

## Inspection Evidence Table

Dr Kumudini Khare

(1-523478855)

### Inspection Date:

Date of data download: 16/10/2023

## Overall rating: Requires Improvement

Our last inspection took place on 21 December 2015 and the practice was rated good overall and for all key questions. At this inspection on 31 October 2023, we rated the practice as requires improvement in safe, effective, responsive and well led and therefore rated as, requires improvement overall with caring rated as good.

## Context

The practice is situated within the Staffordshire and Stoke On Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of 2,400. This is part of a contract held with NHS England.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1% Asian, 0.8% Black, 1.4% Mixed, 0.2% Other and 96.7% White.

## Safe Improvement

## Rating: Requires

At this inspection, we found:

- Not all staff had completed the level of safeguarding adults and children required for their role.
- The practice safeguarding register was not verified with the local safeguarding teams to ensure safeguarding information was accurate and up to date.
- There were gaps in the practice recruitment checks not all were carried out in accordance with regulations (including for locums).
- There was a lack of formalised regular review of the competence of non-medical prescribers.

- The clinical searches identified deficiencies in the systems in responding to medicine safety alerts and for some patients requiring medicine reviews. Two of the 5 medicine review records sampled lacked detailed documentation or evidence that all of the patients medicines had been reviewed.
- Not all staff were up to date with annual fire safety training, infection prevention and control or training in working with autistic people any people with a learning disability, non-clinical staff had not all completed online basic life support training.

### Safety systems and processes

**The practice had some systems, practices and processes to keep people safe from abuse. However, there were gaps in safeguarding training and the local safeguarding register.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	No
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had accessible policies on safeguarding adults and children. Staff spoken with were aware of the named safeguarding lead, the administrative safeguarding lead and that deputising arrangements were in place.</p> <p>Staff had achieved level 1 but not the expected level 2 for their roles in safeguarding children training. One clinical staff member was part way through their safeguarding level 3 training and other clinical staff had achieved level 3.</p> <p>The practice worked with the local safeguarding team and provided reports when requested for example, for child protection conferences. Arrangements were in place to follow up young children who were not brought for their appointment, for example immunisations.</p> <p>The practice safeguarding register was not verified with the local safeguarding social workers to ensure safeguarding information was accurate and up to date.</p>	

Recruitment systems	Y/N/Partial
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Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed 5 staff recruitment records; these were well ordered and organised. Some staff had been in their role at the practice for over 20 years. All had appropriate disclosure and barring service (DBS) checks.</p> <p>The practice did not hold a complete recruitment record for their regular locum GP(s). The practice advised the locum GP was that of a GP at the nearby practice and that agency locum GPs were rarely used.</p> <p>Gaps were seen in staffs' vaccination history. Staff's vaccination history is required in line with current UK Health and Security Agency (UKHSA) guidance to prevent avoidable harm. Those staff with gaps in their vaccination history had no risk assessment in place to mitigate potential risks.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: October 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: October 2023.	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Records held of the health and safety risk assessments were not all held by the practice but those completed by the building manager were accessible on request. We requested a sample of records such as Legionella and water outlet tests and these had all been completed and actioned for example:</p> <ul style="list-style-type: none"> <li>• Gas safety certificate certified on 26 June 2023</li> <li>• Legionella risk assessment</li> <li>• Asbestos risk safety assessment May 2022.</li> </ul> <p>Environmental health, safety and security monthly audits were completed by the building owners, Midlands Partnership University NHS Foundation Trust.</p> <p>The fire evacuation procedure was displayed throughout the building and the practice had a designated and trained fire marshal. The staff training matrix identified that 2 out of 8 staff members had not completed the annual fire safety training.</p>	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
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Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 18 October 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff received infection prevention and control (IPC) training within 2 weeks of commencement of employment, however, refresher training intervals were not specified in the practices IPC policy. The training matrix seen showed that a total of 2 out of 8 staff had completed IPC training online.</p> <p>IPC audits were completed by the nurse practitioner. All staff were aware of who was the named lead in IPC.</p> <p>The disposable curtains in 2 of the treatment/consultation rooms were over 6 months old. During the inspection measures were put in place for these to be replaced.</p> <p>NHS estates arranged the cleaning contract for the building. There were cleaning schedules and rotas in place. Staff were aware of the actions they would take in the event of an incident relating to the control of substances hazardous to health (COSHH) however the data safety sheets regarding COSHH products could not be located on the day of the inspection.</p> <p>The practice was visibly clean and tidy. Cleaning schedules were available for each room. Each clinical room used by staff and patients had a cleaning log with staff responsible for signing and documenting the cleaning actions taken.</p> <p>Staff had access to the practice's IPC policy and had adequate supplies of personal protective equipment.</p>	

