

# Care Quality Commission

## Inspection Evidence Table

### Tynemouth Medical Practice (1-569259821)

Inspection date: 09/03/2022

Date of data download: 08 March 2022

## Overall rating: Good

At the previous inspection in December 2020 the practice was rated good for safe, effective and well led and requires improvement for caring and responsive, this gave the practice an overall rating of requires improvement.

At this inspection we rated safe, effective, responsive and well led as good, and caring remained as requires improvement. This gave the practice an overall rating of good.

At this inspection we have re-rated the responsive domain from requires improvement to good. The GP patient survey data indicated the practice was performing lower than local and national averages for questions relating to telephone access and overall experience of making appointments. Due to the GP survey data being more than 12 months old, we gathered additional means of evidence which positively indicated patient satisfaction for access to the practice had improved since the GP patient survey data was collected. Please see the responsive data for more information.

The caring domain remains as requires improvement. The GP patient survey data indicated the practice was performing lower than local and national averages for questions relating to care. Due to the GP survey data being more than 12 months old we gathered additional means of evidence. However, for this domain the evidence showed patient satisfaction relating to care had not improved or had stayed the same since the GP patient survey data was collected. Please see the caring data for more information.

Please see below sections for further details.

# 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:  We saw the practice's safeguarding policy and guidance documents for staff which were shared on the computer desktops, with hardcopy guidance posted around the premises for quick reference. Staff had been trained in safeguarding to levels appropriate to their roles. Staff we spoke with had a good understanding of safeguarding issues, the practice's procedures and their responsibilities. We saw evidence of appropriate records coding, alerting staff to identified safeguarding concerns; that safeguarding cases were discussed and reviewed at clinical and multi-disciplinary meetings with interested parties; and that information was appropriately disseminated.  Information regarding the availability of chaperones was posted throughout the premises and available on the practice website. We saw evidence that staff had been trained in chaperoning duties, with patients' records noting when they were present during consultations.	

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
Explanation of any answers and additional evidence:  We reviewed five staff files, all of which evidenced that necessary pre-employment checks had been conducted and appropriate ongoing records were being maintained.	

Detailed records setting out staff members' immunisation status were maintained and monitored.
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 02/10/2020	Y
There was a fire procedure. Date of fire risk assessment:02/09/2021	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:  The practice shared the premises with various other healthcare services. Most facilities management issues were the responsibility of the landlord, Whittington Trust. However, the practice had its own policies in place to ensure health and safety systems and processes were being appropriately carried out and maintained.	

### 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: 9 September 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
Explanation of any answers and additional evidence:  The practice had implemented national COVID-related Infection Prevention and Control (IPC) guidance. We saw the practice's IPC policy which included guidance on sharps and waste management and disposal and the cold chain procedure.  All staff had been given IPC training appropriate to their role and responsibilities. All mandatory training requirements were monitored and there was system to highlight when any refresher training was due.  The landlord was responsible for cleaning common areas of the premises including toilets and kitchens, which was done in accordance with a written schedule and recorded.  The premises were stocked with adequate supplies of liquid soap and paper towels. There were hand sanitiser dispensers throughout, together with clear guidance on hand hygiene and COVID control measures. We saw the cleaning being carried out at several times during the day.  Clinical staff were responsible for cleaning the consultation rooms they were using, including any medical equipment, although some items were not currently in use, following COVID IPC guidance. The practice had adequate supplies of PPE. We saw evidence that the landlord carried out chlorination, water temperature monitoring and sample testing in accordance with legionella control measures.	

## 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:  We saw rotas for clinical and administrative staff were prepared in advance to ensure appropriate cover was in place to meet service demands. There were written induction processes for GPs, nurses and administrative staff. There was an adequate induction pack for locum GPs. All clinical staff had up to date sepsis training and all administrative staff had received sepsis awareness training, which we confirmed in discussions with them. Printed guidance was posted throughout the premises. The practice had a medical emergency policy, and all staff had received annual refresher training in basic life support.	

## 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:  The practice's policy guidance on medical notes summarising had recently been reviewed and updated . We saw that regular records audits were carried out to check compliance. The practice's written test management protocol had been drawn up in August 2020. Incoming test results were reviewed and actioned morning and afternoon by the duty GP.	

