices across their PCN.	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL 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 SICBL 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.