### 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence:	

The lead GP advised us of the workforce challenges they had experienced over the previous 12 months, which had resulted in the appointment of additional staff including a GP assistant and a part time advanced nurse practitioner in addition to managing increased patient demand for appointments.

Staff described that they covered for each other's holidays and sick leave and were a close-knit supportive team.

Clinical staff had been in receipt of basic life support training which were noted in the staff records reviewed however, the online staff training matrix suggested gaps in staffs completion of the training. The deputising manager advised that staff had received this training and would review the training matrix with all staff.

### 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Our review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. This included, patient history, examination, management plans, safety netting and follow ups were adequately documented within the patient record.</p> <p>All results were reviewed by the lead GP and resultant actions the admin team contacted patients for any recalls.</p>	

### Appropriate and safe use of medicines

**The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation. However, we identified areas for improvement.**

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related	1.35	1.02	0.91	Variation (negative)

Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)				
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). (01/07/2022 to 30/06/2023) (NHSBSA)	8.6%	8.8%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	7.62	6.00	5.24	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	184.3‰	152.5‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	2.16	0.41	0.54	Significant variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions 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).	Yes
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.	No
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	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
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
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.	NA

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
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.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Vaccine fridge temperatures were logged twice daily and calibrated to ensure the efficacy of the vaccines.</p> <p>Our clinical searches found that there had been 755 medicine reviews completed. We sampled 5 of the 755 records. We found issues in 2 of the 5 medicine review records sampled, for example:</p> <ul style="list-style-type: none"> <li>1 patient had been electronically coded as having been in receipt of a review, but the record contained no detail of any patient contact.</li> <li>Another patient had a medicine review electronically coded but had only had 1 of their 8 medicines prescribed discussed according to the consultation record.</li> </ul> <p>The provider had recorded medicine reviews had been conducted without documenting the outcomes from the review and with the potential that they had not addressed the required monitoring or changes to treatment that should be identified during a comprehensive review.</p> <p>Medicines that required monitoring such as Disease-modifying antirheumatic drugs (DMARDs) were prescribed and monitored by secondary care.</p> <p>We found that 6 out of 135 patients with asthma had been prescribed 12 or more short-acting beta-agonists (SABAs a class of bronchodilators used to treat asthma symptoms quickly) in the past year. Of the 5 records we reviewed, 2 had been seen for their asthma review in the past 12 months, 2 were overdue review with no recall evident in their notes, 1, had been issued with 13 salbutamol inhalers and according to the records was not on an inhaled corticosteroid and it was noted that it was in doubt whether they had asthma or not.</p> <p>The practice could not demonstrate that there was a regular review of the prescribing competence of non-medical prescribers supported by clinical supervision, peer review or competency checks. Staff with enhanced or extended roles advised that the Lead GP was readily available for discussion of medicines optimisation and safe prescribing.</p> <p>The practice shared emergency medicines with its neighbouring practice and the neighbouring practice took responsibility for the monitoring checks of these medicines. The practice however did not hold a risk assessment for 3 medicines not held which was fed back to the deputising senior receptionist for action by the clinical staff.</p> <p>We discussed the prescribing of antimicrobial guardianship and hypnotics with the lead GP. The GP advised they had reviewed the hypnotic prescribing with the mental health team, as many patients had been on prescribed hypnotic medicines for some time by the secondary care teams. The GP held discussions at medicine reviews with patients on measures were assessed as suitable and appropriate, to slowly reduce the medicine dosage.</p>	



