

# Care Quality Commission

## Inspection Evidence Table

### Soho Square General Practice (1-9012708041)

Inspection date: 11 November 2021

Date of data download: 09 November 2021

**Overall rating: 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 <sup>1</sup>
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:	
1. During our inspection we noted a newly recruited district nurse did not have safeguarding children training to the appropriate level for their role. The practice managers informed us that the nurse was not currently seeing children as they were undertaking further training and competencies in general practice nursing. Following our inspection, the practice sent us evidence that the nurse had completed safeguarding children training level three which was appropriate for their role.	

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
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Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 01/04/2021	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 02/09/2020 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff informed us that the building was owned by NHS property services (NHSPS) and monthly meetings were held to update tenants on maintenance issues and actions completed.</li> </ul>	

## 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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 29/10/2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

## 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

## 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

### 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)	0.34	0.49	0.69	-
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)	9.8%	10.8%	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)	6.53	5.60	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	34.0‰	58.1‰	126.1‰	Significant Variation (positive)
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)	0.11	0.50	0.65	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	4.9‰	4.8‰	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.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
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 1, 2, 3
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 4
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

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. We found there was appropriate monitoring and prescribing for patients prescribed the disease-modifying antirheumatic drugs (DMARDS) Methotrexate, Azathioprine and Leflunomide.</li> <li>2. Our remote clinical searches identified one patient prescribed Lithium was overdue a calcium level check. Lithium, a medicine prescribed for mental health disorders, can cause an imbalance in calcium levels which can result in a range of problems including psychiatric symptoms, osteoporosis and renal stones. The practice informed us that this patient was already booked for a blood test the week of our inspection.</li> <li>3. Our remote clinical searches identified three patients issued more than 12 short-acting beta2 agonist (SABA) inhalers in the last 12 months. We reviewed these patient records and found one patient was under the care of the hospital for their respiratory condition, one patient had an appointment booked with the GP the following day and one patient needed a review. The GPs informed us they would contact the third patient for a review. They also discussed a six-month quality improvement activity which was currently in progress (initiated October 2021) and was due to include a review of over-prescribing of SABA inhalers.</li> <li>4. During our inspection we found two out of date emergency medicines and noted one emergency medicine was not stocked. Following our inspection, the practice sent evidence that they had addressed these issues and ordered the relevant medicines.</li> </ol>	

### 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:	7
Number of events that required action:	7

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

Event	Specific action taken
Staff member tested positive for Covid-19.	<ul style="list-style-type: none"> <li>• A staff member informed the practice they had a positive Covid test whilst on leave.</li> <li>• The staff member was advised to remain off work until their symptoms</li> </ul>

	<p>had cleared.</p> <ul style="list-style-type: none"> <li>• The practice spoke with Public Health England (PHE) and no action was required by the practice.</li> <li>• The practice informed the neighbouring practice (who occupied the shared reception space) of the incident and PHE advice.</li> <li>• All staff were reminded of the importance of lateral flow testing, self-isolation and encouraged to have the Covid vaccination.</li> </ul>
Patient telephoned the practice for an urgent appointment and was told by a staff member that the next appointment was the following week.	<ul style="list-style-type: none"> <li>• The PPG highlighted the error to the practice.</li> <li>• The practice listened to the audio recording and concluded they had made an error.</li> <li>• The patient was contacted immediately and an appointment arranged. The patient was sent an apology for the error.</li> <li>• The practice provided training to support the staff member involved.</li> <li>• The practice reviewed the telephone triage protocol and re-briefed the team to prevent any further incidents.</li> </ul>

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 1
<p>Explanation of any answers and additional evidence:</p> <p>1. Our remote clinical searches identified one patient over 65 years on Citalopram 40mg. Citalopram is a selective serotonin reuptake inhibitor (SSRI) indicated for the treatment of major depressive disorder, panic disorder, and obsessive compulsive disorder. Patients over 65 years should not be prescribed more than 20mg Citalopram as there is a risk it affects how the heart beats. We noted the dose for this patient had been recently increased from 20mg to 40mg (three weeks ago) and the clinician had documented their decision for this. The practice informed us this patient was due for review (after four weeks taking the medicine) and that our findings would be highlighted to the reviewing clinician.</p>		