## 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) (NHS Business Service Authority - NHSBSA)	0.54	0.54	0.76	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	8.1%	10.7%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	6.45	5.78	5.28	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	66.6‰	60.1‰	129.2‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.11	0.60	0.62	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	7.4‰	5.9‰	6.7‰	No statistical variation
<p>Explanation of any answers and additional evidence:</p> <p>The practice's data showed it prescribed higher than average Nitrofurantoin to treat urinary tract infections. However, it was able to evidence the CCG and national guidelines advised nitrofurantoin should be the first line of treatment against urinary tract infection, and for this reason the prescribing of nitrofurantoin was high.</p>				

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
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
<p data-bbox="57 1704 810 1749">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1794 1541 2011">The practice's prescribing policy had been reviewed and revised, with an addendum relating to high risk drugs monitoring. Patients medicines reviews were carried out by GPs or the Primary Care Network pharmacist. There was a local system used by the practice to monitor high risk medicines and antimicrobial prescribing. The practice had a policy relating to emergency medicines, and we saw evidence supplies kept at the premises and for use by GPs on home visits were monitored on a monthly basis.</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:	Y
Number of events that required action:	Y
Explanation of any answers and additional evidence: All significant events were reviewed, discussed and properly actioned, to demonstrate learning and improvement. The significant event policy had been reviewed revised in November 2020. It was accessible on all computers, together with the incident reporting and analysis forms. We saw evidence of events being reviewed and discussed at staff meetings, with learning points being disseminated appropriately.	

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

Event	Specific action taken
Patient experiencing chest pain and required 300mg of aspirin.	Practice had aspirin but at a lower 75mg dosage. Practice gave multiple aspirins combined to make up 300mg. Practice now stores 300mg aspirin within emergency medicines cupboard.
Blood sample received by cervical cytology laboratory.	Patient put blood sample in wrong box. Administrative staff now check all samples before sending to the lab. They also have displayed clearer and larger signage on the boxes.

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: We reviewed a safety alert issued in 2016 which highlights the importance in monitoring blood electrolytes in patients taking both potassium-sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) as it may lead to heart failure.	



We were satisfied that the above alert was recorded and actioned appropriately. We found all patients who were affected by this safety alert were consulted with and had the appropriate monitoring in place.

## 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> </ul>

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

## Management of people with long term conditions

### Findings

- We reviewed 25 records for patients diagnosed with long term conditions such as diabetes, chronic kidney disease, hypertension and asthma, and were satisfied they were being treated and managed appropriately in line with national guidelines.
- 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.
- 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	102	77.5%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	76	101	75.2%	Below 80% uptake
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)	75	101	74.3%	Below 80% uptake
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)	77	101	76.2%	Below 80% uptake
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)	91	134	67.9%	Below 80% uptake

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

### Any additional evidence or comments

As shown in the immediately above table, the latest published data showed the practice had not met the 95% uptake target set by the world health organisation. The latest published data is more than 12 months old.

The practice was able to provide us with unpublished and unverified data which was extracted from their databases. This data was reviewed by our clinical team who was satisfied the data was accurate. The data as of 27<sup>th</sup> February 2022 showed the uptake of childhood immunisations for children had improved for children aged 1 and 2, please see table below:

Child Immunisation (unverified)	Practice %
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza	86%

type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB)		
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	90%	
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)	80%	
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	80%	
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	No new data provided	

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)	74.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	20.3%	47.4%	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)	57.6%	57.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	55.0%	54.6%	55.4%	No statistical variation

#### Any additional evidence or comments

The practice's cervical screening uptake was below the 80% target. However, they have improved by 2% compared to the previous year, and their uptake rate has consistently been above local averages. The practice explained that many patients were reluctant to attend the surgery during the pandemic. They

also provided us with unverified and unpublished data from their databases which was reviewed by our clinical team. This data showed that the uptake rate for cervical screening had improved to 81%.

## 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

### Simvastatin 40mg with amlodipine

Clinical research suggested an increased risk of myopathy (clinical disorder of the skeletal muscles) when taking Simvastatin 40mg with amlodipine. This is because Amlodipine increases the concentration of Simvastatin. The research advised that patients on both drugs should be reviewed and one of the drugs should be replaced with an alternative drug. If there is no alternative, then as a minimum the Simvastatin should be reduced from 40mg to 20mg.

In the first cycle the practice ran a report to assess the number of patients co-prescribed Simvastatin 40mg with amlodipine. The search revealed 87 patients were being co-prescribed these medicines. The practice objective was to re-call every patient and put them on alternative medicine or reduce the Simvastatin to 20mg.

In the second cycle another report was run. This report revealed only 6 patients were now being co-prescribed Simvastatin 40mg with amlodipine. The practice told us that since the conclusion of this audit all patients have now been reviewed and no patient is at risk.