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

**The practice made improvements when things went wrong but did not always demonstrate thorough action plans and learning after incidents.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	27
Number of events that required action:	27
<p>Explanation of any answers and additional evidence:</p> <p>The practice staff had access to a significant event policy to support them in the process. Staff spoken with demonstrated an understanding of the procedure for reporting concerns and safety incidents. Most staff were able to recall and share an example of a significant event raised and the action taken. We saw significant events were discussed in practice meetings held.</p> <p>Some of the significant event records we examined lacked detail of the risks, reflection and the learning outcomes. Action points were not always detailed, including for example identifying whether the policy had been updated. The practice told us trend analysis was briefly looked at however, going forward a more in-depth review/ trend analysis would be undertaken.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A patient was prescribed an antibiotic to which they had in the past had side effects, this was noted when it was due to be dispensed and had not been dispensed by the pharmacy.	There was no patient harm but there had been the potential risk. The practice investigated the incident as a significant event. The pharmacist did not issue the medicine. The lead GP put measures in place to reduce the risk of mitigation, all prescriptions were prescribed or reviewed by the lead GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of actions taken on some alerts, for example, regarding sodium valproate. However, our clinical searches of patient records identified deficiencies in the system of responding to safety alerts. For example, we found 5 patients taking both a medicine that can lower cholesterol and a calcium channel blocker medicine used to lower blood pressure. None of these patients had been informed by the practice that they</p>	



should be on a different statin as it may increase the statin blood concentration and can increase the risk of side effects such as liver damage.

## Effective

## Rating: Requires Improvement

At this inspection, we found:

- There were some deficiencies in the system of responding to patient medicine safety alerts and in the detailing of patient medicine reviews within the consultation records.
- A lack of monitoring recalls were seen for a small number of patients.
- The practice had limited capacity for quality improvement audit activity.
- There was a lack of a formal system to document and review competency in all staff with enhanced or extended roles.
- There was a lack of a formal improvement plan for cervical screening uptake and of measles, mumps and rubella immunisation uptake for children aged 5-year.

*QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### Effective needs assessment, care and treatment

**Patients' needs were, in general, 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes

Explanation of any answers and additional evidence:

Our clinical searches identified a small number of deficiencies in the system of responding to patient medicine safety alerts, in the detailing of patient medicine reviews and in some patient recall systems.

The practice held registers, including those for patients with a learning disability, mental health condition, palliative care and long-term conditions. Patients had access to a social prescriber and liaised with a range of services and professionals including the local learning disability community nurse.

## Effective care for the practice population

### Findings

- Those identified received a full assessment of their physical, mental and social 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.
  - The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
  - 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 demonstrated that they had a system to identify people who misused substances.
  - The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
  - Patients with poor mental health and dementia, were referred to appropriate services.
- The clinical searches completed on 30 October 2023, identified deficiencies in the process of recalls for some patients with long term conditions.

## Management of people with long term conditions

### Findings

- Our clinical searches identified the potential of 4 patients with blood tests indicating they may have an undiagnosed long-term condition of diabetes. Of the 4 records reviewed, 3 had a blood test results which indicated they had diabetes. One patient was due follow up blood tests imminently, but we found no reminder had been sent, 2 other patients also needed to be followed up, but no recall could be found in their records. This meant that these patients had not always been reviewed in line with national guidance. This involves consideration of treatment options, referral for further management and regular monitoring of their condition to prevent long term harm.
- We sampled 5 of the 172 patients with diabetes with a high blood glucose level and retinopathy (a complication of diabetes which can cause blindness if left undiagnosed or untreated). All 5 patients had been in receipt of a full review in the last 12 months.
- 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.

