

# Care Quality Commission

## Inspection Evidence Table

### Clapham Junction Medical Practice (1-6581939152)

Inspection date: 4 November 2021

Date of data download: 25 October 2021

## Overall rating: Good

We carried out a comprehensive inspection of Clapham Junction Medical Practice on 4 November 2021 and have rated the provider as good overall. Specifically, we found the practice to be good for providing effective, responsive, caring and well led services, and requires improvement for providing safe services.

## Safe

## Rating: Requires Improvement

We rated the practice as requires improvement for safe because whilst we found no evidence of patient harm, some of the practice's systems, practices and processes to keep people safe were not consistently implemented at the time of the inspection. The process for reporting and recording significant events was not clear and did not ensure that all risk was identified in order to learn from events. The practice did not stock some emergency medicines and did not have a documented risk assessment for medicines not stocked. The practice had failed to remove some out of date vaccines from the fridge. The practice had not ensured that all staff had completed the required level of safeguarding training recommended for their role.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- At this inspection we found that two non-clinical staff members were not trained to the required adult and child safeguarding level 2 as set out in the updated intercollegiate guidance 2019. During the inspection, the practice provided evidence that the staff members had completed level 2 safeguarding training.</li> <li>- Out of hours were not routinely informed of relevant safeguarding information but were able to access the practices systems regarding safeguarding information.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- Evidence of recruitment checks carried out for locum staff was not available in staff folders, however the practice told us that they had assured themselves that the relevant checks were completed.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y July 2021
There was a fire procedure. Date of fire risk assessment:	Y Y
Actions from fire risk assessment were identified and completed.	Aug 2021

## **Infection prevention and control**

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

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y May 2021
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, however not all systems were operating effectively.**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR	0.47	0.58	0.69	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - 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). (01/07/2020 to 30/06/2021) (NHSBSA)	5.2%	10.6%	10.0%	Variation (positive)
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 (01/01/2021 to 30/06/2021) (NHSBSA)	6.43	5.58	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	68.9‰	60.2‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.90	0.59	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	6.6‰	4.6‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y

Medicines management	Y/N/Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p data-bbox="57 999 807 1032">Explanation of any answers and additional evidence:</p> <ul data-bbox="57 1088 1541 1671" style="list-style-type: none"> <li data-bbox="57 1088 1541 1335">- When reviewing the emergency medicines, we found that the practice did not stock Dexamethasone (used for Croup in children), Diclofenac (an analgesia) or Furosemide or Bumetanide (used for Left ventricular failure). The practice did not stock Midazolam (buccal) (a medicine used where a patient is having an epileptic seizure), however they did have an appropriate substitute medicine, Diazepam. The practice had not risk assessed not having these medicines in stock and the potential risks this posed to patients.</li> <li data-bbox="57 1335 1541 1424">- During the inspection, the practice drafted risk assessments regarding the stocking of Diclofenac and Furosemide/Bumetanide and provided evidence of this.</li> <li data-bbox="57 1424 1541 1514">- The practice also informed us that they had ordered and received stock of Dexamethasone during the inspection.</li> <li data-bbox="57 1514 1541 1603">- During the inspection, we identified five vaccines for Shingles had expired in October 2021. The practice removed the vaccines from the fridge and disposed of them immediately.</li> <li data-bbox="57 1603 1541 1671">- We reviewed a sample of eight Patient Group Directions and found them to be completed appropriately.</li> </ul>	

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

The practice learned and made improvements when things went wrong, however the system for reporting when things went wrong did not allow for all incidents to be recorded and all potential risk to be identified.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Partial
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- We saw evidence of significant events being discussed at meetings and staff were aware of what they thought should be recorded as a significant event, however there was no formal system in place for documenting a significant event as soon as it happened and events considered significant would be relayed to the duty doctor by word of mouth.</li> <li>- Staff we spoke to felt that some incidents should have been recorded as significant events that were not and the system for reporting them meant that there was a possibility for under-reporting.</li> <li>- Not all staff were aware of how they would report an incident externally but would seek advice from the lead GP.</li> </ul>	

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

Event	Specific action taken
Delay in patient's treatment due to a lack of communication and safety netting leading to patient's condition deteriorating.	The practice acknowledged the lack of communication between themselves, the patient and secondary care and the failings of their safety netting systems. The patient was offered an apology and treatment was started. The event was discussed, and the learning shared, and an action plan was put in place to prevent future similar events.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

## Effective

## Rating: Good

We have rated the practice good for providing effective services because the practice had a programme of learning and development to provide staff with the skills, knowledge and experience to carry out their roles and we saw evidence of effective overall monitoring of patients with long term conditions. We found that although the practice had not met the minimum 90% target for childhood immunisation uptake indicators or the 80% target for cervical screening for 2019/20 and 2020/21, they provided unverified data which showed improvement across all of the childhood immunisation uptake indicators and improved cervical screening uptake as of November 2021.

