

Care Quality Commission

Inspection Evidence Table

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Inspection date: 20 May 2022

Date of data download: 09 May 2022

Overall rating: Good

Safe

Rating: Requires Improvement

We rated the practice as Requires Improvement for providing safe services because:

- Improvements were required in the management of some risks to patients, staff and visitors from fire safety, infection prevention and control, and legionella.
- The arrangements for managing medicines did not always keep people safe.

Safety systems and processes

Most of the practice's systems, practices and processes kept people safe and safeguarded from abuse. However, we found that some improvements were required.

Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
GPs and staff were trained to appropriate levels for their role and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely manner.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice advised patients that chaperones were available if required.	Yes
Additional evidence or comments	
The practice's computer system alerted staff of children that were on the risk register. We looked at the records of five such children and found that the practice's computer system did not alert staff to all family and other household members of these children. However, during our inspection the provider instructed staff to add relevant alerts to all family and household members records of children who were on the risk register. After our inspection the provider told us that this activity had now been completed for all relevant patients.	

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

There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
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Safety systems and records	
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Partial
Records showed that the fire alarm system was tested regularly.	No
The practice had designated fire marshals.	No
Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes
Additional evidence or comments	
Records showed that a fire drill had not been carried out since 20 May 2021.	
Records showed that the fire alarm system had been checked weekly up to and including 25 April 2022. However, staff told us that the fire alarm system had not been checked regularly since then. We looked but could not find evidence to show that the fire alarm system had been checked since 24 April 2022.	
There was no member of staff on duty at the time of our inspection who had been trained as a fire marshal. After our inspection the provider wrote to us and told us that one member of staff had been trained as a fire marshal, but they did not have evidence to confirm this. They also told us that they were in the process of arranging fire marshal training for all reception staff so that there would always be a fire marshal on duty in the practice in the future.	

Infection prevention and control

There were systems and processes to help maintain appropriate standards of cleanliness and hygiene. However, some improvements were either required or ongoing.

We observed the premises to be clean and all areas accessible to patients were tidy.	Partial
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes

There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Additional evidence or comments	
We saw that all relevant staff were adhering to current best practice guidance on COVID-19. For example, wearing face coverings when interacting with patients face to face.	
Hand sanitising gel was available throughout the practice for patients, staff and visitors to use.	
We saw that most chairs in the practice were cloth covered and some in the waiting room were stained. However, records showed that cloth covered chairs were detailed on the practice's cleaning scheduled and were due to be steam cleaned on 6 June 2022.	
We found pull cords used to operate the lights in the cleaning cupboard and kitchen were dirty and not able to be cleaned. These represented a source of infection to anyone that used them. This had not been identified by the IPC audit.	

Risks to patients, staff and visitors

Most risks to patients, staff and visitors were assessed, monitored or managed effectively. However, some improvements were either required or ongoing.

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry dates.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage deteriorating or acutely unwell patients.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Partial
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes

There was an up to date legionella risk assessment and an action plan to address issues identified.	No
Additional evidence or comments	
<p>We saw that some flooring in the reception area and on the stairs to the first floor were secured with tape. Staff told us that repairs had been required for several months and that the tape was a temporary fix. This had not been identified by the health and safety risk assessment. However, records showed that an external flooring company had been booked to attend the practice on 30 May 2022 to carry out a site visit.</p> <p>Staff told us that there was not an up to date legionella risk assessment, the temperature of water from hot and cold outlets was not being monitored and recorded on a regular basis and water samples had not been sent to establish if the building's water system had been colonised by legionella. However, records showed that a legionella risk assessment had been booked to be carried out by an external company on 6 June 2022.</p>	

Information to deliver safe care and treatment

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

Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results, and this was managed in a timely manner.	Yes
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The arrangements for managing medicines did not always keep patients safe.

