

Care Quality Commission

Inspection Evidence Table

Holbrooks Health Team (1-547340018)

Inspection date: 16 and 18 August 2022

Date of data download: 03 August 2022

Overall rating: Requires Improvement

In August 2021 we rated the practice as requires improvement for providing safe and effective care. We rated the practice as inadequate for providing well-led services. Therefore the practice was rated as requires improvement overall. Specifically we found that staff did not always have the information they needed to deliver safe care and treatment. We noted gaps in the management of patients with pre-diabetes and patients diagnosed with diabetes. There were some gaps in the management of patients prescribed specific high risk medicines. In addition, the practices system for acting on medicines and safety alerts was ineffective.

At this inspection, we noted improvements in providing safe and effective services and these areas are now rated as good, as well as for providing a caring service. In addition to inspecting the caring domain on this inspection, we also inspected the responsive domain due to themes in satisfaction and patient feedback around access to appointments. We rated the practice as requires improvement for providing a responsive service because inspection evidence and patient feedback indicated that patients couldn't always access appointments in a timely manner.

There were some improvements in providing well-led services and we noted that the practice was on a journey with regards to strengthening this area. The rating for this domain has moved from inadequate to requires improvement, highlighting the direction of travel at the practice.

With areas for improvement noted across responsive and well-led services, the overall rating remains as requires improvement.

Safe

Rating: Good

In August 2021 we rated the practice as requires improvement for providing safe services because:

- Staff did not always have the information they needed to deliver safe care and treatment. Specifically, we noted gaps in the management of patients with pre-diabetes and with diabetes.
- There were some gaps in the management of patients prescribed specific high risk medicines.
- The practices system for acting on medicines and safety alerts was ineffective in areas.

Following this inspection, the practice is rated as good for providing safe services because:

- Staff had the information they needed to deliver safe care and treatment.
- We noted improvements in the practice's management of patients with long term conditions.

- There was a process for monitoring patients' health in relation to the use of high risk medicines and we saw evidence of appropriate monitoring prior to prescribing.
- There were systems to manage risks to patient safety and evidence of learning and dissemination of information.
- The practice had strengthened their system for recording and acting on safety alerts.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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: Staff knew who the practice safeguarding leads were and how to report any concerns. There was evidence of regular meetings and engagement with other health and social care professionals where safeguarding discussions took place, we saw that vulnerable and complex care cases were discussed as part of the practice's approach to managing safeguarding concerns.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: On 2 August 2022 we carried out an unannounced focused inspection at the service. During our focused inspection there were limited staff available and staff we spoke with at this time were unable to locate recruitment files. During this comprehensive inspection there were additional staff available, including key members of the management team. The management (and provider) team included a GP partner who had taken on the management lead role for the practice, in addition to some clinical work as a GP at the practice. The provider explained that due to confidentiality, access to recruitment files which were stored electronically were restricted and the providers were the only individuals authorised to access recruitment files. We saw that the practice had strengthened their systems for managing human resources (HR) since our previous comprehensive inspection in August 2021. Conversations with management highlighted that	

during the last 12 months they had invested in improving their HR. There was evidence of a structured system in place demonstrating that recruitment checks were carried out in accordance with regulations.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2021	Y
There was a fire procedure. Date of fire risk assessment: 4 September 2021	Partial
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of formal risk assessments across fire, health and safety at the practice. We saw examples of actions taken to mitigate risks to health and safety, an example included the replacement of faulty wiring which was identified during portable appliance testing (PAT testing).</p> <p>The practices fire risk assessment highlighted that some of the fire doors had been propped open in unoccupied non-clinical areas of the practice. During our inspection we noted that one fire door had been propped open, the provider explained that staff had been informed to avoid doing this previously and that the message would be reiterated.</p> <p>There was evidence of completed fire alarm tests at the practice however staff we spoke with advised that the last fire evacuation drill happened during the pandemic and there was no record of a completed fire drill available for the last 12 months.</p>	

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: January 2022	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
<p>Explanation of any answers and additional evidence:</p> <p>The practices infection prevention and control audit highlighted instances where there were areas of the practice that contained some buildup of dust. On the day of our site visit we noted that the premises was visibly clean and tidy.</p>	

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>During the focused inspection on 2 August 2022, feedback from staff indicated that GP partners often worked outside their contractual hours in order to meet the demands of the practice. During this comprehensive inspection we were able to discuss this further, as key staff and management were available. Conversations with the provider highlighted that workload was busy across the board day to day, however the practice were making continuous efforts to manage this area. This including an ongoing recruitment plan:</p> <ul style="list-style-type: none"> • The practice had successfully recruited new members of the non-clinical team to help with back-office functions, reception and answering telephone lines. • At the time of our inspection there were plans for a further Physicians Associate and another Clinical Pharmacist to join the team. • In addition the practice was planning on recruiting an Operations Manager to help with the overall operational and non-clinical day to day management of the practice. The aim of this was to free up one of the partners so that they could revert to focusing on clinical care which would in turn open up more GP appointments. 	

