

# Care Quality Commission

## Inspection Evidence Table

### Fusehill Medical Practice (1-9586218623)

Inspection date: 29 and 31 March 2022

Date of data download: 22 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.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had worked on their safeguarding processes since the need for improvement was highlighted in a previous CQC report from a focused inspection of this service in October 2020. The service had a safeguarding lead and deputy lead, as well as leads for the administrative team who oversaw administrative tasks related to safeguarding. There was also an overall safeguarding lead for the provider who could be contacted for support.</li><li>• We saw minutes of multidisciplinary team safeguarding meetings where concerns could be discussed with other professionals.</li><li>• There was a safeguarding register and systems in place to ensure this remained up to date.</li></ul>	

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/01/2022	Y
There was a fire procedure. Date of fire risk assessment: 16/12/2021	Y
Actions from fire risk assessment were identified and completed.	Y

### 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.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 16/12/2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw systems were in place to ensure locum staff had access to the information and support they needed when working at the service.</li> </ul>	

- The clinical director and the provider had produced a care navigation document and training package to support receptionists to identify patients who were deteriorating or acutely unwell, as well as to help them signpost all patients to the most appropriate source of support.
- Staffing levels were monitored closely by the practice manager and the provider, who held regular meetings about staffing at the practice. We saw there was a GP rota coordinator who managed all annual leave requests to ensure there were enough clinical staff on duty to see patients. The patient list size was regularly reviewed to ensure there were enough staff for the number of patients at the practice, including administrative staff. We saw the provider had appointed two additional administrative staff above the calculated required level to offset the risk of staff leaving the service or absence due to illness.

## Information to deliver safe care and treatment

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

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

## 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) (01/01/2021 to 31/12/2021) <small>(NHS Business Service Authority - NHSBSA)</small>	0.95	0.88	0.76	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	9.2%	9.1%	9.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>				
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 (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	4.81	4.54	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) <small>(NHSBSA)</small>	204.9‰	167.8‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) <small>(NHSBSA)</small>	0.20	0.31	0.62	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) <small>(NHSBSA)</small>	9.4‰	7.3‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y

Medicines management	Y/N/Partial
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

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

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	10*
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>*The total number of significant events included four complaints which had also been reviewed as significant events, as per the provider's policy.</li> <li>All significant events were also escalated to the provider, who held regular meetings with the practice manager to discuss actions. There was an annual review to look for trends at both provider and practice level.</li> </ul>	

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

Event	Specific action taken
An incorrect medication was administered to a patient	Action was taken immediately to bring the patient back to the practice then to be seen at the local hospital to ensure there were no health concerns as a result of this event. A verbal and written apology was given to the patient. The clinician

	was offered support and training, and changes were made to the Standard Operating Procedure regarding the administration of vaccines to increase the number of checks which needed to be performed before administering a medication.
Multiple complaints about the telephone system	A new telephone system was installed which allowed more patients to call the practice at once. The system could be monitored by staff at the practice and the provider to ensure it was working correctly and to adjust the number of staff available to answer calls.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We were told there was a member of staff responsible for monitoring alerts and ensuring they were forwarded to relevant staff. This could be monitored by the provider to ensure it was happening. The provider carried out searches of the system on a monthly basis to look for any new patients who had joined the practice and who may be affected by a previous safety alert.</li> <li>• During a search of the practice's clinical system by our GP specialist advisor we saw examples of actions taken by the service in relation to safety alerts. We also spoke to the provider's pharmacist who gave us further evidence that action was being taken on safety alerts.</li> </ul>	

## 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li><li>• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</li><li>• All patients with a learning disability were offered an annual health check. Some reviews were overdue due to pauses during the Covid-19 pandemic but we saw the systems the practice had in place to address this.</li></ul>



- 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

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice was currently attempting to catch up with a backlog of health and medicines reviews due to pauses during the Covid-19 pandemic and we saw from the patient records that this was in progress. We saw that they had started with the medications they deemed most high risk and therefore patients on some other medications had not been reviewed in the last 18 months. Overall the practice had reviewed 80% of all patients who needed a medication review. However, we saw from our review of the clinical system that some patients appeared to have been coded as having had a medication review when they had other health reviews, such as an asthma review. This meant there was a risk that only some of their medicines had been reviewed. We raised this with the practice and the provider who agreed to look into this.
- 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- 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, 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)	79	84	94.0%	Met 90% minimum
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)	79	87	90.8%	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)	83	87	95.4%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	84	87	96.6%	Met 95% WHO based target
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)	72	82	87.8%	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>

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: 30/09/2021) (Public Health England)	69.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	55.7%	65.4%	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) (PHE)	66.1%	70.3%	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) <sup>(PHE)</sup>	56.3%	58.1%	55.4%	No statistical variation
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### Any additional evidence or comments

- We saw unverified, real-time data from the practice's computer system which showed that their cervical screening rate for 2021/22 was at 80%. The practice had a cervical screening champion who led on encouraging uptake, and cervical screening clinics were promoted on the practice's social media pages.