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)	0.83	0.79	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	6.8%	9.8%	9.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.71	5.75	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	103.8‰	133.4‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.02	0.63	0.62	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	2.6‰	6.8‰	6.8‰	Variation (positive)

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

Medicines management	
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescription forms and pads were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
There was a process for monitoring patients' health in relation to the use of medicines including high-risk medicines with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No
Up to date local prescribing guidelines were in use.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Additional evidence or comments	
Published data showed that antibiotic prescribing was in line with local and England averages.	

Prescribing of multiple psychotropic medicines was better than local and England averages and hypnotics prescribing was significantly better than local and England averages.

We looked at five patient group directions (PGDs) and found that none of them had been completed correctly. For example, additional staff had been added to four of the PGDs that we looked at after the date the PGD had been signed by the authorising manager. This meant that the nurses had not therefore been authorised by the authorising manager to use the PGDs to administer medicines. Also, none of the PGDs that we looked at had had blank areas crossed through (to prevent the addition of more staff names after the authorising manager had signed the PGD). After our inspection the provider sent us evidence to show that PGDs had been reviewed and had now all been completed correctly.

During our inspection we looked at the records of 17 patients who were prescribed high-risk medicines such as warfarin, methotrexate, lithium and zopiclone (a controlled drug). Whilst records showed that best practice guidance had been followed for the majority of these patients, improvements were required to the prescribing of: warfarin for one patient; methotrexate for three patients; and lithium for one patient. After our inspection the provider wrote to us with evidence to show that all patients prescribed high-risk medicines where best practice guidance had not always been followed had been contacted and reviewed or booked in for relevant blood tests and subsequent review.

Medicines that required refrigeration were stored in two designated medicines refrigerators at the practice. We looked at the temperature monitoring records for these refrigerators. Records showed that the temperature of one of the medicines refrigerators had been recorded as being outside of the acceptable limits (of between two and eight degrees centigrade) on seven occasions between January 2022 and May 2022. We asked to see the written guidance available for staff to follow if the temperature of the designated medicines refrigerator went outside of acceptable limits. We also asked to see records that showed what action staff had taken when the temperature of the medicines refrigerators had been recorded as being outside of acceptable limits. However, we were not provided with any.

After our inspection the provider wrote to us with evidence to show that a cold chain policy had been introduced at the practice that contained guidance for staff to follow in the event that either of the medicines refrigerators were recorded as being outside of acceptable temperature limits.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
There was a system for recording and acting on significant events.	Yes
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses both internally and externally.	Yes
Number of events recorded in last 12 months:	2

Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events.	Yes
Additional evidence or comments	
We looked at the records of one significant event that had been recorded as taking place within the last 12 months. We saw that details of the events reported by staff had been investigated, and necessary action taken. Records showed that learning had been discussed at a practice meeting to help reduce the risk of it happening again. For example, staff were made aware at a practice meeting of learning from a significant event where a specific test result for a patient had been overlooked and was only acted upon when the patient next had contact with the practice.	

Safety alerts	
The practice had systems for managing safety alerts.	Yes
Information from safety alerts was shared with staff.	Yes
Staff understood how to deal with safety alerts.	Yes
The practice acted on and learned from safety alerts.	Partial
The practice kept records of action taken (or if no action was necessary) in response to receipt of all safety alerts.	Yes
Additional evidence or comments	
During our clinical searches, we reviewed two safety alerts and found that one had been managed well. An alert regarding the medicines amlodipine and simvastatin had not been acted upon effectively. We looked at four patients' records who were prescribed these medicines and found that the correct dosage was not being prescribed. After our inspection the provider wrote to us with evidence to show that all these patients had been contacted and the dose of medicines prescribed altered to reflect information given in the relevant safety alert.	

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 as well as treatment were delivered in line with current legislation, standards and evidence-based guidance.

The practice had systems and processes to help keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Additional evidence or comments	
Patients with some long-term conditions, such as asthma, diabetes, hypertension, mental health conditions, dementia and patients receiving palliative care were receiving relevant reviews. We found that improvements were required to some reviews of patients with chronic obstructive pulmonary disease (COPD) and atrial fibrillation (AF). However, action was taken immediately by the provider on our inspection findings. For example, all relevant patients had been contacted to ensure their care and treatment was being delivered in line with best practice guidance.	