Information to deliver safe care and treatment

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

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

During the focused inspection on 2 August 2022 we found that systems for the summarising of new patient notes were unclear. Specifically, staff we spoke with were unable to provide clarity as to what summarising had been completed and what needed to be done.

When we revisited the practice as part of this comprehensive inspection, we were more assured by the evidence provided during the inspection. In particular, we were able to speak with staff leading on summarising, we saw that actions had been taken to ensure summarising records were more organised and it was clear as to what had been completed and what was due. Conversations with staff indicated that there was no back-log of summarising, with roughly three days' worth of notes at the time of our inspection to be summarised.

Staff explained that the evidence observed at our visit on 2 August 2022 was due to a cataloguing exercise that the practice had been working on in efforts to strengthen their summarising due to some inherited issues and gaps which had since been addressed. We saw comprehensive records and evidence in place to demonstrate this work.

Staff we spoke with knew how to respond in the event of a medical emergency and there were protocols in place for receptionists to refer to if they encountered an emergency and also for patients needing to be seen urgently.

During our previous comprehensive inspection in August 2021 we found that test results were not always managed in a timely manner. At this inspection we observed improvements in the practices management of test results and we saw that they were acted on in a timely manner.

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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.68	0.83	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.7%	9.6%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.44	5.17	5.29	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) <small>(NHSBSA)</small>	119.8‰	122.3‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) <small>(NHSBSA)</small>	0.45	0.72	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) <small>(NHSBSA)</small>	8.1‰	8.3‰	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 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).	N
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.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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 and Improvement Area Team Controlled Drugs Accountable Officer.	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

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our previous comprehensive inspection in August 2021 we identified gaps in the management of patients prescribed a specific high risk medicine. Our review of the practices patient record system during this inspection demonstrated that patients prescribed certain high risk medicines had received the appropriate monitoring and clinical review prior to prescribing.</p> <p>There was no statistical variation in the published and verified data by the NHSBSA (NHS Business Service Authority), for the prescribing of broad-spectrum antibiotics between April 2021 and April 2022. There was a positive variation in the data for the prescribing of specific antibiotics to treat patients presenting with a urinary tract infection between October 2020 and April 2022, this is published and verified data. There was no statistical variation in the published and verified data (2022) by the NHSBSA, for the prescribing of certain medicines. This included for the prescribing of narrow-spectrum AEDs (also known as antiepileptic medicines), certain antibiotics, as well as for the prescribing of hypnotic and psychotropic medicines.</p> <p>During our inspection we identified no concerns regarding competency across clinical staffing areas. Staff we spoke with in various clinical teams were able to describe supervision, support and oversight in place. We saw evidence to support this in some areas, for instance we saw that the practice recorded clinical supervision for the Physicians Associates on their patient record system and they were able to run reports demonstrating when supervision had been applied. Although we came across no concerns regarding staff competency, we noted that in other areas, including for non-medical prescribers, clinical supervision was mostly informal. One of the GP partners was responsible for supporting and supervising GP trainees and medical students. We saw evidence of formal support and supervision in place for this area during our inspection.</p> <p>We saw evidence of signed PGDs (Patient Group Directions) authorising members of the nursing team to administer specific medicines, however we noted that sometimes authorisation hadn't been recorded when additional nurses had been added to certain PGDs. There was evidence to confirm that nurses had been trained to administer various medicines.</p> <p>Discussions with the provider during our inspection highlighted plans to implement a more formal system of clinical supervision and they assured us that they would strengthen their system when recording authorisation of PGDs.</p>	

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:	45
Number of events that required action:	27
Explanation of any answers and additional evidence: The practices systems for reporting concerns, incidents and near misses were well embedded throughout the practice.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Urgent referral initially processed as a routine referral in error.	The practice identified this referral and immediately followed up to facilitate an urgent referral. To mitigate risk of further recurrence staff were refreshed on the referral processes and training applied where needed. As an additional safety net all referrals were coded on the practices patient record system following the event. We saw that the event was reflected on as a practice during a practice meeting.
Preferred number for contact not used for a telephone consultation resulting in a missed telephone appointment.	The matter was reflected on through a significant event, this highlighted an error made by the clinician and an appointment was made following the event.