### Monitoring care and treatment

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

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

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

- A cancer diagnosis audit was carried out to ensure referrals were being made in a timely fashion and diagnoses were not being missed. The audit found 96% of cancer diagnoses at the practice were being handled appropriately. Plans for improvements had been put in place and a follow-up audit was due in January 2023.
- An antibiotic prescribing audit found 96% of antibiotics had been prescribed appropriately. This had improved from 94% a year ago. Plans for improvements had been put in place and a follow-up audit was scheduled for next year.
- We saw audits of medications which had featured in MHRA alerts, to ensure that any patients on these medications had been changed to the new recommended medicines.
- Referrals were audited annually to ensure they were being done appropriately and in a timely fashion.
- Inadequate cervical screening results were audited to ensure the number of these remained low. The audits showed there had been no inadequate results in the past two years.

## Effective staffing

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

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

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

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

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had access to a team of social prescribers as part of the Primary Care Network. These were people who helped direct patients to services which could improve their health, such as finding them fitness classes at local gyms.</li> </ul>	

### Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The healthcare assistant at the practice carried out “welfare checks” on vulnerable and elderly patients via the telephone to ensure they were keeping well.</li> </ul>	

Patient feedback	
Source	Feedback
Online search engine reviews	From 22 reviews left in the last 6 months, 11 had given the practice five stars (out of five), one gave four stars, one gave two stars, and 11 gave one star. However, where there was narrative, the reviews which gave one stars complained about access, whereas the five- and four-star reviews praised staff at the practice for being “friendly” and “professional”.
NHS Choices	The practice had seven reviews on this site between January and March 2022, following a drive to encourage more patient feedback. During this period, the practice received five five-star reviews (out of five), one two-star review, and one one-star review. The negative reviews focused on access whereas the positive reviews praised the attitude of staff, stating they were “helpful” and “went the extra mile”. The practice manager responded to both positive and negative reviews.
Friends and Family Test	In the last three months before inspection, the percentage of patients who stated they would be “highly likely” to recommend the practice ranged between 60% and 73%. The percentage who said they would be “highly unlikely” ranged between 0% and 10%.

### 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	75.0%	90.5%	89.4%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2021 to 31/03/2021)				
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)	76.8%	90.3%	88.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	88.4%	96.5%	95.6%	Tending towards variation (negative)
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)	58.2%	85.0%	83.0%	Variation (negative)

#### Any additional evidence or comments

- The practice and the provider were aware of the lower than average scores on the GP National Patient survey and had put an action plan in place to try and address this. Part of this plan included encouraging more feedback from patients so they could measure performance in between the annual survey and try to survey a wider proportion of their patient group. Text messages were now sent to all patients following an appointment with a link to allow them to leave feedback. Since doing this, the number of positive reviews the practice has received on internet search engines and NHS Choices has increased.

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

#### Any additional evidence

- The provider carried out audits on all sources of feedback and put plans in place to drive improvements.
- The provider awarded a prize to the practice with the most positive patient reviews received each month.
- The practice had worked with the Patient Participation Group to look for ways to improve patient feedback.
- The practice responded to feedback left online. Where the feedback was negative the practice encouraged patients to contact them directly so they could address the issues raised.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Easy read and pictorial materials were available.</li> <li>• There was a dedicated number for text phone users.</li> <li>• There were links between the practice and key workers at the county council who supported refugees, to help refugees access healthcare.</li> </ul>	

## 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)	86.6%	94.7%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was some information about social prescribing on the practice's social media pages, but not on the practice website. We were told the provider was encouraging the use of social media over the website, and was in the process of designing a new website for their practices.</li> </ul>	



Carers	Narrative
Percentage and number of carers identified.	74 patients (0.9% of patient list) were identified as being carers.
How the practice supported carers (including young carers).	Carers were offered a health check. The practice had completed 58% of these and was working to offer more. There was a noticeboard in the waiting area with information for carers and a Carers' Champion was able to signpost people to local services. The practice also worked with social prescribers from the Primary Care Network (PCN) who could offer support.
How the practice supported recently bereaved patients.	Cards were sent to patients who suffered a bereavement. There was a bereavement lead who helped to coordinate support for bereaved patients, while social prescribers from the PCN could signpost to local services who offered support.

## 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>People who needed to relay sensitive information to receptionists were given cards with this information on it so they could pass them to the receptionist and therefore would not have to discuss it out loud in the waiting area.</li> </ul>	

# 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Saturday and Sunday	Closed

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"><li>• Patients had a named GP who supported them in whatever setting they lived.</li><li>• 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.</li><li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li><li>• All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li><li>• Pre-bookable appointments were also available to all patients at additional locations within the area, as part of the extended access scheme in the area.</li><li>• The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</li><li>• The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.</li></ul>

## Access to the service

### People were mostly 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	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

## 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)	25.6%	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)	31.6%	72.4%	70.6%	Significant Variation (negative)
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)	37.1%	69.2%	67.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the	65.2%	83.8%	81.7%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)				