Monitoring care and treatment

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

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

Effective care for the practice population

Findings
<p>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.</p> <p>Those identified received a full assessment of their physical, mental and social needs.</p> <p>Health checks, including frailty assessments, were offered to patients over 75 years of age.</p> <p>Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</p> <p>The practice had systems to inform eligible patients to have the meningitis vaccine. For example, before attending university for the first time.</p> <p>Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</p> <p>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</p> <p>All patients with a learning disability were offered an annual health check.</p> <p>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</p> <p>The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</p> <p>The practice demonstrated that they had a system to identify people who misused substances.</p> <p>The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.</p> <p>Patients with poor mental health, including dementia, were referred to appropriate services.</p>

Management of people with long-term conditions

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

We looked at the records of 36 patients who were diagnosed with a long-term condition such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, atrial fibrillation (AF), mental health conditions and dementia. Whilst records showed that the majority of these patients had received a review in line with best practice guidance, improvements were required to reviews of some patients with COPD and AF. After our inspection the provider wrote to us with evidence to show that action had been taken and all relevant patients contacted to ensure their care and treatment was being delivered in line with best practice guidance.

Records showed that end of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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.

We completed a series of searches on the practice's clinical record system. These searches were completed to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our searches showed that the practice identified patients with commonly undiagnosed conditions. For example, diabetes. However, we saw that one of these patients had been identified as having a blood test result indicative of potential diabetes some years ago with no record of having been followed up thereafter. After our inspection the provider sent us evidence to show that this patient had been contacted and invited to attend for relevant blood tests and follow up.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	49	53	92.5%	Met 90% minimum

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	43	45	95.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	42	45	93.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	42	45	93.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	46	52	88.5%	Below 90% minimum

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

Additional evidence or comments
Childhood immunisations were carried out in line with the national childhood vaccination programme. NHS England results (published in March 2021) showed that uptake rates were in line with the target of 90% or above in three out of the five indicators. Uptake rates were higher than the target in one indicator but also lower than the target in one indicator. The provider was aware of this performance and staff told us that the deficit was mainly due to a few parents declining to have their children immunized. Letters had been sent to the parent of children who were due or overdue immunisation to encourage uptake and GPs called them to explain the benefits of the relevant immunisations. However, some parents still declined to have their children immunised.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	83.7%	N/A	80% Target	Met 80% target

Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	75.2%	63.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	75.8%	68.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	56.3%	56.3%	55.4%	No statistical variation

Additional evidence or comments

Published results showed that the practice's uptake for cervical screening as at December 2021 met the 80% coverage target for the national screening programme.

Staff told us that clinics had been introduced, where eligible female patients could walk-in without an appointment for cervical screening, and these had been successful in encouraging uptake of this national screening.

Published results showed that performance for breast cancer screening and bowel cancer screening was better than local and England averages.

Published results showed that performance related to the number of new cancer cases treated that resulted from a two week wait referral was in line with local and England averages.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There was an induction programme for new staff.	Yes
The learning and development needs of all staff were assessed.	Yes
All staff were up to date with essential training.	Yes
All staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

National GP Patient Survey Results published in July 2021

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)	94.1%	88.2%	89.4%	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 (01/01/2021 to 31/03/2021)	96.2%	87.3%	88.4%	Tending towards variation (positive)
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)	99.0%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	94.9%	80.3%	83.0%	Tending towards variation (positive)

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)	100.0%	93.1%	92.9%	Significant Variation (positive)
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Additional evidence or comments

Feedback about the practice from the national GP patient survey published in July 2021 was positive. Patient satisfaction scores for all five indicators were higher than local and England averages.

Involvement in decisions about care and treatment

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

Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 156 (3%) patients who were carers.
How the practice supported carers (including young carers).	<p>Patients who were also carers were identified during the practice's registration process, during consultations with clinicians and during the recent COVID vaccination programme.</p> <p>The practice's computer system alerted staff to patients who were carers and staff were able to direct them to relevant support services if required.</p>
How the practice supported recently bereaved patients.	Information regarding end of life care was provided to families in the form of a leaflet when a family member was nearing the end of their life. A condolence card was sent to bereaved patients and they were offered a telephone call to speak with practice staff about their bereavement as well as directed to bereavement support services.