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
Explanation of any answers and additional evidence: During our previous comprehensive inspection in August 2021 we identified an alert from the Medicines and Healthcare products Regulatory Agency (MHRA) which had not been acted on. We noted improvements to systems during this inspection, there was a designated clinical lead responsible for disseminating alerts. There was a system in place to record actions taken and a buddying system to ensure alerts were circulated and acted on during annual leave. We saw examples of actions taken on recent alerts. For instance, we saw that the practice had taken action in line with recommendations on a specific combined medicines alert, from the Medicines and Healthcare products Regulatory Agency (MHRA).	

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.

In August 2021 we rated the practice as requires improvement for providing effective services because:

- There was some evidence where patients' needs were not assessed in line with evidence-based guidance.

- Challenges with recruitment at the time of our inspection was impacting negatively on performance across specific areas.
- There was a lack of effective monitoring to ensure that staff received training and support where needed.

Following this inspection, the practice is rated as good for providing effective services because:

- There was evidence demonstrating improvements in the practice’s management of patients with long term conditions.
- The practice had successfully recruited additional team members since our last inspection and were continuing to focus on the practice’s recruitment and retention.
- The practice had strengthened their systems around childhood immunisations and were continuing with efforts to engage patients in cancer screening programmes. Although published data was below target for these areas, there was evidence of ongoing work to improve this.
- There was evidence of quality improvement activities demonstrated by the practice during our inspection.
- Staff training, development and support reflected improvements in most areas.

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

Explanation of any answers and additional evidence:

During our previous comprehensive inspection in August 2021 we identified a number of patients with potential diabetes that had not been followed up on. At this inspection when we looked at the practices systems for managing patients with diabetes and with pre-diabetes, we initially identified four patients who hadn’t been coded appropriately. However, we saw that although they hadn’t been coded, there was evidence demonstrating that the practice was managing these patients safely and effectively as they were being called in for relevant tests and continuously engaged with. On further investigation we saw that the practice had been able to manage these patients, in the absence of coding, due to effective

safety netting systems implemented by one of the GP partners. These systems were based on unique developed searches created by the GP which they were able to run as a way of safely managing patients with diabetes, as well as other conditions; this ensured that all patients with long term conditions were captured and in turn, monitored and managed appropriately. In addition, on the day of our inspection, we saw that the standard recognised codes had also been applied to the patient record system. Overall, we observed improvements in the practice's management of patients with long term conditions.

Effective care for the practice population

Findings

- 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.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice was able to refer patients to a number of additional roles and care providers through their Primary Care Network (PCN). This included mental health support workers from MIND and an improving access to psychological therapies worker (IAPT).
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Flu, shingles and pneumonia vaccinations were offered to various patient groups.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- The practice was responsible for providing primary care to patients across all nursing homes within their locality area. Staff explained that this involved caring for a high number of patients (approximately 230 patients) across five nursing homes. This included regular ward rounds which were both virtual and in person, carried out by the nursing team and when needed a GP at the practice. Observations of the patient record system showed that dedicated time had been blocked out to carry out these ward rounds.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- All patients with a learning disability were offered an annual health check and we saw evidence of comprehensive reviews that had been completed.

Management of people with long term conditions

Findings

- At this inspection we observed improvements in the practice's management of patients with long term conditions. Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Patients with asthma were offered an asthma management plan and patients with COPD were offered rescue packs
- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	117	145	80.7%	Below 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 and Improvement)	149	178	83.7%	Below 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)	149	178	83.7%	Below 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)	153	178	86.0%	Below 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)	157	195	80.5%	Below 90% minimum

Any additional evidence or comments

Published and verified data from NHS England showed that the practice had not met the World Health Organisation (WHO) targets for the uptake of childhood immunisations between April 2020 to April 2021.

Discussions with the provider highlighted that there was a historical issue in meeting targets and that they had worked to strengthen their call and recall systems in efforts to improve this area. Other changes included combining six and eight week baby checks to start the immunisation programme and take a one appointment approach to avoid parents or guardians having to undertake multiple visits to the practice.