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care 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

### 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></ul>



- 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 shared their facilities with a specialist substance misuse nurse who saw patients with club-drug substance misuse which we were told was problematic within the local community.
- 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.
- The practice informed us they had a high proportion of LGBT+ patients. Staff had received specialist LGBT+ training and a member of the nursing team had a background in LGBT+ outreach, sexual health and HIV medicine.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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 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	17	18	94.4%	Met 90% minimum



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)				
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)	18	28	64.3%	Below 80% uptake
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)	23	28	82.1%	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)	23	28	82.1%	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)	20	29	69.0%	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

Uptake rates for some childhood immunisations were below 80% uptake. This data was from 2019/20 and before the current provider had taken over the practice.

- Staff informed us they were aware of the need to improve uptake rates and were undertaking the following:
  - Routine searches to identify children due for immunisation and contacting the families to book appointments.
  - A quarterly review of a spreadsheet where all children under five years were colour coded as 'overdue', 'due' or 'up to date' with immunisations and contacting families to book appointments. The spreadsheet and patient record was used to log attempted contact with the patient and any reason why a vaccination could not be undertaken.
  - The practice utilised letter, text message, telephone calls and email to contact families. Receptionists who spoke Cantonese and Mandarin were also available to assist non-English speaking Chinese patients.
  - If families were reluctant to have their child vaccinated, the nursing lead would speak to them to discuss their concerns and provide further information to assist them with their decision making.
  - Staff informed us that the practice did not de-register a child unless they could confirm that the child no longer required their service. Non-responders were discussed with the Health Visiting team.
- The practice continued to offer childhood immunisations during the COVID pandemic.

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)	46.9%	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)	53.7%	62.2%	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%	51.4%	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)	57.1%	57.6%	54.2%	No statistical variation

#### Any additional evidence or comments

1. The practice's uptake for cervical screening was below the 80% target. The practice provided unvalidated comparison data to show their uptake rates were similar to CCG averages.
2. Staff informed us that the practice was aiming to achieve the national average for uptake and had implemented the following:
  - Employed a practice nurse who provided dedicated cervical screening clinics on an afternoon and evening every week.
  - In the process of training a recently employed district nurse to undertake cervical screening.
  - A female GP offered smear appointments when needed.
  - Referring patients to the local extended hours hub where cervical screening was available at the weekend.
  - Proactively inviting patients for screening via telephone, text, letter and email. Non-English speaking Chinese patients were contacted by receptionists who spoke Cantonese / Mandarin and letters were translated into Traditional / Simplified Chinese if the practice could not reach these patients.
3. Staff informed us that 150 smear tests had been undertaken in the last six months (unvalidated practice data).

#### 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.	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

<ul style="list-style-type: none"> <li>The practice carried out various audits including reviews of antibiotic prescribing, cancer diagnoses, monitoring of high risk medicines, optimisation of care for heart failure patients and reviewing document triage and processes. The audits had resulted in changes to the clinical management of patients in line with guidance and to the practice's processes and systems to improve quality.</li> <li>The practice also undertook other quality improvement activity to improve the service for patients. This included a service evaluation of care for HIV positive patients in general practice and resulted in the implementation of a full clinical review and the optimisation of care for patients living with HIV in line with national guidelines.</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.	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