Privacy and dignity

The practice respected patients’ privacy and dignity.

A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements for people who need translation services.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes
The practice complied with the Accessible Information Standard.	Yes

Further information about how the practice is responding to the needs of their population
Patients had a named GP who supported them in whatever setting they lived.
The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
Appointments were available outside of school hours so that school age children did not need to miss school in order to receive care and treatment.
Some sexual health services were available at the practice such as chlamydia screening.
The practice held a register of patients living in vulnerable circumstances such as homeless people, Travelers 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 Travelers.
The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
The practice had its own car park with designated parking available for patients with mobility issues.

Patient toilets were available that included ones that were suitable for use by people with mobility issues.

Baby changing facilities were available.

A hearing loop was available at the practice reception to assist patients who were hard of hearing or deaf.

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.

Practice Opening Times	
Day	Time
Monday	8am to 1pm and 3pm to 6.30pm
Tuesday	8am to 1pm and 3pm to 6.30pm
Wednesday	8am to 1pm and 3pm to 6.30pm
Thursday	8am to 1pm and 3pm to 6.30pm
Friday	8am to 1pm and 3pm to 6.30pm

There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
Patients had timely access to appointments / treatment and action was taken to minimize the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems to support patients who face communication barriers to access treatment.	Yes
Patients with the most urgent needs had their care prioritised.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes

There were systems to monitor the quality of access and make improvements.	Yes
Additional evidence or comments	
<p>The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.</p> <p>There were arrangements with other providers to deliver services to patients outside of the practice's working hours.</p> <p>The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.</p> <p>We looked at the practice's appointments system and saw that the next available face to face appointment with a GP was 20 May 2022 and the next available face to face appointment with a nurse was 20 May 2022. The next available pre-bookable telephone consultation with a GP was 23 May 2022.</p>	

National GP Patient Survey Results published in July 2021

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)	78.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.6%	66.7%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	75.5%	63.1%	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)	89.0%	80.7%	81.7%	No statistical variation
Additional evidence or comments				
Feedback about the practice from the national GP patient survey published in July 2021 was positive.				

Listening and learning from concerns and complaints

Complaints were listened to and used to improve the quality of care.

Complaints	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Partial
Number of complaints received in the last 12 months.	4
Additional evidence or comments	
<p>There was no complaints notice on display in the practice and information was not available to help patients understand the complaints system. However, after our inspection the provider sent us evidence to show that information was now available in the practice to help patients understand the complaints system. For example, posters in the waiting room and corridor of the practice.</p> <p>We looked at the records of one complaint reported within the last 12 months. Records showed that the complaint had been acknowledged and, after investigation, replied to in writing. However, the provider's reply to the complainant did not make reference to the ombudsman for them to contact if they were not satisfied with the outcome of their complaint. After our inspection the provider wrote to us and told us that the omission of reference to the ombudsman in the final reply to the complainant was an oversight. Their complaints policy included example letters that did include reference to the ombudsman, and these would be used for future final replies to complainants.</p> <p>Records showed that learning from the complaints had been shared with relevant practice staff. For example, records showed that learning from a complaint regarding the immunisation of a child was shared with staff involved.</p>	

Well-led

Rating: Good

Leadership, capacity and capability

There was compassionate and inclusive leadership at all levels.

Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Leaders had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
Additional evidence or comments	
Clinical leadership (including clinical supervision) was provided by the GP partners.	
Staff told us that the GP partners and practice management were approachable and always took time to listen to all members of staff.	

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Additional evidence or comments	
The provider had a statement and a statement of purpose which reflected the visions of the practice.	

Culture

The practice had a culture of high-quality sustainable care.

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Additional evidence or comments	
Staff told us they felt respected, valued and supported locally by the practice and by their colleagues.	