During our inspection we noted safe and effective arrangements for following up on any missed immunisation appointments. When necessary the practice would liaise with other agencies including health visitors and school nurses and consult their safeguarding procedures if required.

Cancer Indicators	Practice	CCG 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: 31/03/2022) (UK Health and Security Agency)	62.0%	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) (UKHSA)	54.7%	55.6%	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)	52.6%	60.1%	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)	39.5%	57.0%	55.4%	No statistical variation

Any additional evidence or comments

A snapshot of published and verified data by the UK Health and Security Agency (UKHSA) for March 2022 showed that the practice was not meeting cervical screening targets. Staff advised that they were making efforts to encourage these patients to attend for screening appointments and to help with this, appointments were available outside of work hours and on weekends through the extended access hubs. There were female sample takers in place and the practice operated effective failsafe systems to ensure results were received for every sample sent for testing. There was a system in place for call and recall; patients who failed to attend their cervical screening appointments were followed up and contacted through phone, text and by post.

Unverified data provided during our inspection showed that 78% of their eligible patients aged 25-49 had been screened (with an adequate screening test performed in the preceding three years and six months). In addition, 82% of their eligible patients aged 50-64 had been screened (with an adequate screening test performed in the preceding five years and six months). This was unvalidated and unverified data as of August 2022.

The practices 2020/2021 published and verified data for patients screened for breast cancer (in a three-year period) was in line with the local average and the data for patients screened for bowel cancer (in a 2.5 year period) was below the local average. There was no statistical variation in the data reflecting the number of new cancer cases treated following a two week wait (TWW) referral from the practice; for patients screened for bowel cancer (in a 2.5 year period). Conversations with staff indicated that as a practice they continued to encourage patients to engage in cancer screening and opportunistically educated patients about screening programmes.

Monitoring care and treatment

There was evidence of quality improvement activity at the practice.

	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

There was evidence of improvement activity demonstrated by the practice during our inspection, for example:

At the time of our previous comprehensive inspection in August 2021, it was identified by both the inspection team and a GP partner at the practice, that there were a number of patients with a potential missed diagnosis of diabetes. The GP partner explored this further and identified historical gaps in appropriately capturing these patients on the system. For further assurance, the GP developed a range of unique searches on the patient record system; these searches enabled the practice to identify patients across various registers in the event that they had not been previously captured or coded on the system. Through the searches the practice identified other cohorts of patients that had not been previously captured on the system. As a result of this work the practice was able to ensure that identified patients were monitored, managed and followed up appropriately. We saw evidence of this being applied to patients with chronic kidney disease, in addition to patients with diabetes and pre-diabetes.

Effective staffing

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

	Y/N/Partial
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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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our previous inspection in August 2021 staff we spoke with explained that there was a lack of supervision in place, and staff expressed that historically they had not always felt supported. We noted some improvements at this inspection, with staff in various clinical teams describing examples of supervision, support and oversight in place. We noted that in some areas, the practice had taken a more formal approach to clinical supervision; for instance for their Physicians Associates. However in other areas it remained more informal, discussions with the provider during our inspection highlighted plans to implement a more formal system of clinical supervision across the board. There was evidence of a programme of appraisals in place for the clinical team.</p> <p>During our previous comprehensive inspection we noted a lack of monitoring to identify and facilitate staff training needs, at this inspection we saw that a supervisor within the non-clinical team had been promoted and training oversight was part of their duties. A nurse manager was responsible for oversight of nurse training and the GP partners had oversight of training for other clinical staffing areas.</p> <p>Various staff we spoke with confirmed that they were supported and encouraged to partake in training for their role and any development needs. We saw evidence of completed training across various areas which demonstrated this during our inspection.</p>	

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-centered 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

Consent to care and treatment

There was evidence to demonstrate that 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.	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
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence to support that conversations about DNACPR took place as part of a broader anticipatory care planning, with use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place.</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we observed a professional manner from staff when handling patient queries over the phone and at the reception desk.</p>	