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

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

## 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 Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
PPG	<ul style="list-style-type: none"> <li>Feedback from the PPG was positive about the way staff treated people. The reception team were described as friendly and helpful.</li> <li>The nursing team were described as knowledgeable and comforting.</li> <li>We were told the GPs were professional, sensitive, supportive, and knowledgeable.</li> </ul>
NHS Website	<ul style="list-style-type: none"> <li>The practice had received three reviews in the last 12 months.</li> <li>Feedback relating to how staff treated people was positive.</li> </ul>
Google reviews	<ul style="list-style-type: none"> <li>The practice had received six reviews in the last 12 months.</li> <li>Positive comments related to access to appointments.</li> <li>Negative comments related to the administration service.</li> </ul>
Interviews with patients	<ul style="list-style-type: none"> <li>We could not speak with any patients during the inspection due to infection prevention and control measures that were in place for patients and our inspection team during the Covid-19 pandemic.</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	92.9%	87.7%	89.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2021)				
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)	87.3%	86.0%	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)	94.0%	94.2%	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)	80.6%	80.9%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had reviewed patient feedback from a variety of sources including directly from patients; the patient participation group; the national GP survey (2021); friends and family test; complaints; and compliments. As a result, they identified areas for development and made changes to the service to improve patient satisfaction. For example, recruiting bilingual staff and changing the day extended hours were offered.</li> </ul>	

### 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

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> <li>We could not speak with any patients during the inspection due to infection prevention and control measures that were in place for patients and our inspection team during the COVID-19 pandemic.</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)	94.1%	90.4%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Partial <sup>1</sup>
Information leaflets were available in other languages and in easy read format.	Yes <sup>1, 2</sup>
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. Notices about support groups and organisations were on display in the waiting area. Staff informed us that information leaflets, including those in other languages and in easy read format, were available on request. GP practices had been advised to declutter practice premises at the start of the Covid pandemic in March 2020. This was in line with infection prevention and control national guidance during the pandemic.</li> <li>2. The practice population consisted of a high proportion of Chinese patients. The practice had recruited clinical and non-clinical staff who spoke Mandarin and Cantonese to aid communication with these patients. The practice had also translated their newsletter into traditional and simplified Chinese.</li> </ol>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 82 carers (1.5% of the practice list size).
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• A carer's policy and register was in place.</li> <li>• Carer awareness was part of the staff education programme.</li> <li>• Carers were signposted to local support services as required.</li> <li>• Carers were offered annual health checks and flu vaccines, and referral to social prescribers or care navigators based on a 'needs assessment'.</li> <li>• Flexible appointments were available on request.</li> </ul>
How the practice supported recently	<ul style="list-style-type: none"> <li>• The practice had guidance for staff when communicating with bereaved relatives.</li> </ul>



bereaved patients.	<ul style="list-style-type: none"> <li>• Flexible appointments were available on request.</li> <li>• Staff signposted patients to support services.</li> </ul>
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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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes 1, 2, 3
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes 4
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice informed us that 22% of registered patients were Chinese and there were potential language barriers and different cultural issues and health beliefs. The practice implemented the following measures to assist these patients:               <ul style="list-style-type: none"> <li>Recruited Mandarin and Cantonese speaking clinical (GP) and non-clinical (Receptionists and Administrator) staff to make the service accessible to non-English speaking Chinese patients.</li> <li>Translating written information such as the practice newsletter and text messages. The practice was in the process of translating their new patient registration form and other practice leaflets.</li> <li>Giving patients the choice of providing written feedback/queries in Chinese as practice staff could read and respond to this feedback.</li> <li>Having a Chinese representative in the patient participation group.</li> <li>Signposting Chinese patients to local community support services.</li> </ul> </li> <li>The practice had employed an advanced nurse practitioner with experience of LGBT+ community healthcare needs. There was a noticeboard in reception signposting LGBT+ patients to health and well-being initiatives and local community groups and activities.</li> <li>In response to patient feedback, the practice had changed their extended hours from a Saturday morning to a Tuesday evening.</li> <li>The practice was located on the first floor of a shared healthcare building. Patients were required to access the practice via an intercom system.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 20:30
Wednesday	08:00 – 18:30

Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Appointments available:	
Monday	08:00 – 18:30
Tuesday	08:00 – 20:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice worked with a local pharmacy to deliver medicines to elderly people.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 8.30pm on a Tuesday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8.30pm on Tuesday evening. Pre-bookable appointments were also available to all patients at additional locations within the area.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode, patients who may have alcohol and drug problems, and patients released from prison or in contact with the criminal justice system.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and patients with mental health concerns. For example, longer appointments.