- Our clinical searches found that 25 patients out of 385 with asthma had been in receipt of 2 or more courses of rescue steroids. We sampled 5 of the 25 patients and found that all had recent asthma reviews, however 1 patient was not on an inhaled cortico-steroid (an anti-inflammatory spray). This was fed back to the Lead GP who reviewed the patient.
- Our clinical searches found 18 patients with chronic kidney disease (CKD) level 4 or 5. We reviewed 5 of the 19 records and all these patients were being monitored in secondary care.
- Our clinical searches found 7 patients out of 651 with hypothyroidism on thyroid replacement medicines had potentially not had a specific monitoring blood test in the last 18 months. We sampled 5 of the 7 records and no patient recalls were documented. One patient record suggested the last monitoring blood test was completed in 2011. This was fed back to the lead GP who advised that these patients would be contacted for a review.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	22	23	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	20	22	90.9%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e., received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	21	22	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	21	22	95.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	30	35	85.7%	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>

**Any additional evidence or comments**

The most recent published data showed the practice had exceeded the 95% WHO based target in 3 out of the 5 indicators, had met the minimum 90% target in 1 indicator, and was below the minimum in 1 indicator.

The practice told us they continued to promote uptake of childhood immunisations. There were effective systems in place to follow up children not brought for their immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	61.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	60.8%	N/A	70.3%	N/A
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). (3/31/2023 to 3/31/2023) (UKHSA)	71.8%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	50.0%	50.5%	54.9%	No statistical variation

#### Any additional evidence or comments

The practice cervical screening uptake rate of 71.8% was below the national target. The practice offered a variety of appointments to encourage attendance and information about cervical screening was displayed within the practice. No formal improvement plan for cervical screening uptake strategy was seen.

#### Monitoring care and treatment

**The practice had a limited programme of quality improvement activity.**

	Y/N/Partial
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.	Partial
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:	
The clinical staff had completed a number of audits, and these included for example:	
<ul style="list-style-type: none"> <li>Menopause and prescribed an oestradiol with or without progesterone and actions taken as a result.</li> </ul>	

- Cervical screening inadequate smear audit.
- Infection prevention and control audit.

An audit of patients diagnosed with attention deficit hyperactivity disorder (ADHD) was completed to see if the number of patients diagnosed as adults had increased. The practice audit showed that twice as many patients were diagnosed as children 65.63% than those as adults, 34.38%. It concluded 81.82% of these adults were taking medicines for ADHD compared with 38.10% of the children.

The lead GP acknowledged the need to develop a programme of targeted quality improvement including second cycle audits to demonstrate quality improvement going forward.

### Effective staffing

**The practice was able to mostly demonstrate that staff had the skills, knowledge and experience to carry out their roles. However not all staff completed mandatory training.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Partial
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were provided with good training opportunities and their training needs were discussed as part of their annual appraisal. Staff were provided with protected learning time (PLT) for staff training. An electronic tool was used to record on-line staff training modules. This showed most but not all staff had completed essential training.</p> <p>The practice had reviewed its skillset to ensure a more resilient workforce. An advanced nurse practitioner (ANP) was employed to assist the GP in their work as well as a nurse practitioner. The ANP and nurse practitioner were provided with opportunity for regular debriefs and support from a GP however, these were not documented. The lead GP acknowledged the need to improve their auditing of consultations for staff employed in advanced clinical practice and ensure they were provided with more structured formal clinical supervision.</p>	

### Coordinating care and treatment

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

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

	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.	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
<p>Explanation of any answers and additional evidence:</p> <p>Health promotion boards were displayed in the waiting areas and provided patients with a range of information. Patients were referred or signposted to services to support them to live healthier lives including the National Diabetes Prevention Programme (NDPP programme).</p> <p>A social prescriber was employed through the Primary Care Network (PCN) and staff referred patients to the service when consent was provided to do so. The practice were aware of the availability of resources including easy read booklets on various topics to help people understand their healthcare and any procedures they may have.</p> <p>Patients had access to a mental health practitioner, a social prescriber and first contact physiotherapist via the PCN.</p>	

