

Care Quality Commission

Inspection Evidence Table

Thornbury Road Centre for Health (1-583635876)

Inspection date: 20 May 2021

Date of data download: 18 May 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At the previous inspection in September 2019, we rated the practice as requires improvement for providing safe services because:

- Risks to patients were not assessed and well managed in relation to the spread of infections to the patients and staff, frequency of fire drills and the management of legionella.
- We found an expired emergency medicine and the practice had not maintained a log to monitor the expiry dates.
- We noted the practice was not always segregating clinical waste into appropriate colour-coded containers.
- Safeguarding children policy was reviewed, but it did not include up to date details.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and records were maintained as intended.

At this inspection in April 2021, we found that the practice had demonstrated improvements and is rated as **good** for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y

Safeguarding	Y/N/Partial
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
Staff who acted as chaperones were trained for their role.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the previous inspection in September 2019, we found that the safeguarding children policy was reviewed, but not updated correctly. At this inspection in May 2021, we found that the safeguarding children policy was reviewed and updated in line with intercollegiate guidance for all staff working in healthcare settings. All staff had received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for their role and had received a DBS check. 	

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
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The two staff files we reviewed demonstrated that appropriate recruitment checks had been undertaken prior to employment in accordance with regulations. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2020.	Y
There was a record of equipment calibration. Date of last calibration: July 2020.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: 15 May 2020.	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At the previous inspection in September 2019, we found that the practice was not following their own fire risk assessment which included to carry out fire drills twice a year. At this inspection in May 2021, we found that the regular fire drills had been carried out twice a year. • Fire policy included a fire evacuation procedure, which included satisfactory information on how staff could support patients with mobility problems to vacate the premises. • Fire marshals had received enhanced fire safety training relevant to their role. • Fire system was serviced regularly. • All staff had received fire safety training. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2021.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2020.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Health and safety policy was in place. • Gas safety check was carried out in March 2021. • The fixed electrical installation checks of the premises had been carried out on 12 March 2021, which was unsatisfactory and had identified actions required. The practice had provided evidence from the host (landlord) to demonstrate that remedial actions had been undertaken. However, the practice was in discussion with the host to provide a new electrical installation condition report with a satisfactory outcome. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
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: 29 October 2020.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At the previous inspection in September 2019, we found three out of five clinical rooms had carpeted flooring, which were used to offer phlebotomy and other clinical services. At this inspection in May 2021, we found that carpeted flooring had been replaced with appropriate flooring, which minimised the risk of the spread of infections to the patients and staff working at the practice.• At the previous inspection in September 2019, we found the practice was not always segregating clinical waste into appropriate colour-coded containers and had not maintained the written records of cleaning clinical equipment and clinical rooms. At this inspection in May 2021, we found that the practice was segregating clinical waste into appropriate colour-coded containers and clinical equipment was cleaned on a regular basis and records were maintained.• At the previous inspection in September 2019, we found that the risks in relation to the management of legionella were not well managed. At this inspection in May 2021, we found that the practice had up to date legionella risk assessment (March 2020) in place and the appropriate remedial action had been identified and completed to ensure the management of legionella in the premises. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw regular water temperature checks had been carried out.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice operated a system to organise annual leave and cover for unexpected absences. • All requests for home visits were triaged by the duty GP. • There were public awareness posters in the waiting area and on the screen. • All staff had received sepsis awareness training. 	

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: <ul style="list-style-type: none"> • All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner. • The practice had a failsafe system in place to manage and monitor cervical smear screening. 	

