

# Care Quality Commission

## Inspection Evidence Table

### Abbey Medical Centre (1-2793694187)

Inspection dates: 4, 7 and 14 October 2022

Date of data download: 05 October 2022

## Overall rating: Good

### Safe

Rating: Good

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had named child and adult safeguarding leads.</li><li>The practice had a safeguarding children's and adults' policies in place last reviewed in September 2022, this contained details of the leads for the practice and a copy of the Barking, Havering and Redbridge safeguarding handbook. They also had the safeguarding contact number available in all the consultation rooms.</li><li>Staff were able to identify patients as potentially vulnerable on their computer system.</li><li>The practice was able to evidence that appropriate staff training applicable to roles had been undertaken in relation to safeguarding.</li><li>The practice attended two monthly meeting to discuss safeguarding concerns with other agencies.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a recruitment policy in place which was last reviewed in September 2022.</li> <li>The practice provided information to demonstrate that all staff vaccinations were maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.</li> <li>The practice manager explained they would check the clinical staff's registration regularly.</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: 25 July 2022.	Y
There was a fire procedure.	Partial
Date of fire risk assessment: 30 September 2022. Actions from fire risk assessment were identified and completed	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The fire risk assessment stated that fire emergency evacuation procedures for Abbey Medical Centre are in place. However, they should be reviewed and updated to include more detail.</li> <li>The fire risk assessment had some highly critical recommendations, such as lack of smoke detectors on the ground floor protected staircase, which the practice manager explained they had commenced implementing the recommendations and was in discussions with the landlord.</li> <li>The practice had a health and safety policy in place which was last reviewed in September 2022,</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.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 30 December 202	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice appeared clean and tidy on the day of the site visit, suitable handwashing facilities were available and personal protective equipment.</li> <li>The practice had an annual infection prevention and control risk assessment and a system in place for staff to report any issues.</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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice manager explained they were able to cover staff absences as most staff worked part-time and they were willing to cover for their colleagues.</li></ul>	

## 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. <sup>1</sup>	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had a system in place to follow up urgent referrals.</li></ul>	

## Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.47	0.62	0.82	Variation (positive)
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). (01/07/2021 to 30/06/2022) (NHSBSA)	5.0%	9.3%	8.5%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.46	5.76	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	39.0‰	64.4‰	128.0‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.48	0.46	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	5.5‰	5.4‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y

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. <sup>1</sup>	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. <sup>2</sup>	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence, including from clinical searches. <ul style="list-style-type: none"> <li>• The repeat and acute prescribing policy was last reviewed 25 June 2022.</li> <li>• We carried out a review of patient records and found patients receiving high-risk medicines, such as methotrexate, or azathioprine were put on repeat prescriptions, recalled for tests as required by guidance, and the GP was responsible for checking the necessary tests were carried out prior to prescribing.</li> <li>• We reviewed a sample of patient's medication reviews and found they had been completed.</li> </ul>	

## 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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y

Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
<ul style="list-style-type: none"> <li>A patient was provided with the incorrect dose of medicine following being discharged from hospital.</li> </ul>	<ul style="list-style-type: none"> <li>The practice reminded staff that when amending a patient discharge summary final checks to be done before passing on to the doctor for signing the prescription.</li> </ul>
<ul style="list-style-type: none"> <li>The wrong prescription was given to a patient with same name and same medication on prescription.</li> </ul>	<ul style="list-style-type: none"> <li>The practice reminded staff to make sure all security checks were done i.e. Name, DOB and Address before handing out scripts to patients.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. <sup>1</sup>	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw examples of actions taken on recent alerts, for example, regarding sodium valproate.</li> <li>The practice has a policy in place for the distribution of safety alert broadcasts, rapid response reporting and safety notices policy and procedure. Which was reviewed in August 2021.</li> </ul>	