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
<p>Explanation of any answers and additional evidence,  Staff had access to a consent policy. Clinicians we spoke with demonstrated a clear understanding of consent and shared examples of gaining informed or written consent prior to immunisations.</p> <p>The practice had a DNACPR policy that stated staff were to be aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interest.</p> <p>From our clinical review of 2 patient notes where a DNACPR decision had been recorded, we found that where possible patients' views had been sought and respected and the forms had been left with the patient in their home setting. The lead GP acknowledged it was not easy to find the DNACPR consultation narrative within the records and did rely on the clinician going through the narrative in the consultation notes. This could be time consuming for example if the clinical staff member was a locum.</p>	

## Caring

## Rating: Good

At this inspection, we found:

- There was no patient participation group in place at the time of the inspection.

### 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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
Practice compliments	The practice had been in receipt of a number of thank you cards which were posted in the reception areas and of direct compliments.
CQC observations	During the inspection staff were observed to be courteous, professional, friendly and helpful during patient interactions when patients attended in person or telephoned the practice.
NHS website	There were 3 reviews on the NHS UK website between February 2022 and February 2023. There were 2 five-star reviews and a 1-star review. The positive feedback related to staff and access and the negative feedback related to a prescription delay.
Healthwatch	No concerns were raised.
CQC Give feedback on care/ complaints	We received 1 complaint regarding the practice in the 12-month period in relation to phlebotomy. The patient was provided with information on how to raise a complaint directly to the practice.



## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	79.1%	85.2%	85.0%	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 (01/01/2023 to 30/04/2023)	78.7%	84.6%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	86.8%	93.5%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	62.2%	69.7%	71.3%	No statistical variation

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

### Any additional evidence

The practice told us they reviewed feedback about the service through a range of sources including the National GP Patient Survey, Google, Friends & Family Test, compliments, and complaints, which were discussed in meetings held and had made attempts to set up a virtual patient participation group.

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. Patients received support and the PCN social prescriber signposted patients to a range of services such as non-statutory, voluntary and independent organisations.	

## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	90.5%	91.1%	90.3%	No statistical variation

	Y/N/Partial
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 leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 22 of their patients as carers. This represented just under 1% of the practice population.
How the practice supported carers (including young carers).	Information was available on the practice website that provided links to a range of information for carers.  Staff signposted carers to a social prescriber whose role included assisting patients, including those registered as carers, in need of help, support and advice.  Carers were offered a free flu jab and a general health check.
How the practice supported recently bereaved patients.	The practice told us they made calls to bereaved families, offered their condolences, send a condolence card and signposted them to the social prescriber or mental health practitioner for support.

## Privacy and dignity

**The practice respected patients' privacy and dignity.**

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

Explanation of any answers and additional evidence:  
During the inspection site visit we saw consultation and treatment room doors were closed during patient consultations. Incoming calls were taken away from main reception desk to promote privacy wherever possible. The layout of the practice with the shared waiting area and another practice reception desks within very close proximity could at times compromise privacy and dignity. However, staff we spoke with were able to share examples of how they promoted and respected confidentiality, privacy, and dignity in their work.

## Responsive

## Rating: Requires Improvement

At this inspection, we found:

- Four of the national GP patient survey finding indicators were below the England averages in respect of; ease to get through to the practice by phone, overall experience of making an appointment, satisfaction with the appointment times and by the appointment offered by the practice.

We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people’s needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is ‘requires improvement,’ as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

**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.	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 in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Services were provided from a ground floor practice within a large health centre owned by the landlord Midlands Partnership NHS Foundation Trust (MPFT). Automatic doors and level ramp provided easy access to the premises. Car parking was available outside the health centre.  The practice had an induction hearing loop and a wheelchair available in the entrance area to assist patients to access care and treatment if they required it.	