Appropriate and safe use of medicines

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

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) (01/04/2020 to 31/01/2021) (NHS Business Service Authority - NHSBSA)	0.52	0.51	0.70	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). (01/04/2020 to 31/03/2021) (NHSBSA)	8.2%	11.1%	10.2%	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 (01/10/2020 to 31/03/2021) (NHSBSA)	6.99	5.55	5.37	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	71.5‰	59.7‰	127.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.82	0.52	0.66	No statistical variation

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

Any additional evidence or comments

- The practice was aware of one of the high prescribing indicators and had carried out repeated clinical audits which demonstrated the appropriate use of medicines prescribed for uncomplicated urinary tract infection. The second clinical audit in April 2021 demonstrated that antimicrobial stewardship was improved as a result of the initial audit in January 2021. The number of patients prescribed medicine (used to treat uncomplicated urinary tract infection) in the reaudit had reduced by 15%. The practice had developed an action plan to ensure the correct quantity of antibiotics were issued in line with current guidance and clinicians were advised to document a clear rationale for prescribing decisions that fall outside of current guidelines.

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.	N/A
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>Explanation of any answers and additional evidence:</p> <p>At the previous inspection in September 2019, we found:</p> <ul style="list-style-type: none"> The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and records were maintained as intended. We found an expired emergency medicine and the practice had not maintained a log to monitor the expiry dates. 	

At this inspection in May 2021, we found:

- The practice stored prescription stationery securely. We saw the practice had a system in place to record the use of prescription stationery. We saw blank prescription forms for use in printers and hand written pads were recorded correctly and tracked through the practice at all times. The practice implemented a formal monitoring system to assure themselves that records were maintained as intended.
- Protocols for checking stocks levels and expiry dates of medicines were in place and regularly monitored.
- The practice had an effective system to support vulnerable patients with requesting and collecting prescriptions. This involved checking the prescription box regularly and contacting the patient to check if they still required the medication or if a new prescription was issued.
- The practice had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.
- The practice was registered as a yellow fever vaccination centre. The practice had carried out an annual audit. The staff had completed the relevant training.
- The practice offered travel vaccination.
- The practice had secondary thermometers in all the fridges used to store vaccines, which logged all the data and provided assurance that temperatures had been within the required range, as recommended in Public Health England guidance.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	6
Number of events that required action:	6

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

Event	Specific action taken
Blood result not actioned in a timely manner	The practice had investigated the incident, apologised to the patient and sent the patient to A&E for emergency treatment. The practice had reviewed abnormal blood test monitoring protocol. It has been advised all abnormal blood results to be sent to reception tasks and regular audits on abnormal blood results and referrals to be undertaken to ensure concerning test results were actioned by one of the clinicians in a timely manner. The reception team would make sure they had verbally spoken to the patient by telephone call instead of relying only on the text messages and an appointment would be offered with a clinician to discuss the abnormal test results.

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: <ul style="list-style-type: none"> There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action complete. 	

Effective

Rating: Good

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

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">• 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.• The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.• The practice carried out structured annual medicines reviews for older patients.• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	75.4%	76.9%	76.6%	No statistical variation
PCA* rate (number of PCAs).	1.4% (6)	7.6%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	92.7%	90.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	2.0% (2)	9.4%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	85.8%	83.4%	82.0%	No statistical variation
PCA rate (number of PCAs).	6.1% (10)	4.2%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	67.7%	66.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	10.8% (40)	12.9%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	70.0%	73.7%	72.4%	No statistical variation
PCA rate (number of PCAs).	5.8% (53)	6.3%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	92.8%	90.5%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.6% (3)	5.6%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	70.9%	76.4%	75.9%	No statistical variation
PCA rate (number of PCAs).	11.1% (41)	8.7%	10.4%	N/A