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. <sup>2</sup>	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. <sup>3</sup>	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice held clinical meetings every two weeks, where clinicians discussed significant events, high risk referrals and complex clinical cases. In addition, clinicians were provided with protected time for study leave.</li> <li>• We carried out a review of patient records and found that patients immediate and ongoing needs were assessed, and this included their clinical and their mental and physical wellbeing.</li> <li>• The provider explained that clinical staff completed diagnostic local or national clinical long-term health condition templates.</li> <li>• The practice had a referral policy which was last reviewed in October 2022. This clearly described the process for clinicians to follow when referring patients to secondary care. We reviewed the process and found that staff monitored the referrals and ensured that urgent referrals were followed up to make sure patient needs were addressed.</li> <li>• The provider had carried out a clinical audit out to review whether patients referred by the practice urgently to secondary care, had first and follow up appointments completed. In addition, the audit reviewed patient referrals for routine appointments who had been waiting over 12 months. This was to check whether they still required their appointments and review their clinical needs.</li> <li>• We reviewed the practices patient clinical record system and saw that incoming test results were actioned promptly by the duty doctor. In addition, the practice had an incoming test result procedure in place for staff to follow.</li> <li>• We spoke with staff regarding the allocation of patient's appointments to clinical staff. We found staff were aware of the clinical staff's scope of practice but did not have a reference tool to provide a consistent approach.</li> </ul>	

## Effective care for the practice population

### Findings



- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. The practice provided unverified full reporting year data to demonstrate from 1 April 2021 to 31 March 2022 the practice had completed 18 out of 22 annual health checks (82%). We reviewed two patient records and found the health assessments had been appropriately completed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- The practice provided unverified data to demonstrate from 1 April 2022 to present time (six months/ half year progress) data they had completed 33 out of 89 annual review of their care plans (40%). We reviewed two patient records and found the health assessments had been appropriately completed.

## Management of people with long term conditions

### Findings

- A review of a sample of patients records 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.
- Patients with asthma were offered an asthma management plan. The practice submitted unverified (six months/ half year progress) data to demonstrate from 1 April 2022 to present time the practice had completed 221 asthma reviews out of 361 (65%).
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were referred to an agency for ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.



- We were provided with unverified data from the practice that demonstrated the practices uptake of long-term health condition monitoring. From April 1 2022 to year to date. For example -
  - The practice had carried out a review of 418 out of 596 (71%) of patients with a diagnosis of diabetes had their basic annual review.
  - The practice had carried out a review of 221 out of 361 (65%) of patients with a diagnosis of asthma.
  - The practice had carried out a review of 34 out of 46 (76%) of patients with a diagnosis of chronic obstructive pulmonary disease.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	74	87	85.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	76	100	76.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	75	100	75.0%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	71	100	71.0%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	75	101	74.3%	Below 80% uptake

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

#### Any additional evidence or comments

- The staff explained to ensure the uptake of immunisations, they had a system in place to recall patients weekly. Patients were sent out SMS invitations and links to the information on the government website regarding the benefits of vaccination.

- The staff explained they had a system in place to follow up children who were not brought to appointments, which included contact with the local authority and the health visitor.
- The practice submitted unverified data for 1 April 2021 to 31 March 2022 for their uptake of childhood immunisations, this was:
  - The percentage of children aged one who had 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). The practice had achieved 84% uptake.
  - The percentage of children aged two who had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster). The practice had achieved 89% uptake.
  - The percentage of children aged two who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster. The practice had achieved 93% uptake.
  - The percentage of children aged five who had received immunisation for measles, mumps and rubella. The practice had achieved 94% uptake.
- In addition, they provided unverified data of their present uptake from 1 April 2022 to present time. This was:
  - The percentage of children aged one who had 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). The practice had achieved 95% uptake.
  - The percentage of children aged who had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster). The practice had achieved 81% uptake.
  - The percentage of children aged two who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster. The practice had achieved 93% uptake.
  - The percentage of children aged five who had received immunisation for measles, mumps and rubella. The practice had achieved 92% uptake.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	61.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months ( coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	55.1%	54.8%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	50.4%	58.1%	66.8%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	28.6%	53.3%	55.4%	No statistical variation
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Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