### Metformin and Diabetes

National guidelines suggest that the first line of defense for patients diagnosed with type 2 diabetes is to be prescribed with metformin, this medicine helps keep patient blood sugar levels within the correct range.

In the first cycle the practice ran a report to assess the number of patients who were diagnosed with type two diabetes and were not being prescribed metformin. The result revealed 175 patients. The practice objective was to re-call all 175 patients to assess whether there was a valid reason for not being prescribed metformin, and if there was no justification then the aim was to start prescribing them with the medicine.

In the second cycle another report was run. This report revealed only 37 patients diagnosed with type 2 diabetes were not being prescribed metformin and for each of these patients there was a valid justification for not prescribing, i.e. metformin was not suitable, or they are managing their diabetes via diet and exercise.

### Effective staffing

**The practice was able to demonstrate 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

## 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: Requires Improvement

The caring key question remains as requires improvement. The GP patient survey data indicated the practice was performing lower than local and national averages for questions relating to care, some of the results relating to care had slightly worsened since the last inspection. Because the GP patient survey data was more than 12 months old, we gathered additional means of evidence to assess the caring domain. The additional evidence collected indicated similar results to GP patient survey data. We found staff still needed to improve on listening to patients; treating them with care and concern; increase confidence in patients; and involving patients in decisions about their care.

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed about the way staff treated people, which indicated improvement was still required.**

	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

Patient feedback	
Source	Feedback
Patients interviews	We spoke to 25 patients. 10 of the patients were positive about the care and treatment they received. However, 15 of the patients felt staff could improve on their kindness and the way they treated patients. These patients also commented they did not always feel involved in their care and treatment. Others commented both clinical and non-clinical staff were not always good at listening to them.
Online reviews	We reviewed several comments across various online feedback platforms. Much of the feedback was negative in particular there was concerns about administrative staff being rude and dismissive towards patients.
Friends and Family Test comments 2021	We reviewed several comments within the recent friends and family test results. Many of the comments were positive about the care and treatment received.



## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	75.8%	88.1%	89.4%	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 (01/01/2021 to 31/03/2021)	74.2%	86.4%	88.4%	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)	89.0%	94.6%	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)	72.4%	81.1%	83.0%	No statistical variation

### Any additional evidence or comments

#### GP Patient Survey

The practice was aware of the lower than average scores for questions relating to the caring domain (as shown immediately above). Some of these scores had slightly worsened since the previous inspection. We interviewed 25 patients and 15 of these patients confirmed the practice could improve at listening to patients; treating patients with care and concern; and providing better confidence for their patients.

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

### Any additional evidence

The practice carried out its own survey however, that was more aimed towards access, which is discussed in the next domain.

### Involvement in decisions about care and treatment

**Staff helped patients to be involved in decisions about care and treatment. However, some patients felt there was a need for improvement.**

	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 (01/01/2021 to 31/03/2021)	83.7%	91.4%	92.9%	Tending towards variation (negative)

Source	Feedback
Interviews with patients.	15 out of 25 patients commented that they would like to have been more involved about decisions in their care and treatment.

	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
Explanation of any answers and additional evidence:	
Due to COVID infection prevention and control measures, paper leaflets had been withdrawn from display, but were printed and given to patients when appropriate. However, there were a range of laminated posters providing patients with information about healthcare and support groups.	

Carers	Narrative
Percentage and number of carers identified.	203 carers, just over 2% of the patient list.
How the practice supported carers (including young carers).	Carers were offered longer appointments and were signposted to local support groups.
How the practice supported recently bereaved patients.	Following a bereavement, the doctor phoned the family to offer their condolences and would signpost them to local support groups.