Patient feedback	
Source	Feedback
Feedback from patients during our inspection visit	When asked, patients we spoke with described the care from the practice as good, but patients also expressed that the challenges they faced were in getting an appointment, particularly if trying to make an appointment over the phone.
Patient compliments provided to the practice	During our inspection we viewed six compliments from patients thanking the practice for the level care received. These compliments described a caring nature from staff across various areas of the practice and these comments noted that they were able to get an appointment when needed.
Feedback from stakeholders gathered as part of our inspection process	Engagement with stakeholders as part of our monitoring functions and ongoing inspection processes highlighted some concerns regarding the service delivery of care to the nursing homes within their locality area. During our inspection we saw evidence of dedicated times allotted for clinicians to carry out virtual and physical ward-rounds. There was also evidence to demonstrate that a GP had visited a care home during a recent evening, prior to the inspection.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	73.3%	86.1%	84.7%	Tending towards variation (negative)
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)	74.5%	84.4%	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)	84.6%	93.8%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	50.1%	75.0%	72.4%	Tending towards variation (negative)

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

Any additional evidence

- During our inspection we discussed the practices results to the National GP Patient Survey. The results represented 0.9% of the practices registered patient list. Some staff expressed that sometimes patient experience with regards to accessing appointments was impacting on the results, with regards to questions about care.
- Conversations with staff also highlighted that the practice had undergone some changes and some challenges over the years, which included changes in staffing, as well as challenges around recruitment. Staff described that the team and some of their patients were adapting to these changes.
- During our inspection process we observed a professional manner and caring nature from staff when handling patient queries. Staff we spoke with gave examples of positive feedback from patients and good professional relationships.
- The practice had signed up to the NHS Productive General Practice (PGP) Quick Start Programme. This was a development programme and the practice was in the early stages of their improvement projects as part of this work. Areas included improvements to positive patient engagement. The work on these areas were in the early stages and involved improvements to care navigation for appointments, a new practice website which was due to go live by the end of the summer 2022 and the development of a patient participation group (PPG).
- The practice gathered feedback from patients via compliments and feedback formally recorded by the team. There were plans to expand on this through the development of a new PPG.
- The evidence and observations made during our inspection were not consistent with the results from the National GP Patient Surgery. Evidence demonstrated that the team at the practice was dedicated and cared for the needs of their patient population.
- There was evidence of a caring nature and dedication to patient care noted during our inspection, we noted that a GP partner had conducted visits to vulnerable patients at home and in care homes; including during evenings to ensure their care needs were met.

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

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 (01/01/2022 to 30/04/2022)	76.4%	90.5%	89.9%	Variation (negative)

Any additional evidence or comments

- The evidence and observations made during our inspection demonstrated that the team at the practice was dedicated and cared for the needs of their patients.
- The practice had signed up to the NHS PGP Programme, a development programme focusing on a number of areas which included improved access to appointments and also positive patient engagement.
- Staff we spoke with were positive about the work started so far and were optimistic about this having a positive impact on patient care.
- When asked, patients we spoke with described the clinical care and treatment as good.

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

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • 0.3% (41 patients) were on the practice's carers register. • We saw that although the practice's percentage of registered carers was low, there was evidence to demonstrate that carers were captured appropriately on the patient record system. An opportunistic approach to identify carers was described by staff during our inspection. • The practice did not have any young carers; however, there was evidence that they actively reviewed their carers register for any changes.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carers were offered vaccinations in line with the national immunisation schedule. • The practice did not have any young carers; however, actively reviewed their carers register for any changes. • The practice signposted patients to local carers support organisations.

How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice signposted patients to organisations specifically for bereavement care. Bereaved patients were offered a phone call with the GP where appropriate. Staff explained that prior to the Covid-19 pandemic, condolence cards and flowers were also sent where appropriate.
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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: There was evidence to support that staff had completed training in data security and confidentiality. Staff also signed confidentiality agreements and we saw that this was part of the practice's recruitment and induction process.	

Responsive

Rating: Requires Improvement

The practice is rated as requires improvement for providing a responsive service because:

- Evidence and themes in patient feedback indicated that patients were not always able to access services in a timely way.
- We noted efforts to address and improve these areas however the practice was unable to demonstrate the impact of this at the time of our inspection.

Responding to and meeting people's needs

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

	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.	Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Staff explained that access to book appointments online had paused in the early stages of the Covid-19 pandemic. The practice were planning on opening this method of access to patients again but this was due to be re-introduced with the launch of a new practice website. We saw a version of the website during our inspection and the provider explained that it was due to go live by the end of the summer 2022.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments were also available on weekday evenings between 6.30pm and 9.30pm and on Saturday and Sunday mornings by contacting the extended access Hubs across Coventry, Rugby and Nuneaton.