### Any additional evidence or comments

- The practice and the provider were extremely aware of the issues around access and the poor patient feedback they had received in this area. We saw detailed action plans which had been developed between the provider and the practice to tackle this. It included:
  - A new telephone system, which allowed more lines into the practice and a dashboard to monitor the number of calls that were waiting and the average waiting times. We were told by the provider that this information was used to allocate more staff to the phones when needed;
  - We saw that changes to the rota were made to prioritise more reception staff at the busiest times of the week;
  - We saw that more reception staff had been recruited in the last 12 months;
  - There were more clinical staff on site than there had been 12 months ago;
  - Patients could book online or over the phone;
  - The provider was trialing several new methods of handling requests for appointments. These included a call centre to manage calls for all the providers practices, and a new app for patients to book appointments.
- The service offered a range of appointments, including face-to-face, telephone, and remote appointments. The provider had increased the number of both on site and remote appointments.
- We checked the appointment system in real time at 9.15am on the day of inspection. We saw that demand for urgent appointments was high and that all on-the-day appointments had been booked, but there were slots embargoed for the most urgent cases and for children under 16. There were appointments available the following day with GPs and Advanced Nurse Practitioners (ANPs), though these were embargoed until the following morning. Routine appointments with a GP or ANP were available to book up to four weeks in advance.
- The provider monitored access closely in an attempt to drive improvements. Appointment availability could be reviewed on a remote dashboard by the provider, and regular meetings were held with the practice manager to discuss appointment numbers and staffing levels. Since these meetings had started measures, such as having more on-site clinical staff, had been put in place.
- Clinicians had been encouraged to book follow-up appointments when seeing patients, if required, rather than asking the patient to book the appointment themselves. We saw slots in the appointment system that had been embargoed for clinicians to do this.
- The clinical director and the provider had produced a care navigation document and training to support receptionists in handling the high volume of calls and to assist them in directing patients to the most appropriate service.

Source

Feedback

NHS Choices	There were nine one-star (out of five) reviews and four two-star reviews on this site which complained about access. However, only two of these (one one-star and one two-star) reviews had been left in the past three months. In the same time period the practice had received five five-star reviews, having received no five-star reviews on this site before this period. This coincided with changes the practice had made in recent months to improve access.
Internet search engine	There were 11 one-star (out of five) reviews and one two-star review on this site in the last six months, most of which raised concerns about access to appointments. However, in this same period there were an equal number of five- and four-star reviews (11 five-star, one four-star), which was a substantial increase in the number of positive reviews left on the site. This increase coincided with the changes made to the telephone system.

### 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.	16
Number of complaints we examined.	9
Number of complaints we examined that were satisfactorily handled in a timely way.	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Complaints were also treated as significant events (SEAs). There was an annual review of complaints and SEAs by the provider to look for trends, as well as regular meetings between the practice manager and the provider where complaints could be discussed.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Unable to access the practice easily by telephone	A new telephone system had been installed which allowed for more lines into the practice. Additional staff were also recruited to answer the phones. Call waiting times and the number of calls in the queue could be monitored so that additional staff could be asked to answer phones, if they were available to do so. The practice had carried out training on care navigation to help receptionists' direct calls to the most appropriate place.

A service who worked with the practice complained about communication	Weekly calls were set up between the practice and the service, who were also given a direct line to the practice manager to contact them between meetings. The stakeholder who had supported the service to raise their complaint told us they believed the matter had been resolved.
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## Well-led

## Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### Vision and strategy

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

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

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y

The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The provider told us they were very aware of the impact the Covid-19 pandemic had had on their staff and they had started a number of wellbeing initiatives as a result. These included an extra day of annual leave for each year a staff member had been employed by the service; half days off at Christmas and in January; vouchers for meals at restaurants; staff members had a day off on their birthday; and team away days.</li> </ul>	

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

Source	Feedback
Staff interviews	We had feedback from 10 members of staff at the practice, all of whom told us they felt supported. We were told by multiple members of staff that the culture at the practice had improved during the past 12 months.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Staff had lead roles for different tasks, such as monitoring referrals or ensuring that test results were followed up.</li> </ul>	

### 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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y



A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

### 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.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y

### Appropriate and accurate information

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

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

### Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y

Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw there had been active attempts to increase feedback from patients. Reviews left on public websites, such as NHS Choices, were responded to by the practice manager.</li> <li>There were several action plans in place as a result of staff and patient feedback, particularly with regard to telephone access and access to appointments.</li> <li>The practice had been working closely with the local clinical commissioning group (CCG) to improve in a number of areas. The CCG told us that the practice had engaged well with the action plans they had put in place for them.</li> </ul>	

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

- A clinical director had been put in post in the past 18 months to improve clinical oversight in the practice. This had led to improvements in actioning referrals and blood test results, all of which were now closely monitored.
- There was a strong programme of audit in the practice and at provider level.
- We saw several changes that had been put in place in an attempt to improve access at the practice, including installing a new phone system.
- The provider was trialing new ways of working to meet the demand for appointments, such as a central call centre to relieve pressure on reception staff and a new app for booking appointments.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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