**Practice Opening Times**

Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
Enhanced hours were provided on a Tuesday between 7am to 8am	
Appointments available:	<p>Appointments were available at various times according to the clinician.</p> <p>Additional enhanced hour service appointments were available between 7am and 8am every Tuesday.</p> <p>Reception could book patients into routine appointments up to 2- 4 weeks in advance for a GP.</p>

#### 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.
- Additional enhanced hour service appointments were available between 7am and 8am every Tuesday.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances or people who may find GP access more difficult were easily able to register with the practice, including those with no fixed abode such as homeless people and patients living within Gypsy, Roma and Traveller communities.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

#### Access to the service

**People were not always able to access care and treatment in a timely way.**

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Yes

Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Four of the national GP patient survey finding indicators were below the England averages in respect of; ease to get through to the practice by phone, overall experience of making an appointment, satisfaction with the appointment times and by the appointment offered by the practice. The national GP patient survey included 400 surveys sent out to patients. Of these 98 surveys were returned providing a response rate of 25%.</p> <p>The practice offered face to face appointment as well as telephone consultations with the GP, advanced nurse practitioner (ANP) and nurse practitioner (NP). The availability of appointments was based on the working hours of each practitioner. For example:</p> <ul style="list-style-type: none"> <li>• The nurse practitioner (NP) worked 16 hours over Monday, Tuesday, and Friday mornings.</li> <li>• The advanced nurse practitioner (ANP) worked 12 hours per week which included all day on a Wednesday.</li> <li>• The lead GP worked each week day with administration hours completed on Wednesdays.</li> </ul> <p>The GP face to face appointment slots in general amounted to 5 per session, and approximately 14, telephone appointments.</p> <p>The ANP/NP telephone appointments were around 6 per session and 12 face to face appointments.</p> <p>All online consultation emails were reviewed on the same day by the lead GP and scanned into the patients' record.</p> <p>The core opening hours were 8am to 6pm with the provider contract. The out of hours (OOH) service was in place from 6pm when the practice telephone service switched to the OOH.</p> <p>Should all appointment slots be filled, the lead GP assessed the patient to determine the urgency and where required slotted patients in for review, children and babies were seen on the same day.</p> <p>Reception staff explained patients that the practice employed two qualified nurse prescribers who they could see instead of a GP.</p> <p>Home visits were conducted by the lead GP or referred to the Acute Visiting Service (AVS) provided for patients from a local GP within their Primary Care Network.</p> <p>The lead GP was clear that they preferred not to use locum staff. When annual leave or sickness absence cover was required, the lead GP usually employed the services of a GP within a practice co-located at the health centre. This arrangement meant that the registered patients were also aware of the GP supporting them during the lead GPs absence.</p>	

## National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	48.9%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	52.9%	50.8%	54.4%	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 (01/01/2023 to 30/04/2023)	46.7%	48.4%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	64.2%	71.4%	72.0%	No statistical variation

### Any additional evidence or comments

The practice were aware of the National GP Survey results but had yet to formulate a documented action plan or strategy. They reviewed information about access to the service via a range of sources including the National GP survey results, compliments, friends and family test results, Google review responses, and complaints.

Telephone access had been above local and national access rates from 2018 to 2022. This dropped in 2023 to slightly below local and national average access by telephone rates. Data had dropped by 30% in two years and was on a downward trend.

Overall appointment experience was more or less level between 2018 to 2020, with a slight rise above local and national averages in 2021, with a drop of 28% in 2022 to below local and national, with a slight rise in 2023.

The feedback from patients on whether they were very satisfied or fairly satisfied with their GP practice appointment times was below national and just above local in 2018 to 2020, a rise to just above both in 2021, then a steep drop of 21% over two years to below local and national averages, in 2023, a downward trend.

For the percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered, these were below local and national averages from 2021 to 2023 with no signs of improvement in the data.

The practice had carried out an informal access and capacity review in which they identified the need for the addition of an advanced nurse practitioner which they had employed in order to make access to appointment improvements.

An audit in January 2023 was performed to assess how patients contacted the practice, how happy they were about this and how happy they were about the appointment times available. The audit followed on from a prior audit in September 2022. The practice audit included 48 surveys completed by patients who attended the practice. The results identified that all had contacted the practice by phone. The results findings were:

- 52.5% of the patients surveyed were either satisfied or very satisfied when they contacted the practice by telephone

When comparing this audit to that of September 2022 it showed that:

- The percentage of patients satisfied or very satisfied had dropped from 60% to 52.5%
- 75% of the patients surveyed were either satisfied or very satisfied with the appointment times available.