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. • Patients had a named GP who supported them in whatever setting they lived. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • Patients could access appointments on evenings until 9.30pm and on Saturday and Sunday mornings through the extended access Hubs across Coventry, Rugby and Nuneaton. • The practice was responsive to the needs of older patients. There was evidence to confirm that they offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. • The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. • There was a medicines delivery service for housebound patients.

- The practice was able to refer patients to a number of additional PCN roles which were available in-house. This included mental health support workers from MIND and an improving access to psychological therapies worker (IAPT).

Access to the service

People were not always 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 and Improvement 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	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Partial
Patients were able to make appointments in a way which met their needs	Partial
There were systems in place to support patients who face communication barriers to access treatment	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)	Partial

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 (01/01/2022 to 30/04/2022)	24.3%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	29.9%	59.3%	56.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	41.6%	56.2%	55.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2022 to 30/04/2022)				
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)	54.6%	72.7%	71.9%	Tending towards variation (negative)

Patient feedback	
Source	Feedback
Feedback from patients during our inspection visit	There was a theme from patient feedback indicating that patients often struggled to get through to the practice by phone to make an appointment. Patients explained that they would sometimes resort to attending the practice to make an appointment at the reception desk instead.
The NHS website www.nhs.uk	The reviews on the NHS website were consistent with the feedback gathered during our inspection where patients expressed delays in getting through to the practice by phone. Feedback highlighted that when patients got through to the practice by phone, there were no same-day appointments available.

Any additional evidence or comments
<p>Practice appointment utilisation reports provided during our inspection suggested that the practice was offering a high number of appointments, meeting demand and sometimes having available appointments remaining. Staff we spoke with said that as a practice they were able to offer above average for appointment numbers when compared with some practices. We noted that patients could be seen by a GP, nurse (including a prescriber), healthcare assistant, physicians associate, clinical pharmacist or one of the extended roles through to PCN.</p> <p>There was a team of staff in place that were responsible for answering the telephone lines, there was a call monitoring system in place which allowed the practice to monitor and act during peak times; for instance by adding additional staff to help with telephones where possible. The practices phone system allowed for patients to receive a call back during peak demand times.</p> <p>Although the results to the National GP Patient Survey represented low numbers (0.9%) of the practices registered list, they were consistent with the feedback gathered in other areas during our inspection. The feedback and survey results indicated that patients were not satisfied with regards to their experiences in accessing appointments at the practice.</p> <p>We discussed access to appointments with staff during our inspection and we noted some evidence of efforts being made in the practice to improve access to care. For example, as part of the NHS Productive General Practice (PGP) Quick Start Programme the practice was working on strengthening the way receptionists navigated appointments to the most appropriate point of care.</p> <p>Some staff we spoke with explained that at times patients could be seen by another member of the healthcare team, and that a GP appointment wasn't always needed. The practice were working on ways to empower and educate patients about the different types of appointments available to them.</p>

The PGP project covered training for receptionists on appropriate appointment placement, a new staff skills matrix and work around patient education and positive engagement. We saw evidence in place to support this work which was in the early stages at the time of this inspection.

The practice had experienced some challenges around recruitment and retention of staff which at times had impacted on the service. There was evidence to demonstrate that leaders were aware of the challenges and there were continued efforts to tackle these. At the time of our inspection there was a further Physicians Associate and a Clinical Pharmacist due to join the team. In addition there were future plans to recruit an Operations Manager with a view to allow one of the partners to support with GP and clinical care. Staff spoke positively about these plans and specifically the impact that they would have with regards to access to appointments.

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.	23
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

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

Examples of learning from complaints.

Complaint	Specific action taken
Complaint made via local council whereby several patients highlighted difficulties getting through to the practice by phone and booking appointments.	We noted a response to the concerns raised and efforts to offer assurances around the work the practice had started to address and improve their patient access to appointments. This included projects through the PGP programme. Complaints were discussed and reflected on during practice meetings.
Complaint regarding the management of immunisations.	We saw that a thorough investigation was conducted as part of the response. Explanations and assurances were provided in the response letter. Complaints were discussed and reflected on during practice meetings.

Well-led

Rating: Requires Improvement

In August 2021 we rated the practice as inadequate for providing well-led services because:

- There was a lack of effective governance systems.
- The practice could not demonstrate effective leadership in place and there was no evidence of a clear vision to support high quality or sustainable care.
- There was evidence of a historically closed culture at the practice.
- The practice did not have clear and effective systems for managing risks, issues and performance.

