

# Care Quality Commission

## Inspection Evidence Table

### Cowplain Family Practice (1-544009443)

Inspection date: 18 October 2021

Date of data download: 14 October 2021

**Overall rating: add overall rating here: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
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.	Yes
Explanation of any answers and additional evidence: Safeguarding meetings were held every two weeks and involved all relevant stakeholders. Staff we spoke with were able to identify any concerns that may be related to a safeguarding issue and knew how and who to report any concerns to both within the practice and externally.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes

Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
All recruitment files we reviewed had the relevant information including: <ul style="list-style-type: none"> <li>• Employment history.</li> <li>• References.</li> <li>• Induction checklists which included information on mandatory training, staff handbook location of policies and privacy notices.</li> <li>• Photographic identification.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19 January 2021	Yes
There was a fire procedure. Date of fire risk assessment: 13 October 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>The fire risk assessment, carried out by external contractors, had 11 action points to be completed over varying periods of time from one to three months. These included changing the locking mechanism on a fire door for ease of evacuation and updating the fire evacuation plan each time a member of staff left the practice to ensure that responsible individuals listed in the plan were still correct. We saw evidence that these actions had been completed</p>	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control (IPC).	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 17 October 2021	Yes
The practice had acted on any issues identified in infection prevention and control (IPC) audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• All staff had completed IPC training appropriate to their role including handwashing technique.</li> <li>• All policies regarding IPC were regularly reviewed and updated including clinical waste and decontamination policies.</li> <li>• We saw evidence that required staff vaccinations were up to date, including Hepatitis B status.</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Sepsis training had been completed by all staff. A detailed triage process had been developed by clinicians. Receptionists followed this document when speaking with patients to identify the severity in patients' conditions. This enabled the non-clinical staff to escalate any concerns to the appropriate manager, clinician or both.</p>	

### 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> <ul style="list-style-type: none"> <li>• Multidisciplinary team meetings involving community nurses and local authority representatives were regularly chaired by one of the practice's GP on a rota basis.</li> <li>• The administration team monitored any secondary care referrals to ensure that appointments had been allocated, and patients attended.</li> <li>• Tests results were monitored by the administration team and any abnormal results were sent to the relevant clinician for action.</li> </ul>	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.66	0.66	0.69	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2020 to 30/06/2021) (NHSBSA)	10.8%	11.4%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	5.22	5.88	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	112.4‰	110.3‰	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)	0.35	0.61	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	5.8‰	9.1‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Partial
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.	Yes

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured 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 high risk medicines (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 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.	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.	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.	Yes
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 PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our inspection, the practice had identified the system they had in place was not secure as it did not include recording batch numbers of prescription stationery. We were told a meeting was to take place the day after our inspection to discuss how to improve this process. Following this meeting the practice shared with us their new process which included designated staff signing to confirm prescription pads had been returned and all stationary was kept in locked boxes in a secured room. The new process was in line with NHS Counter Fraud guidelines.</p> <p>The practice had systems in place to monitor the stock level and expiry dates of all medicines. This was held on the electronic administration system.</p>	

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

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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.	Yes
Number of events recorded in last 12 months:	26
Number of events that required action:	26
Explanation of any answers and additional evidence: Learning from significant events was shared in partners and managers meetings. The practice had assigned a designated member of the administration team who had responsibilities for documenting incidents and actions following a significant event.	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
2 week wait referral not processed	The practice identified there was no process in place for checking that a referral had been completed. A patient had missed an appointment as a result as there was no system in place to check that the referral had been completed. A new process was put in place to check twice weekly that all referrals had been completed.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw evidence of actions completed following Medicines and Healthcare products Regulatory Agency (MHRA) alerts. The practice's process for acting on MHRA alerts helped to ensure patient safety. We saw minutes of meetings where alerts and appropriate actions were discussed.</li> </ul>	

## Effective

Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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.	Yes
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
Explanation of any answers and additional evidence:	