When comparing this audit to that of September 2022 it showed that:

- The percentage of patients satisfied or very satisfied increased from 55% to 75%
- 51% of the patients surveyed were satisfied or very satisfied with the GP Practice website.

When comparing this audit to that of September 2022 it showed that:

- The percentage of patients satisfied or very satisfied increased from 40% to 51%.

The practice reviewed their telephone systems and online access. The practice advised that they had a cloud-based telephony system. The practice online access was via email consultations submitted. The GP and advanced nurse practitioner (ANP) managed the triage and ensured these were same day reviewed.

The practice reported they had discussed capacity and demand with their staff and who felt capacity had increased for patients with the appointment of an additional clinical staff member.

We reviewed the appointment system availability on 2 November 2023. The next routine face to face consultation with a GP was on Monday 6 November 2023 and next urgent face to face appointment was available for 5.10pm 2 November 2023. The nurse practitioner/ANP appointment face to face was 2 November and there were telephone consultations available for the same afternoon.

The practice told us they offered routine appointments which were available to book two weeks in advance. They said they endeavoured to keep waiting times to a minimum, urgent patients were seen the same day and they did their utmost to meet increasing demand.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 3 reviews on the NHS UK website between February 2022 and February 2023. There were 2 five-star reviews and a 1-star review. The positive feedback related to staff and access and the negative feedback related to a prescription delay.

## 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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2



Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
The practice used complaints and information from significant events as part of its complaints process.	

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

Example of learning from complaints.

Complaint	Specific action taken
A patient raised a complaint about a range of issues including submission of clinical waste, staff approach, being advised that they could not attend an appointment with a list of concerns.	<p>The practice investigated the complaint and put measures in place to mitigate the risk of reoccurrence. The lead GP listened and discussed with the complainant the concerns raised and reassured them that the feedback would be used for improvement.</p> <p>Actions following the complaint included:</p> <ul style="list-style-type: none"> <li>• The use of name badges so patients were aware of who they were speaking with as well as staff introducing themselves'</li> <li>• Staff reminded that patients may feel upset/distressed and vulnerable when attending the practice and to mindful of their attitude and approach.</li> <li>• Clinicians to go to reception to call their patients in discreetly to maintain patients privacy.</li> <li>• Listening to patients concerns and avoiding casual comments that maybe open to interpretation.</li> </ul> <p>Apologies were offered to the patient.</p>

## Well-led

## Rating: Requires Improvement

At this inspection, we found that:

- There were gaps in the practice oversight processes for managing risks, issues and performance in some areas identified during the inspection.
- There was no evidence seen that progress against delivery of the practice strategy was monitored.
- There were gaps in staff training despite practice manager oversight and prompts.

### 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us leaders were visible, approachable and accessible in person, by phone, email and through a range of meetings held. All staff were aware of the challenges which included managing patient expectations, impact of secondary care wait times and the increasing demand for appointments and being tenants within a health centre premise.</p> <p>The practice had developed a 'Disaster Handling and Business Continuity Plan' last revised in January 2023 which included actions to take for example should there be a reduction of staff including GPs.</p> <p>The leader GP and practice manager had reviewed the practice workforce and appointed an advanced nurse practitioner to join their team in addition to their non- medical prescribing nurse practitioner.</p> <p>The practice collaborated with their Primary Care Network (PCN) and patients had access to additional roles practitioners such as a social prescriber and physiotherapist.</p> <p>An informal succession plan was in place which included a number of options, the practice had considered the potential of a merger with another practice in the past.</p>	

### Vision and strategy

**The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice vision and strategy was last reviewed in December 2022. Practice staff were aware of the practice's aims which was to provide a high standard of patient focused healthcare in a responsive, supportive and courteous manner, whilst ensuring that all staff and patients are treated with dignity, honesty and respect. Staff described the team as, close knit and supportive and that in general they all shared ideas and suggestions with each other on a daily basis. They could not recall if they had collaborated or had input into the practices vision, aims and objectives.</p> <p>There was no evidence seen that progress against delivery of the strategy was monitored.</p>	