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, childhood immunisation uptake rates were below the World Health Organisation (WHO) targets for four out of five immunisations measured in 2019/20). The practice explained that this was due to the transient population and known cultural challenges within the practice population. This had an impact on the national childhood vaccination programme. The practice informed us that a number of patients were from a European background and they might have childhood immunisation carried out in their native European countries, but this information was not always shared with the practice. In addition, the practice had faced additional challenges due to ongoing pandemic restrictions. The practice had taken steps to improve the childhood immunisation uptake and informed us they were working closely with health visitors to overcome the barriers.
- We noted childhood immunisation uptake rates (for all three indicators aged two years old) had improved in 2019/20 when compared to the data from 2018/19. The practice had conducted a thorough analysis of the data and identified targeted areas to improve performance. These areas included: management of data; staff knowledge and awareness; monitoring targets; immunisation history at registration; recall system; follow-up of nonattenders; educating families; access to appointments; and removal of patients who have moved out of the area. Progress against delivery of the action plan was monitored.
- At this inspection, the practice had provided recent data of children aged five who had received immunisation for measles, mumps and rubella (MMR) which demonstrated significant improvement. The practice percentage had significantly increased from 74% (in 2019/20) to 86% (in March 2021) for this indicator. This was the second-highest percentage in the locality for this indicator for children aged five. The practice informed us this data was provided by the local Clinical Commissioning Group (CCG).
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- At the previous inspection in September 2019, we noted the practice nurses had not received regular annual training updates relevant to childhood and travel immunisations. At this inspection in May 2021, we found staff had the appropriate skills and training to carry out reviews for this population group. The practice nurses had received regular annual training updates relevant to childhood and travel immunisations.

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) (01/04/2019 to 31/03/2020) (NHS England)	99	113	87.6%	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) (01/04/2019 to 31/03/2020) (NHS England)	101	114	88.6%	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) (01/04/2019 to 31/03/2020) (NHS England)	103	114	90.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	102	114	89.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	83	112	74.1%	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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

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: 31/12/2020) <small>(Public Health England)</small>	66.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	70.4%	62.1%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) <small>(PHE)</small>	61.5%	N/A	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) <small>(QoF)</small>	95.8%	93.5%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	40.0%	57.6%	54.2%	No statistical variation

Any additional evidence or comments

- The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical screening uptake.
- Cervical cancer screening rates had marginally increased from 65% in 2017/18 to 67% (Snapshot data for the quarter to 30 December 2020 provided by the Public Health England). We saw evidence of the work that was being carried out to improve uptake, including thorough data

analysis and targeted areas to improve performance. These areas included: management of data; staff awareness; screening history at registration; call/recall system; follow-up of non-attendees; educating patients; identifying hard to reach patients; performance monitoring; access to appointments; health promotion and removal of patients who had moved out of the area. The practice was encouraging eligible women to book Saturday appointments available at the local hub for patients who found it difficult to attend during the weekdays. Progress against delivery of the action plan was monitored.

- According to the recent data (March 2021) shared by the practice on the day of the inspection, the practice's uptake for cervical screening had increased to 72%. This was the highest percentage in the locality and included patients who had a smear recorded within 3.5 years (for women aged 25 to 49), and within 5.5 years (for women aged 50 to 64). The practice informed us this data was provided by the local Clinical Commissioning Group (CCG).
- The practice had taken part in a self-sampling pilot study in June 2019 and cervical screening test kits were given to eligible women opportunistically to take the test whilst at the practice.
- The practice had a system to ensure results were received for all samples sent for the cervical screening programme.
- At the previous inspection in September 2019, we noted we noted the practice had a high inadequate rate (ranging from 7% to 8%) for smear results. The practice had developed an action plan and learning was shared with the relevant staff. At this inspection in May 2021, we noted a high inadequate rate had significantly reduced from 7% to 2% for smear results.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- 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 reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) _(QOF)	95.5%	85.3%	85.4%	No statistical variation
PCA rate (number of PCAs).	11.8% (9)	10.0%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) _(QOF)	89.6%	82.6%	81.4%	No statistical variation
PCA rate (number of PCAs).	14.3% (8)	5.5%	8.0%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549.7	Not Available	533.9
Overall QOF score (as a percentage of maximum)	98.3%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	5.5%	Not Available	5.9%

	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

- Clinical audits were carried out to demonstrate quality improvement. Findings were used by the practice to improve services. For example, the practice had carried out quarterly clinical audits to promote patient safety by ensuring patients had been prescribed the correct dose of EpiPen auto injector based on their age and weight. (EpiPen is an injection used to treat severe allergic reactions). The audit had identified several patients on a quarterly basis and appropriate actions were taken to improve the quality of care for patients by acting as a safety net to ensure appropriate prescribing of EpiPens.