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li><li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li><li>• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li><li>• 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.</li><li>• All patients with a learning disability were offered an annual health check.</li><li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li></ul>

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- 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

- Clinical searches were carried out and all patients' medicines were monitored in line with national guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicine 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 demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, 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.
- 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 influenzae 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)	135	139	97.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	149	159	93.7%	Met 90% minimum



Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)				
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)	149	159	93.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	150	159	94.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	145	152	95.4%	Met 95% WHO based target

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>

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)	80.7%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	78.4%	71.5%	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)	71.4%	67.5%	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)	48.5%	52.7%	54.2%	No statistical variation

## Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes

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

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

<p>The practice undertook an audit in 2020 of patients requiring Vitamin B12 injections to determine whether they needed to remain on them indefinitely and how to manage them more effectively. The audit initially looked at each patient to check if they had clearly documented causes for a B12 deficiency. A total of 38 patients were identified, five were eliminated as there were clearly documented causes for the deficiency</p> <p>The aim was to determine how often patients were tested for antibodies following a new diagnosis of B12 deficiency with no clear cause. Changes were implemented following the review to check for causes of the deficiency and to review antibody tests.</p> <p>This audit had raised clinical awareness and the practice introduced a prompt on the clinical system. As a result, there was more appropriate care for this group of patients This review was presented to all clinical staff but was not scheduled to be repeated due to the COVID 19 pandemic.</p>
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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.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
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>Where staff performance issues had been identified during their probationary period, discussions were held and documented.</p>	

This would, for example include:

- Outlining the concerns
- Consideration of a possibility to extend the staff member's probation period
- Additional support to be put in place
- Development of an improvement plan in place and if required setting mutually agreed targets

Weekly administration audits were undertaken to check performance for example, the workflow team had specific targets for processing incoming electronic information, coding clinical interventions and filing.

There were staff vacancies in the reception team which put additional pressure on existing staff due to the volume of incoming calls. The practice was looking to recruit new staff to fill these vacancies.

### 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.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence:	
The practice introduced a new recall procedure for appointments, reviews and referrals There was a dedicated administrative team allocated to support this work.	

### 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

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. RESPECT forms	Yes
Explanation of any answers and additional evidence: Copies of completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and recommended Summary Plan for Emergency Care and treatment (RESPECT) forms were scanned onto the patient record. An alert would appear on the patient record to highlight to the clinician that either or both of the documents had been completed.	

## 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

## 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)	94.3%	94.2%	92.9%	No statistical variation

### Any additional evidence or comments

The practice manager and administration support staff regularly reviewed the comments received via the NHS Choices website and social media platforms and responded to these. If comments were received directly by the practice, the patient would be contacted and given feedback. A joint response including the partners and or clinicians would be formulated if required.

	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

## 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).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Safety screens were installed during the COVID-19 pandemic. Social distancing measures were introduced in the waiting areas as well as additional cleaning.</p> <p>Staff took regular lateral flow device tests and had their temperature taken on arrival at work each day. In addition, staff were asked to bring and use their own mugs and only two members of staff were allowed in the kitchen area at one time to help protect staff.</p> <p>Use of personal protective equipment (PPE) and handwashing techniques were demonstrated during training sessions.</p> <p>Staff who were self-isolating or shielding were able to work from home using computers provided by the practice and additional support measures, such as frequent telephone contact was put in place for these staff.</p>	

## 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)	67.9%	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)	77.1%	70.1%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	66.0%	65.1%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	91.3%	82.5%	81.7%	Tending towards variation (positive)

Source	Feedback
For example, NHS Choices	Allocated members of staff had been identified and would alert the operations managers or practice manager if negative comments were received so that they could respond to them and investigate if necessary.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at most 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.	Partial
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We received mixed comments from staff. Some staff told us the partners and the management team were very approachable. Other comments received demonstrated some staff felt they did not always feel their concerns were listened to or acted upon. We raised this with the provider who welcomed our feedback and reassured us they would explore these concerns further and gather feedback from their staff.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The management team told us a GP would soon be retiring and they had put in place strategies to manage this process. This included contacting all patients to inform them and to offer a new named GP. As part of the succession planning, the partners were trying to recruit new partners but they were also reviewing the practice's existing clinical skill mix to introduce other clinicians to support GPs. For example, they considered appointing an additional Advanced Nurse Practitioner (ANP).	