## 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

## Responsive

## Rating: Good

At this inspection we have re-rated the responsive key question from requires improvement to good. The GP patient survey data indicated the practice was performing lower than local and national averages for questions relating to telephone access and overall experience of making appointments. Because the GP patient survey data was more than 12 months old, we gathered additional means of evidence to assess the responsive domain. The evidence which we collected positively indicated patient satisfaction for access to the practice had improved since the GP patient survey data was collected. Please see the below for more information.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
At the last inspection we gave the practice a requires improvement rating for responsive. As a result of that rating the practice put a specific action plan in place to improve access to the practice.	
We saw confirming evidence the practice had carried out the following:	
<ol style="list-style-type: none"><li>1. Changed and improved the telephony system.</li><li>2. Reduced call waiting time to under 3 minutes.</li><li>3. Increased the number of administrative staff.</li><li>4. Increased the different types of clinicians, which now included, additional GPs, nurses, pharmacists, paramedics and physician associates.</li><li>5. In April 2021, invested in online technology (PATCHES) which is an e-consult service allowing patients with lesser urgent needs to be managed remotely.</li></ol>	
The practice told us the above action plan took a few months to implement, and therefore the GP patient survey data which was collected in January 2021-March 2021, did not accurately reflect the practice's current patient satisfaction levels relating to the responsive domain.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:30am -7:30pm
Tuesday	7:30am -7:30pm
Wednesday	7:30am -7:30pm
Thursday	7:30am -7:30pm
Friday	7:30am -6:30pm
<ul style="list-style-type: none"> <li>Extended Hours: The practice operates an extended hours service on weekday mornings from 7:30am to 8am Monday to Friday, and evenings between 6:30pm and 7:30pm Monday, Wednesday and Thursday. Routine appointments with GPs and nurses are 10-15 minutes long.</li> </ul>	

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>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.</li> <li>There was a medicines delivery service for housebound patients.</li> <li>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>Additional nurse appointments were available from 7:30am on Wednesday, Thursday and Friday and until 7pm on Monday and Thursday for school age children so that they did not need to miss school.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>Additional extended hours service appointments could be booked at four other sites in Haringey up to 8:30 pm weekday evenings and between 8am and 8pm on Saturdays. The sites' opening hours varied, as detailed on the practice website.</li> <li>The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.</li> <li>People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.</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 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)	45.3%	N/A	67.6%	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)	52.4%	69.2%	70.6%	Tending towards 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)	56.2%	66.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	75.2%	79.3%	81.7%	No statistical variation

## Any additional evidence or comments

### Patient feedback

We spoke with 25 patients and a member of the patient participation group. Every person we spoke with confirmed call waiting time had drastically reduced at the practice and staff were answering the phone within a few minutes of calling. Patients also confirmed making an appointment had become much easier with the new e-consult service 'PATCHES', and that there was ample appointments available with a range of clinicians.

### Healthwatch feedback

We spoke with senior members of staff at the local Healthwatch service. They confirmed in the last six months they had received no complaints regarding telephone access or experience of making an appointment. On the contrary they told us patient satisfaction with appointments and telephone access was positive.

### Telephone company data

On our request, the practice provided us with data sent by the telephone company regarding call waiting times. The data positively confirmed in the last six months the average call waiting time was just under 3 minutes.

### Practice survey

We also reviewed the results of the practice's own local survey carried out in October 2021 many of the questions were related to access, patients commented positively to all questions relating to access and call waiting time. Patients were very satisfied with the new e-consult service.

### CQC team's own experience

Leading up to the inspection and shortly after, the CQC inspection team for various reasons had to call the practice to speak to members of staff, the CQC team members all had their calls answered within a few minutes of calling.

Taking the above additional evidence into account we were satisfied access to the practice, including telephone call waiting time, had greatly improved since the last inspection visit. The evidence collected also indicated the results of the latest GP patient survey data, in relation to access based questions, was not reflective of current patient satisfaction levels.

## 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.	9
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Clinician updated care plan for a patient no longer registered at the practice.	Investigation undertaken, apology given and staff member sent on further care plan training.
Complaint against locum staff member for being rude to patient.	Lead GP spoke with staff member, a reflective account was provided by the locum and an apology was offered.



## 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

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

Source	Feedback
Staff interviews	We spoke with several members of staff during the inspection. All stated they felt well supported and that they had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff. Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon.

## 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

## 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
Explanation of any answers and additional evidence:	
<p>The practice had implemented an online e-consult service which allowed most queries and consultations to be carried out remotely. Patients could still visit the doctor if they preferred to have a face to face consultation.</p> <p>The practice was aware that some of its patient population was digitally excluded, and these patients were prioritised for face to face appointments.</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

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The local Healthwatch service confirmed the practice was responsive and committed to improving its services based on the feedback they provided.</p>	

## Feedback from Patient Participation Group.

Feedback
PPG members told us the practice engaged well with the group and the feedback was positive. It recognised positive progress with the actions taken by the practice to improve patients' experience of the service.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
The practice evidenced it had an extensive audit programme which showed several clinical and non-clinical audits are undertaken on an annual basis, all of which showed improvement.	
The practice positively demonstrated it acted on poor patient feedback regarding access. The measures it undertook (as explained in responsive domain above) had greatly improved patient satisfaction.	

### 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)	$\leq -3$
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.
- 
- **‰** = per thousand.