Effective staffing

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

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

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. 	

Source	Feedback
Interviews with patients	<ul style="list-style-type: none"> We did not speak with any patients due to infection prevention and control measures that were in place for patients and our inspection team during the COVID-19 pandemic.
Discussion with the Patient Participation Group (PPG)	<ul style="list-style-type: none"> Three members of the Patient Participation Group (PPG) we spoke with said they were listened to and treated with respect, dignity and kindness. They told us clinical staff were accessible and showed empathy. They told us the administrative staff were friendly and helpful.

National GP 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 (01/01/2020 to 31/03/2020)	83.0%	86.4%	88.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	77.2%	84.1%	87.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)	91.8%	93.9%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	73.7%	79.4%	81.8%	No statistical variation

Any additional evidence or comments

- The practice had analysed the national GP survey results and identified areas to improve further. The practice had developed an action plan which was shared with the staff members and discussed in the team meeting.
- The practice had organised a training session delivered by an external trainer to discuss and address issues highlighted in the national GP survey.
- The practice had carried out an internal survey which demonstrated that the practice percentage had increased from 77% (July 2020 - the national GP survey) to 86% (in April 2021 - internal survey) for the indicator relevant to the healthcare professional was good or very good at treating patients with care and concern.
- Feedback we had received from the Patient Participation Group (PPG) members during this inspection was positive about the way staff treated people. PPG members said they were treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.

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

Any additional evidence
<ul style="list-style-type: none"> The practice had carried out an internal survey in April 2021 which demonstrated improvement in a number of indicators compared to the national GP survey results published in 2020. The practice had used an external website to carry out the internal patient survey. They had received 320 responses (13%) out of 2483 survey request sent to the patients. We noted the NHS friends and family test (FFT) results for the last 12 months (18 May 2020 to 17 May 2021) and 93% (out of 1808 responses) of patients were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Easy read and pictorial materials were available. 	

Source	Feedback
Discussion with the patient participation group (PPG) members.	<ul style="list-style-type: none"> Feedback from PPG members demonstrated they felt involved and that their personal decisions were taken into account. PPG) members told us they felt listened to and supported by their doctor and had sufficient time during consultations.

National GP 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 (01/01/2020 to 31/03/2020)	85.1%	90.8%	93.0%	Tending towards variation (negative)

Any additional evidence or comments

<ul style="list-style-type: none"> The practice had carried out an internal survey which demonstrated that the practice percentage had increased from 85% (July 2020 - the national GP survey) to 93% (in April 2021 - internal survey) for the indicator relevant to the patients' involvement in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	N/A
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had multi-lingual staff who might be able to support patients when required. Written information was available for carers on the practice website to ensure they understood the various avenues of support available to them. Primary medical services had been advised to declutter and remove leaflets from practice premises at the start of the COVID-19 pandemic in March 2020. This was in line with current infection prevention and control national guidance during the pandemic. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 207 patients as carers (2.3% of the practice patient list size).
How the practice supported carers (including young carers).	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff recognised the importance of patients' dignity and respect.	

Responsive

Rating: Good

At the previous inspection in September 2019, we rated the practice as requires improvement for providing responsive services because:

- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.

At this inspection in April 2021, we found that the practice had demonstrated improvements and is rated as **good** for providing responsive services.

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: <ul style="list-style-type: none">• At the previous inspection in September 2019, we found the facilities and premises were not always appropriate for the services delivered and the practice was required to address the issues related to infection control. At this inspection in May 2021, we found carpeted flooring in consultation rooms had been replaced with appropriate flooring and the facilities and premises were appropriate for the services being delivered.• The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.• The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and a baby changing facility.• The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.• The practice sent text message reminders of appointments.	