#### Any additional evidence or comments

- The staff explained they had stopped carrying out cervical screening at the beginning of the pandemic and recommenced in June 2020.
- The practice explained they had a system in place to recall patients weekly. Patients were sent out SMS invitations in their preferred language, with links to government information. In addition, text reminders were sent out seven days and 24 hours prior to the appointment. All patients who did not attend their appointments were followed up.
- The service had a system in place for the recall of both abnormal and inadequate cervical screening. This included follow up of patients who did not attend secondary care appointments.
- The practice's website had information about cervical screening and links to information in various languages.
- The staff explained the uptake of cervical screening had been affected by the pandemic.
- The practice submitted unverified data for 1 April to September 2022. This demonstrated they had completed:
  - For women aged 25 to 49: 64%.
  - For women aged 50 to 64: 80%.
- The practice provided unverified data of their present uptake from 1 April 2022 to present time. This was: -
  - For women aged 25 to 49: 60%.
  - For women aged 50 to 64: 80%.

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

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

#### Any additional evidence or comments

- The clinical staff had carried out audits to ensure the equality of the service they offered. For example: -

- The provider had carried out a quality assurance audit to review whether the pandemic had disrupted outpatient care in September 2022. This reviewed whether patients referred urgently had completed their first and follow up appointments from 1 March 2021 to 18 September 2022. One hundred and fifty-one patients were identified, 131 had completed their care and treatment and had been discharged, 17 were receiving ongoing treatment. Three patients had not had a follow up appointment by choice or because their appointment was cancelled. The recommendation was to add further surveillance to the cancer template. In addition, the audit reviewed patients who required a routine outpatient appointment that had been waiting for over one year. This identified two patients, one who had delayed their appointment by choice and the second patient the practice recalled them for a review and reassessment of their symptoms.
- A two-cycle audit to review whether patients prescribed adrenaline had two adrenaline pens, which had not expired and had received updated guidance from the Medicines and Healthcare products Regulatory Agency. The second cycle demonstrated improvements and the overall recommendations were clinical and patient education.
- Clinical pharmacist staff had carried out a two-cycle audit in July and August 2022 regarding whether patients who were steroid dependent had been supplied with an emergency card. The audits demonstrated an uptake in the number of patients supplied with the card in the second cycle audit. In addition, the audit made the recommendations to update the clinician's knowledge, establish a practice protocol to identify patients every six to 12 months and communicate with the need to carry the emergency card.
- An audit from February to August 2022 to review whether The National Institute for Health and Care Excellence (NICE) guidance for the prescribing of opioids for chronic lower back pain was followed.
- A first cycle audit for optimising medicines in heart failure patients in general practice.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice manager had a system in place to provide oversight that staff had completed the mandatory training for their role. We saw that the majority of staff had completed</li> </ul>	

children's and adults safeguarding, infection prevention and control, health and safety and basic life support training.

- The practice manager was able to provide information to demonstrate that clinical staff such as that practice nursing staff had completed their role specific training. For example, childhood immunisation and cervical screening training. However, this was not included in the overall oversight of staff training.
- The practice employed two advanced nurse practitioners (ANP), one whom had recently commenced at the practice. We spoke with an ANP whom confirmed they had access to support from the GPs and provided evidence they had reviewed some of their cases with the lead clinician.
- The ANP had detailed information in their job description about their scope of practice. However, the job description did not detail their specific scope of practice. We discussed this with the provider who agreed to make the appropriate changes.
- The provider explained they carried out regular reviews of the pharmacist's records whom carried out medicine reviews.
- The ANP and practice nurses were included in the prescribing audits.
- The practice closed the first Tuesday afternoon of each month to allow staff time for meeting and training.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The clinical staff met monthly with the integrated care team and every three to six months more often if required with the safeguarding team. In addition, they worked alongside the mental health crisis and asthma teams.</li> </ul>	

## Helping patients to live healthier lives

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

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

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had implemented digital diabetes and weight management for patients whom met the threshold when staff would invite them to the program.</li> <li>The practice had a physiotherapist and a social prescriber who worked at the practice one day a week.</li> </ul>	