#### 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

### 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)	88.8%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	83.7%	71.4%	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)	71.0%	68.2%	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)	92.8%	78.4%	81.7%	Tending towards variation (positive)

Source	Feedback
PPG	The PPG informed us that the practice had made provisions to the service so that patients could access appointments during the pandemic. We were told the current waiting time for a routine appointment was approximately one week.

### Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	12
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained after telephoning the practice on a bank holiday and being left on 'hold'.	<ul style="list-style-type: none"> <li>The practice identified that the phone setting on the date in question had not been set to bank holiday mode.</li> <li>The practice sent an apology to the patient and confirmed that the practice was not open on bank holidays.</li> <li>The bank holiday setting on the phone system was activated for the relevant dates for the remainder of the year to prevent any reoccurrence.</li> </ul>
Patient was booked for a smear test which was not due.	<ul style="list-style-type: none"> <li>Nursing staff were informed to check the daily list of appointments. If a patient was booked and their check was not due, the patient should be called and the appointment cancelled.</li> </ul>

## 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.	Yes <sup>1</sup>
They had identified the actions necessary to address these challenges.	Yes <sup>2</sup>
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes <sup>3</sup>
Explanation of any answers and additional evidence: <ol style="list-style-type: none"><li>1. The current provider had taken over the service in April 2020. The leadership team informed us of the challenges they experienced at this time including:<ul style="list-style-type: none"><li>- Relocating to different premises (a neighbouring GP practice) for the first four months due to a Covid hot hub operating from the practice location.</li><li>- Resolving historic staff grievances.</li><li>- Reconnecting with the PPG who were dissatisfied with the previous provider.</li></ul></li><li>2. The practice had created an action plan to prioritise areas for improvement and had made progress in completing many actions. Some actions were ongoing and the leadership team were monitoring progress with these.</li><li>3. The lead GP was on leave at the time of inspection. The practice had appointed another GP as interim clinical lead and recruited an additional locum GP to cover clinical sessions.</li></ol>	

### 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

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes

Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes <sup>1</sup>
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: 1. Details of the Freedom to Speak Up Guardian were contained within the practice's whistleblowing policy.	

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

Source	Feedback
Staff	We spoke with a mix of staff including the clinical leads, practice managers, nursing staff and administration/reception staff. <ul style="list-style-type: none"> <li>• Staff interviewed reported a positive experience of working at the practice.</li> <li>• Staff described a learning environment where they were supported and encouraged to complete training and professional development.</li> <li>• Staff described practice culture as being open and supportive of one another.</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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

#### Managing risks, issues and performance

**There were 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 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

## **Appropriate and accurate information**

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

## **Governance and oversight of remote services**

	Y/N/Partial
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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.	Yes <sup>1</sup>
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: 1. The practice had sought staff feedback and taken action as a result. For example, purchasing equipment, staff development and training, recruiting additional clinical and non-clinical staff, reviewing administrative processes and upskilling as part of career progression.	

### Feedback from Patient Participation Group.

Feedback
<p>We received feedback from three members of the PPG.</p> <ul style="list-style-type: none"> <li>The PPG were complimentary about the new leadership team. They told us the practice had a history of poor management with previous providers and that the new practice leaders listened and were responsive to address concerns quickly and effectively.</li> <li>The PPG provided examples of improvements made by the new provider including:               <ul style="list-style-type: none"> <li>Recruiting permanent staff to improve continuity of care.</li> <li>Making the service accessible to Mandarin and Cantonese speaking patients by recruiting clinical and non-clinical staff who were proficient in these languages.</li> <li>Recruiting an advanced nurse practitioner with experience of LGBT+ community</li> </ul> </li> </ul>

healthcare needs.

- The practice published a regular newsletter for patients and PPG leaders had the opportunity to review this prior to it being sent to the wider patient population.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice was a teaching practice for medical and nursing students.</li> </ul>	

### Examples of continuous learning and improvement

- The practice engaged with the CCG and PCN learning activities. Staff attending external events would share learning with colleagues during practice meetings.
- Practice staff initiated quality improvement activities relevant to the patient population. For example, a detailed study of HIV care in GP settings was undertaken to optimise care in line with current guidelines.

#### 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.