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

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

### Effective care for the practice population

#### Findings



- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs via the Planning All Care Together (PACT) programme.
- Health checks 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions

### Findings

- Evidence from clinical searches looking at the management of people with long term conditions found that these patients were being managed effectively overall. However, searches identified that for patients with diabetic retinopathy with a higher blood glucose level than recommended guidance, an appropriate management plan was needed to address poor diabetic control in this group of patients.
- Clinical searches found no concerns with the monitoring of patients with other long-term conditions.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.



- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	17	20	85.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	17	19	89.5%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	17	19	89.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	17	19	89.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	12	17	70.6%	Below 80% uptake

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

#### Any additional evidence or comments

- The practice had not met the minimum 90% for five of five childhood immunisation uptake indicators in 2019/20. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for five of five childhood immunisation uptake indicators in 2019/20.
- The practice provided unverified data which showed that they had achieved 100% for the percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection and

children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC).

- The practice provided unverified data which showed that they had achieved 93% for the percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR).
- The practice provided unverified data which showed that they had achieved 71% for 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).
- The practice contacted the parents or guardians of children due to have childhood immunisations. They had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice told us that they ran a late clinic on Tuesdays between 4.30 – 8pm to allow patients to attend the practice outside of school and work hours.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	53.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	62.3%	67.1%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	48.7%	57.8%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	50.0%	54.3%	54.2%	No statistical variation

#### Any additional evidence or comments

- The practice attributed their low cervical screening data to the ethnic diversity of their patients and their cultural beliefs and disengagement with health services.
- The practice told us that they have tried various communication means, including texting and phoning patients and they provided a cervical screening clinic on Saturday mornings from 8am -12 noon.
- Unverified data provided by the practice showed as of November 2021, the practice had achieved 74% for 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 82% for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 5.5 years for women aged 50 to 64), up from the combined 53.9% uptake the practice had achieved as of March 2021.

## Monitoring care and treatment

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

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

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<ul style="list-style-type: none"><li>- The practice told us that in response to an MHRA alert, they now issue steroid emergency treatment cards for patients on long term steroids or high dose steroids. In an emergency these patients would need intravenous steroids, so they communicate this to all patients in that category and make sure they are able to obtain one of these cards either from the pharmacy, online or from the practice.</li><li>- We reviewed a 2-cycle practice led audit on use of controlled drugs, zopiclone and diazepam- which showed good record keeping (100% on documenting indication of use) and 0% being prescribed for more than 1 month.</li></ul>
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## Effective staffing

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

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

Explanation of any answers and additional evidence:

- We saw evidence of appraisals being carried out; however, we did not see evidence of regular supervision, one to ones or coaching and mentoring. Staff told us that due to the nature of the practice, it being a small, family environment, they often had informal chats where any needs or concerns would be discussed.

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

**The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.**

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

- We reviewed four DNACPRs and found that there were gaps in the information being recorded on the forms themselves. The forms were not always clearly dated, timed and appropriately signed by the senior responsible clinician, the setting for the implementation of the DNACPR was not recorded, a decision about mental capacity was not recorded and there was no evidence of a review date. The practice was able to evidence that some of this information was being recorded in another area of patients notes but had not assessed the potential risk of this information not being included in the form as the copy belonging to the patient would not have contained all the necessary information and third party services looking for information may miss information recorded in different places.
- The practice told us they would review their procedure for recording information on a patient's 'allow a natural death' form and consider printing and completing the form, then scanning the form into their systems to ensure consistency.

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Comment cards	<p>37 comment cards received, 35 had a positive response.</p> <p>Feedback from patients included:</p> <ul style="list-style-type: none"> <li>- They felt it was a safe and clean environment.</li> <li>- Patients were treated with kindness, dignity and respect.</li> <li>- The practice met the needs of its patients.</li> <li>- Staff were professional, caring and friendly.</li> </ul>
Give feedback on care	<p>Feedback from patients included:</p> <ul style="list-style-type: none"> <li>- The practice offered a good reliable service.</li> <li>- Patients would recommend the practice to family and friends.</li> </ul>

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	85.9%	90.1%	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)	88.2%	88.4%	88.4%	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 (01/01/2021 to 31/03/2021)	93.6%	95.9%	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)	88.8%	85.2%	83.0%	No statistical variation

### Any additional evidence or comments

The practice had carried out analysis of the results from the GP patient survey 2021 and had identified areas for improvement including more appropriate signposting, exploring all services available locally, encouraging patients to call the GP back if they felt that their needs were not being met and encouraging patients to be open if they felt that their problem had not been addressed adequately.