### 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.	Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
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.	Partial
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<p>During the inspection we received concerns from some staff in relation to being able to speak up or raise concerns within the practice. Some staff we spoke with did not feel that they were able to raise concerns and others did not feel that if they raised concerns the concerns would be listened to.</p> <p>The practice had not appointed a Freedom to Speak Up Guardian. Staff we spoke with told us they felt able to speak to GPs or other non-clinical staff if they felt the need to. Immediately following the inspection, the practice appointed two named Freedom to Speak Up Guardians (one clinical and one non-clinical) and this was communicated to all staff.</p> <p>We were informed the partners had arranged social events and gifts including, a Christmas party and lucky dip, eggs at Easter and a pay bonus. They had also provided a freezer and ice-creams for staff in the summer.</p> <p>Where necessary, the practice had put in place reasonable adjustments for staff, for example, providing bespoke equipment to assist staff who had specific physical requirements.</p>	

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

Source	Feedback
Staff	Some staff told us they felt under pressure and we were told this was due to the volume of calls coming into the practice and the way the number of calls was displayed on a large screen. The significant volume of calls coupled with the depleted reception team meant the staff felt they were not able to meet the demand.

#### 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
Explanation of any answers and additional evidence:	

Policies and procedures were reviewed and updated, and staff knew how to access them. The practice had allocated lead roles to clinical and non-clinical staff and there was appropriate cross-cover to support absences.

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
The practice had not implemented a formal quality improvement programme during the pandemic, but had strived to maintain its normal services with additional audits when risks were identified, whilst supporting the COVID-19 vaccination programme.	

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

Explanation of any answers and additional evidence:

- The practice used a telephone triage system which allowed access to photographs if required to assess patients.
- The practice operated a personalised patient list which gave a good continuity of care to patients, especially those who may not have or have challenges with digital access.
- Two week referrals were checked twice weekly to ensure they had been followed up.
- The practice ensured training sessions such as handwashing, clean down processes for screens, telephones and other equipment were rolled out to the entire team.
- Staff had their temperature taken on arrival at work every day.
- Staff who needed to work from home because they were shielding, or isolating were supported with laptops and regular calls to check for any lone working issues.

### 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
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Partial
Explanation of any answers and additional evidence:	
The provider submitted to us required notifications which included those related to the changes to their registration and new partners. We however identified their system to ensure all appropriate notifications had been sent to CQC was not fully effective as one notification had been missed. We raised this with the provider who reassured us this was an isolated incident and they would use this as a learning opportunity going forward.	

### 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.	Yes
The practice advised patients on how to protect their online information.	Yes

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

### The practice involved the public, staff and external partners to 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.	Yes
Staff views were reflected in the planning and delivery of services.	Partial
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:  The practice's management team had installed a suggestion box for staff to submit ideas. However, after several months no comments had been received and there was no evidence the practice's management team tried to find out the reason for this. We raised this with the practice's management team who agreed that in the light of the mixed staff feedback we had they were going to explore this further and consider additional ways of gathering staff views.</p>	

## Feedback from Patient Participation Group.

Feedback
<p>We spoke with a member of the Patient Participation Group (PPG). They told us the practice had held meetings online during the COVID-19 pandemic but had recently held a face to face meeting. We were told the practice communicated with the PPG and the group were able to support the practice for events such as seasonal flu clinics. The practice shared information with the group where appropriate for example, around complaints and staff changes.</p>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

## 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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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