Following this inspection, the practice is rated as requires improvement for providing well-led services because:

- Leaders demonstrated that they had the skills to deliver high quality care.
- There were clearer responsibilities, roles and systems of accountability in place.
- Some of the practices processes for managing risks, issues and performance contained gaps and were not always effective.
- The practice had a culture which encouraged high quality care however there were areas where this required strengthening.
- Engagement with the public and staff had not always been effective, this impacted on the practices efforts to sustain high quality and sustainable care.

Leadership capacity and capability

Leaders demonstrated that they had the skills to deliver high quality care.

	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.	Partial
Explanation of any answers and additional evidence:	
We saw evidence to demonstrate that leaders at the practice had worked on a number of practice improvements since our last comprehensive inspection in August 2021. Furthermore, leaders had identified actions to address other challenges identified at the practice, in addition to those noted at our previous inspection.	
We saw that as a practice team, they had been working through improvements across various areas and there was evidence of this when we looked at how the practice managed patients with long term conditions, for the monitoring of patients prescribed high risk medicines, and summarising of patient records.	
Key areas where the practice were continuing to focus their efforts on were recruitment and retention, as well as patient engagement and access to appointments. We saw that the practice were working collaboratively with their GP federation, local medical committee (LMC) and the local Integrated Care Board (ICB) on these areas at the time of our inspection.	
There was some evidence of succession planning in place however the provider confirmed that they were working with the Productive General Practice (PGP) Quick Start Programme team to strengthen, formalise and finalise this. We saw some elements of the development of this plan underway, for instance the practice had developed a new corporate strategy in line with their vision and they were engaging with the GP alliance with regards to their crisis management plans.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Although staff we spoke with were unable to describe the practices vision, direction and strategy when we carried out an unannounced inspection on 2 August 2022, there was evidence to demonstrate that patient care was the primary focus of the service.</p> <p>Practice leadership was clearer at the time of this comprehensive inspection. The management (and provider) team included a GP partner who had taken on the management lead role for the practice, in addition to some clinical work as a GP at the practice. There was evidence of a formal vision and strategy in place. We saw that the strategy outlined the services plans and ambitions over the next five years. The aim of the strategy was to deliver high quality, local-led care and to make a difference to the health and wellbeing across the community. The practice had an ambition to provide rewarding working lives and careers to current and future team members and we saw plans to expand the team. This included plans for current trainee GP's to become permanent members of the team, as well as growing their team of physician's associates and clinical pharmacists. There was also a plan to recruit for an operations manager in the near future.</p> <p>The provider had recently launched the new strategy and staff we spoke with explained that the unannounced inspection on 2 August prompted staff from across the practice to volunteer their time on a Saturday and work through areas identified for further improvements, such as specific back office functions. We noted evidence of some embedded improvements at this further inspection.</p>	

Culture

The practice had a culture which drove high quality sustainable care however there were areas where this required strengthening.

	Y/N/Partial
There were arrangements to deal with any behavior 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.	N
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our previous comprehensive inspection in August 2021 staff explained that historically, there had been a closed culture at the practice. During this inspection staff we spoke with described a culture change in the practice over the past 12 months with staff across teams feeling comfortable to speak up.</p> <p>Although there was evidence of an open culture at the practice, staff we spoke with were not aware of who their Freedom to Speak up Guardian was. We saw that this formed part of the practices Whistleblowing policy, however the section informing who the Freedom to Speak up Guardian was, had not been completed. Freedom to Speak Up Guardians work independently to support workers to raise issues.</p>	

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

Source	Feedback
Conversations with staff	<p>Staff we spoke with described the team as friendly and hard working. They gave examples of good team working with a supportive culture. Staff we spoke with came across as passionate about patient care and the NHS.</p> <p>However, discussions highlighted that challenges around retaining staff were starting to impact on their workload, highlighting that they were becoming more and more busy because of this.</p> <p>Some staff were worried following the practices experiences in trying to recruit and retain staff but were positive about the current structures and systems in place, overall staff expressed that improvements were more likely to be sustained if the practice were successful with their recruitment plans.</p>
Results from the practices staff survey: July 2022	<p>Responses to the practices internal staff survey highlighted that all respondents felt able to make suggestions to improve the work of the practice. All responses highlighted that staff felt enthusiastic about their roles. Most of the response recommended the practice as a place to work. Results were also positive with regards to staff views on the standard of care provided at the service.</p>

Governance arrangements

There were clear responsibilities, roles and systems of accountability in place.