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they maintained a professional, open and friendly, working environment in order to encourage transparency and promote positivity.</p> <p>All staff reported that the team as individuals were approachable and fostered an open-door policy in order to support each other. This was reflective of feedback we gained from staff who reflected positively on the culture at the practice. Staff reported that their wellbeing was considered, and all reported that they could without concern report matters confidentiality to the practice management team, safe in the knowledge these would remain private.</p> <p>The staff group were regularly asked about factors that positively and negatively impacts on their wellbeing in the workplace, in order that the lead GP or practice manager could consider actions they could take to mitigate.</p> <p>Staff took lunches together and enjoyed ad hoc social events as a team.</p> <p>All but one staff member had completed the practice online equality and diversity training and they had completed this training at another practice where they were also employed.</p>	

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

Source	Feedback
CQC staff feedback questionnaires	Staff told us they enjoyed working at the practice and that practice management put in place improvements based on their feedback, such as the practices blood test form process. Staff said they found everyone approachable, very supportive and that staff morale was good. They told us they all worked well as a team and that they felt like they had a work 'family.'

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence: Staff spoken with demonstrated a clear understanding of their role and responsibilities. As a small team they spoke to each other throughout the day but had in place a range of meetings to disseminate information. Each meeting was recorded, and staff signed to state they had read and understood the content.</p> <p>Meetings included for example:</p> <ul style="list-style-type: none"><li>• Practice meetings</li><li>• Informal and formal clinical team meetings</li><li>• Reception meetings</li><li>• Palliative care meetings</li><li>• Primary care network (PCN) meetings.</li></ul> <p>The practice closed one afternoon per month for staff meetings and protected learning. The staff said the regular agenda items, for example significant events, complaints, improvements, would improve and focus their meetings to ensure that all matters were covered, minuted and nothing was missed.</p> <p>We reviewed the clinical systems and repeat medicine requests, and blood test results awaiting review and found no backlog.</p>	

## Managing risks, issues and performance

**The practice had processes for managing risks, issues and performance. However, these were not always effective.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

The practice had a business continuity plan in place which was regularly reviewed.

Training records showed all clinical staff were up to date and had received basic life support training. The training matrix however had gaps in respect of non-medical staff online basic life support training as well as other training gaps. We saw minutes from meetings where the practice manager had actively prompted and encouraged staff to complete their required training.

There was a limited programme of quality improvement in place due in part to the smaller number of practice staff members who worked part time and the lead GPs available time.

There were gaps in the practice oversight in some areas identified during the inspection and these included:

- Level of safeguarding training appropriate for the staff members role
- Training matrix and mandatory training refresher intervals.
- Recruitment checks for locum staff and staff vaccination/immunity.
- Control of substances hazardous to health (COSHH) data safety sheets could not be located on the day of the inspection.
- A regular review of the prescribing competence of non-medical prescribers supported by clinical supervision, peer review or competency checks.
- A lack of monitoring recalls were seen for a small number of patients.

The practice had good working relationships with the landlord and when required meetings were held with them to discuss the premise and any associated risks.

#### 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

#### 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.	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.	NA
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	No
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had made attempts to re-start their PPG post pandemic, but this had yet to come to fruition.</p> <p>Staff were clear in that their views were sought in respect of the planning and delivery of services.</p> <p>The practice was a member of the primary care network (PCN). They worked in collaboration with the PCN resulting in member practices building stronger working relationships together with external partners. This included the local integrated care system (ICS), other local PCNs and the landlord, Midlands Partnerships Foundation Trust (MPFT).</p>	

#### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	No
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	

#### Examples of continuous learning and improvement

Staff told us they were supported with education and opportunities for career progression, many staff having worked at the practice for over 20 years.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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



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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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 those aged 25 to 49, and within 5.5 years for those 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.