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-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Extended hours opening:	
Monday to Friday (at the practice)	7.30am-8am
Monday to Friday (at local GP hubs)	6.30pm-8pm
Saturday and Sunday (at local GP hubs)	8am-8pm
From Monday to Saturday one of the local GP hubs was opened at the practice's premises.	

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for the phlebotomy service at the practice.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours Monday to Friday from 7.30am to 8am. In addition, extended hours appointments were offered Monday to Friday from 6.30pm to 8pm, and Saturday and Sunday from 8am to 8pm at the local hub, as the practice was a member of a Primary Care Network (PCN).
- Telephone and video consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Due to the COVID-19 pandemic, appointments were offered and undertaken by telephone, video consultation and on a face to face basis when necessary. Staff notified patients of these access changes via text message, notices on the front door and when patients telephoned the practice. • The practice utilised an online triage system which was accessible via their website. The aim of using online triage was to provide a more convenient way for patients to communicate with the practice, as well as empowering and educating the patient on self-care options. The system allowed patients to submit information about their symptoms, request doctors' letters, ask about test results, or review information on common problems. The practice responded to these requests the next working day. If queries were clinical in nature, they were allocated to a GP for review. The GP would provide feedback via the portal, or request the patient book an appointment. • The practice informed us they supported access for people with different communication needs. For example, telephone or face to face appointments for patients who did not have access to a smart phone or computer, and the use of interpretation services during telephone and video consultations. • Patients attending the practice were informed to attend appointments alone (when possible) and wear a face covering. 	

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 (01/01/2020 to 31/03/2020)	35.9%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	44.7%	65.4%	65.5%	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 (01/01/2020 to 31/03/2020)	51.3%	63.8%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	66.4%	69.2%	72.7%	No statistical variation

Any additional evidence or comments

- Results from the July 2020 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in all indicators. However, new national GP patient survey results had not been published yet.
- The practice informed us they had taken steps to improve the access to care and treatment since our last inspection. For example:
- The practice was encouraging patients to register for online services and 50% of patients were registered to use online services.
- The practice had 8,959 patients registered with the practice. On the day of the inspection, we found the practice had added one additional clinical session with a GP and offered 28 GP clinical sessions per week on average. In addition, the practice offered eight advanced nurse practitioner and eight practice nurse clinical sessions per week at the practice.
- We checked the online appointment records and noted that the next appointment with any GP was available within two days and with the practice nurse within two days (at the hub) and within four days (at the practice). Additional appointments were available with the GPs and the practice nurses at the hub in the evening and over the weekend. One of the hubs was based at the practice premises.
- A clinical pharmacist (employed by the local Primary Care Network and also a prescriber) was offering two sessions per week since August 2019 and was involved in carrying out asthma reviews of patients with asthma and prescribing audits for the practice. In addition, a second clinical pharmacist (employed by the local Primary Care Network) had started offering four sessions per week since April 2021 and was involved in carrying out structured medical reviews of patients with long term conditions.
- The practice had installed a new automated telephone booking system 'patient partner' in January 2019. The practice had developed and distributed a 'patient partner' leaflet to promote the use of this service.

- The practice had installed a new telephone system in November 2019 to improve telephone access. In addition, the practice had installed a live telephone statistics monitoring screen in the reception area in October 2019, which allowed them to monitor how long it was taking to answer the telephone calls. The practice manager was able to monitor live data from the dashboard available at their computer system. They informed us this had enabled them to monitor and deploy additional resources if required during busy hours. The practice manager was carrying out a monthly audit on the telephone calls data to monitor how long it was taking to answer the telephone calls and informed us that most of the telephone calls were answered within 10 minutes.
- Staff members we spoke with informed us that the new telephone system had helped in reducing telephone waiting times.

We noted recent internal survey carried out in April 2021 showed that patients' satisfaction with how they could access care and treatment had improved compared to the previous national GP patient survey results published in July 2020. For example:

- The practice percentage had increased from 36% (July 2020 - the national GP survey) to 52% (in April 2021 - internal survey) for the indicator related to telephone access.
- The practice percentage had increased from 45% (July 2020 - the national GP survey) to 67% (in April 2021 - internal survey) for the indicator related to the recent experience of accessing healthcare at the practice.
- 76% of patients were satisfied with the overall experience of using the GP practice.