	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
<p>Explanation of any answers and additional evidence:</p> <p>During our unannounced focused inspection on 2 August 2022 staff we spoke with were not fully clear about their own roles and responsibilities. The operational management arrangements of the practice were not always clear from conversations with staff and staff were not able to access key information such as policies and procedures during the visit.</p>	

At this inspection we noted clear lines of reporting and accountability. This was supported by a formal organisation and role accountability structure; this listed key duties for each staff member as well as managerial and supervision lines of report.

Further conversations with additional staff during this inspection highlighted that at the time of our most recent visit, some staff were in the process of role changes and therefore details of responsibilities were not completely clear to them at that time. During this inspection, there was evidence of improved governance in most areas, staff were able to access key information and this had been reiterated through a learning event following our recent visit. In addition, the operational management of the practice was clear.

Managing risks, issues and performance

Some of the practices processes for managing risks, issues and performance contained gaps and were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Partial
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Partial
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Although the practice had strengthened some of their assurance systems, we noted gaps in areas. For instance although fire risk was formally assessed and fire alarms were tested, there was no record of a completed fire drill for the last 12 months.</p> <p>When observing a sample of Patient Group Directions (PGDs) at the practice, we noted that authorisation wasn't always recorded when additional nurses had signed the PGD records. Whilst we had no concerns regarding competency and training for this area, these PGDs were not reflective of an appropriate authorisation process.</p> <p>The practice was engaging with the GP alliance with regards to their crises management plans and therefore there was no formal evidence of current major incident plans in place for the practice at the time of our inspection.</p>	

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Although there were no specific concerns with regards to the practices management of services during the pandemic, we noted an ongoing trend regarding low satisfaction rates from patients with regards to accessing appointments at the practice. During our inspection however we also noted continuing efforts underway to improve this area.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we saw examples of where data was used to drive and improve care. This was reflected across uniquely developed clinical searches which were created by one of the GP partners, call monitoring stats and appointment utilisation reports.</p>	

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

Engagement with the public and staff had not always been effective, this impacted on the practices efforts to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	N
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Partial
Explanation of any answers and additional evidence:	
<p>Although we saw that the practice gathered feedback from patients via compliments and feedback formally recorded by the team, we noted limited evidence of involvement with patient engagement exercises at the time of our inspection. There was some evidence showing how the practice had acted on patient views to improve the service, and this was reflected across efforts to improve appointment access. However, the practice was unable to demonstrate the impact of this at the time of our inspection and patient satisfaction remained low with regards to accessing the service.</p> <p>Although the practice gathered patient views by formally recording comments and compliments, there was limited evidence of other efforts to engage patients. Some staff spoken with highlighted that themes in negative feedback from patients at times affected team morale but they were optimistic with regards to the plans to launch a virtual patient participation group (PPG) as a way of positive patient engagement. This plan was in its infancy at the time of our inspection.</p> <p>Although staff spoke positively with regards to involvement in practice changes, there was no evidence of formal appraisals completed for the non-clinical team.</p> <p>Staff we spoke with in various clinical teams were able to describe supervision, support and oversight in place. Although we came across no concerns regarding staff competency, we noted that clinical supervision was mostly informal for specific areas. This including for nurses, clinical pharmacists and non-medical prescribers at the practice.</p>	

Feedback from Patient Participation Group (PPG).

Feedback

During our comprehensive inspection in August 2021 we noted that there was no active PPG in place and that steps were being taken to reestablish a PPG. At the time of this inspection there continued to be no active PPG in place however there was evidence to support that the practice was working with the GP alliance to form a virtual PPG.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: We noted examples of continuous improvements and efforts to innovate during our inspection. A member of the GP partnership team was skilled in the use of the Arden's system; Arden's is a clinical decision support and workflow optimisation system which offers various functions including clinical searches within the patient record system. These searches are often used to help in the monitoring and management of patient care. We saw that the GP had successfully led on the implementation of the Arden's system across the three other practices within the primary care network (PCN). There was evidence to demonstrate that the GP had approached the Arden's team and ICB to facilitate purchase of the system for the PCN. The GP was also integral in supporting the local practices on how to use the system and was able to develop clinical searches.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

Glossary of terms used in the data.

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