Governance arrangements

There were processes and systems to support good governance and management.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Yes
The provider had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date.	Yes
Additional evidence or comments	
We looked at 15 governance documents and found that they were up to date and contained a future review date.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

There were effective arrangements for identifying, recording, managing and mitigating risks.	Partial
There were processes to manage performance.	Partial
Clinical and internal audit was used to monitor quality and to make improvements.	Yes
Records showed that the provider had analysed all clinical audit results and implemented action plans to address findings.	Yes
Records showed that all clinical audits had been repeated or were due to be repeated to complete the cycle of clinical audit.	Yes

There was written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
Additional evidence or comments	
<p>Our inspection identified that improvements were required in relation to the management of risks from:</p> <ul style="list-style-type: none"> • The practice's computer system not alerting staff of all family and other household members of children that were on the risk register. • Fire safety. • Infection prevention and control (IPC). • Health and safety issues. • Legionella management. • Medicines management (Patient Group Directions, prescribing of some high-risk medicines and management of medicines that required refrigeration). • Management of safety alerts. <p>After we told the provider about these findings from our inspection we saw evidence to show they took immediate action to address management of risks from:</p> <ul style="list-style-type: none"> • The practice's computer system not alerting staff of all family and other household members of children that were on the risk register. • Medicines management (Patient Group Directions and prescribing of some high-risk medicines). • Management of safety alerts. <p>The provider had an action plan to address management of risks from:</p> <ul style="list-style-type: none"> • Fire safety. • IPC. • Health and safety issues. • Legionella management. • Medicines management (management of medicines that required refrigeration). <p>We found that some processes to manage some current and future performance were not sufficiently effective. The practice also had to adapt the way they delivered services during the pandemic to reduce the risks from COVID-19 to patients and staff. However, improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities. For example, chronic obstructive pulmonary disease (COPD) reviews, and atrial fibrillation reviews.</p> <p>After we told the provider about these findings from our inspection we saw evidence to show they took immediate action to address them all.</p> <p>Clinical audits demonstrate quality improvement. For example, a heart failure audit demonstrated improvement in the number of eligible patients being prescribed medicines to treat heart failure and that all patients who were not prescribed these medicines had genuine reasons for not taking them as part of their heart failure regime.</p>	

The provider had systems to continue to deliver services, respond to risk and meet patients' needs during the pandemic.

The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems to help identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans to help manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Additional evidence or comments	
Staff told us that they administered covid vaccinations to their own patients, who were housebound, during the pandemic.	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operation information was used to help monitor and improve performance.	Yes
The provider submitted data or notifications to external organisations as required.	Yes
There were arrangements in line with data security standards for the integrity and confidentiality of patient identifiable data, records and data management systems.	Yes

Governance and oversight of remote services

The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes

The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care.

Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
The practice gathered feedback from patients through the PPG.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Additional evidence or comments

Records showed that the practice's Patient Participation Group (PPG) met regularly and their views were acted upon to help make improvements.

The practice monitored feedback received from the national GP patient survey, results of which were positive for all patient satisfaction scores.

Staff told us they felt respected, valued and supported locally by the practice and by their colleagues.

Reviews left on the NHS Choices website

Total reviews	6
Number of reviews that were positive about the service	4
Number of reviews that were mixed about the service	0
Number of reviews that were negative about the service	2

Experience shared with CQC directly via our website

Total received	0
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Number received which were positive about the service	0
Number received which were mixed about the service	0
Number which were negative about the service	0

Examples of feedback received	Source
Feedback about the practice was predominantly positive and there were no common themes in the negative comments we saw.	Reviews left on the NHS Choices website and experience shared with CQC directly via our website over the last 12 months.

Continuous improvement and innovation

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

The practice made use of reviews of incidents.	Yes
Learning was shared effectively and used to make improvements.	Yes
Additional evidence or comments	
Significant events and complaints were used to make improvements and any learning shared with relevant staff. For example, staff were made aware at a practice meeting of learning from a significant event where a specific test result for a patient had been overlooked by the hospital team and was only acted upon when the patient next had contact with the practice.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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