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

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- Signposting, easy read and pictorial materials were available.</li> <li>- The practice was supported by a Primary Care Network (PCN) social prescriber.</li> </ul>	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	90.0%	93.1%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- The practice website lacked information regarding support or signposting for young carers. The website did not contain information relating to trans patients.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	1% (23 carers identified).
How the practice supported carers (including young carers).	The practice was supported by a PCN social prescriber.



How the practice supported recently bereaved patients.	Leaflets were available in the practice.
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## Privacy and dignity

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

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

## Responsive

**Rating: Good**

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00-18.30
Tuesday	08:00-20.00
Wednesday	08:00-18.30
Thursday	08:00-18.30
Friday	08:00-18.30

Appointments available:	
Monday	08:30-18.30
Tuesday	08:30-18.30 18.30-20.00 (by appointment only)
Wednesday	08:30-18.30
Thursday	08:30-18.30
Friday	08:30-18.30
Saturday	08.00-12.00 (by appointment only)

#### Further information about how the practice is responding to the needs of their population

- Patients had a named GP, but they were not always able to be seen by that GP.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8.00pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday from 8am to 12 noon.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

## Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Partial
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>- The practice website lacked signposting information to allow patients access a wider range of services, however staff, including the social prescriber signposted patients to services.</li> </ul>	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	84.0%	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)	86.0%	74.8%	70.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	84.3%	71.4%	67.0%	Tending towards variation (positive)
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)	86.9%	82.1%	81.7%	No statistical variation

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not 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

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- We saw evidence of two complaints that had been recorded and handled in a satisfactory way. However not all complaints were recorded to provide a true reflection of how many patients were satisfied with how their complaint was handled. The practice did not keep a log of verbal complaints, as the practice told us these were dealt with at the time and resolved. The practice did not have a formal complaints form that could be given to patients, with information of how to escalate their complaint if they were not satisfied with how the complaint was handled. The practice did have a complaints policy and information on their website of how to complain as well as escalation information.</li> <li>- During the inspection, the practice set up a verbal complaints log to keep track of all verbal complaints going forward and provided evidence of an updated complaints protocol.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding incorrect information contained in a patient's medical report.	The Medical Defence Union (MDU) guidance was sought and a reply letter formulated. An apology was offered, and patients records were updated.

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>- We saw no evidence of a documented leadership development programme, including a succession plan and staff we spoke to were unaware of either of these being in place.</li><li>- The practice told us that they were building a clinical workforce through the PCN, which included a clinical pharmacist, a paramedic and a social prescriber. They also had a physician's associate who will be joining the practice in the near future. The practice had employed three clinical staff in the last 18 months, including a part time practice nurse and believe that their current staff capacity is sufficient to meet patient demand.</li><li>- The practice had identified that the premises was one of their biggest challenges and told us that due to redevelopment in the area, they would be moving to a new location within the next five years.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>- Not all staff we spoke to knew and understood the vision, values and strategy and their role in achieving them.</li></ul>	

## Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Partial
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>- The practice did not have access to a Freedom to Speak Up Guardian and staff did not know what the role of a Freedom to Speak Up Guardian was.</li> <li>- During the inspection the practice told us they have now put a Freedom to Speak Up Guardian in place and staff are aware of who they are and how to contact them.</li> </ul>	

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

Source	Feedback
CQC staff questionnaire	Feedback from staff included: <ul style="list-style-type: none"> <li>• Staff felt supported by the practice and that it was a family environment.</li> <li>• They felt leaders in the practice were visible and approachable.</li> <li>• Staff felt they had a good understanding of their role and responsibilities.</li> <li>• Some staff felt that there was not enough staff capacity.</li> <li>• Some staff felt that they were not always sure who to go to in the practice with issues and were sometimes given incorrect information.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

## Managing risks, issues and performance

**There were clear processes for managing risks, issues and performance, however they were not consistently effective.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: - There was a system in place for checking emergency medicines to ensure the correct medicines were stocked however this system was not always effective, as the potential risks associated with not stocking some emergency medicines had not been documented. - There was a system in place for checking vaccines to ensure that they were in date, however this system was not always effective, as out of date vaccines were found in the fridge during inspection, which the practice told us they had identified but not removed.	

**The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic**

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y



## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: - The practice told us they follow the South West London Clinical Commissioning Group's (CCG) medicines optimisations scheme and routinely review the open prescribing scheme which allows benchmarking against neighbouring practices and national averages across many indicators.	

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>- Although there was a Patient Participation Group (PPG) in place, due to the Covid19 pandemic the PPG had not been able to meet and there was no virtual PPG in place.</li></ul>	

Feedback from Patient Participation Group.

Feedback

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>- We saw evidence of meeting minutes where learning was shared and actions for improvement identified.</li></ul>	

## Examples of continuous learning and improvement

- The practice told us that they are proud to work in a small practice, providing patient centred care. They believe that their management of patients with long-term conditions has improved over the last few years and said they felt they were more organised overall.

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

### Glossary of terms used in the data.

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