Source	Feedback
Discussion with the patient participation group (PPG) members	<ul style="list-style-type: none"> • Three members of the patient participation group (PPG) we spoke with praised for efficiently adapting the service in line with the evolving pandemic, whilst maintaining an accessible and supportive service. • They informed us that the practice had tried to improve the access to the service, but further improvement was required. One of the PPG members had said it was difficult to see the same GP again to ensure continuity of care. • They were satisfied with the online access provided by the practice.

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.	7
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The complaint policy and procedures were in line with recognised guidance. • The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Turned away from face to face appointment due to suspected Covid-19 symptoms.	The practice had apologised to the patient and offered a telephone consultation on the same day. The practice had investigated the incident and revised their protocol and advised the clinicians to check the last two weeks consultations during the triage process before offering the face to face consultation.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff we spoke to were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a mission statement which included the delivery of high quality primary health care, responsive to the needs of the local community, to the mutual satisfaction of patients, the doctors and the practice staff. This included promoting job satisfaction and personal development for each member of the team.	

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	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 feedback	<p>We spoke with a mix of staff during the inspection:</p> <ul style="list-style-type: none"> • All the staff interviewed reported a positive experience of working at the practice. • Staff described a positive learning environment where they were supported and encouraged to complete training and professional development. • Staff felt they were treated equally. • We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the senior GP when they needed clinical advice. • Some non-clinical staff we spoke with informed us about the additional pressures of the pandemic and they felt more resources would be helpful at the reception area.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had demonstrated significant improvements in governance arrangements compared to the previous inspection. • The practice had established proper policies and procedures. • The practice had implemented a formal monitoring system to ensure effective monitoring of blank prescription forms and the management of legionella in the premises. • Infection control procedures were implemented and monitored effectively. 	

Managing risks, issues and performance

There were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had developed and implemented several action plans to address the issues identified during the previous inspections and patient surveys. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had undertaken internal risk assessments in response to the Coronavirus pandemic. This included reviewing on-site activity, protecting people at high risk, handwashing, social distancing, and managing transmission risk. • Due to the COVID-19 pandemic, appointments were offered and undertaken by telephone, video consultation and on a face to face basis when necessary. 	

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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	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. However, some improvements were required.

	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> <ul style="list-style-type: none"> • Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments. • The practice had developed a webpage on the social networking website, which had around 150 followers and they were monitoring and responding to the patients' feedback. • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly. • The practice worked closely with their Primary Care Network (PCN). This was particularly evident at the onset of the pandemic, when communication with the PCN was regular. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • We spoke with three Patient Participation Group (PPG) members and they were positive about the care and treatment offered by the practice, which met their needs. • Feedback from the PPG members about the service and staff was wholly positive. They said things had improved since the previous inspection. • They said the staff were caring and receptionists were friendly and helpful. • There was evidence that the practice engaged virtually with the PPG and involved them in discussions relating to the service. However, meeting minutes and action plans were not always documented. • They said the PPG meetings become more effective since the senior GP had started attending the PPG meetings. • Some PPG members we spoke with informed us they were not consulted when the practice carried out the recent patient survey in April 2021. One of the PPG members said they would like to see better two-way communication between the practice and the patients. • They told us that their views and ideas were listened to and accommodated as much as possible. For example, the communication had improved as the practice was sending more frequent text messages to the patients following feedback from the PPG.

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

Examples of continuous learning and improvement

- The practice could demonstrate a clear focus on improving the service. We saw action plans in response to areas that needed improving, such as cancer screening uptake and patient feedback.
- We were told about training and development opportunities for staff to progress within their careers.
- We saw the clinical staff was supported to develop as an advanced nurse practitioner and supported to complete the prescribing course.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- % = per thousand.