### 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. <sup>1</sup>	Y
Explanation of any answers and additional evidence, <ul style="list-style-type: none"> <li>Our clinical review of notes where a DNACPR decision had been recorded identified where possible the patient's views had been sought and respected, and information had been shared with relevant agencies.</li> </ul>	

## Caring

**Rating: Good**

**Kindness, respect and compassion**

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Partial
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The feedback through the NHS survey and patient complaints was varied and included some comments about staff attitude, in response the practice had provided customer care training and had employed a patient welfare manager in 5 September 2022.</li> </ul>	

Patient feedback	
Source	Feedback
<ul style="list-style-type: none"> <li>Five patients provided feedback during the site visit.</li> </ul>	<ul style="list-style-type: none"> <li>All provided positive feedback about the practice and reported the reception staff were helpful and respectful. They described the clinical staff as approachable and caring.</li> </ul>
<ul style="list-style-type: none"> <li>CQC complaints</li> </ul>	<ul style="list-style-type: none"> <li>CQC has received nine complaints and some included the issues of staff attitude.</li> </ul>
<ul style="list-style-type: none"> <li>Patient participation group member</li> </ul>	<ul style="list-style-type: none"> <li>Provided extremely positive feedback about staff attitude and the care and treatment provided.</li> </ul>

### National GP Patient Survey results

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

Indicator	Practice		SICBL average	England 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 (01/01/2022 to 30/04/2022)	62.8%		78.8%	84.7%	Variation (negative)



Indicator	Practice		SICBL 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 treating them with care and concern (01/01/2022 to 30/04/2022)	62.1%		76.4%	83.5%	Variation (negative)
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 (01/01/2022 to 30/04/2022)	71.5%		89.2%	93.1%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	47.6%		65.7%	72.4%	Variation (negative)

#### Any additional evidence or comments

- The provider explained the practice had recent human resource issues which may have impacted on the GP survey results in January 2022 and led to patient dissatisfaction.
- In response to the GP surveys in 2021 and 2022, and the number and themes of complaints they had carried out their own patient surveys and had responded by: -
  - On 5 September 2022 employed a patient welfare manager who worked in the reception area and managed any concerns raised by patients and also monitored online feedback.
  - The practice manager had also provided staff with customer care training and reviewed staff to patient telephone calls as part of the staff's annual reviews.
  - The provider was also in the process of improving the telephone system, which they believed would improve telephone access.
  - The practice had agreed to the primary care accelerate program which enables staff have a better understanding of the patient journey and ensures consistency approach.

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

#### Any additional evidence

The practice had carried out two patient surveys covering March and April to September 2022, where they had replicated the NHS GP survey questions. Both sets of patient survey results were an improvement from the NHS GP survey.

In the March patient survey, 60 patients had responded. The findings were:

- Last time you had a general practice appointment, how good was the healthcare professional at listening to you?, 56 (93%) patients stated they were very good or good and four patients stated they were neither good or bad or they were poor.
- Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?, 55 (91%) patients stated they were very good or good, and five patients stated they were neither good or bad or they were poor.
- During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? 46 (98%) patients stated they had definitely or to some extent and two stated no not at all.
- Overall, how would you describe your experience of your GP practice? 50 (83%) patients stated it was very good or good, and 14 stated it was neither good or bad or poor.

From April to September 2022 where 89 patients responded. The findings were:

- Last time you had a general practice appointment, how good was the healthcare professional at listening to you? 79 (93%) patients stated they were very good or good and nine patients stated they were neither good or bad or they were poor.
- Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? 79 (88%) patients stated they were they were very good or good and five patients stated they were neither good or bad or they were poor.
- During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? 87 (94%) patients stated they had definitely or to some extent and four stated no not at all.
- Overall, how would you describe your experience of your GP practice? 67 (75%). Patients stated it was very good or good, and 22 stated it was neither good or bad or poor.
- In both surveys, when asked about “how helpful do you find the receptionists?” in March 96% and from April to September, 85% of patients found receptionists very or fairly helpful.
- The practice planned to carry out a further survey to review and evaluate progress in December 2022.

## Involvement in decisions about care and treatment

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

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

Source	Feedback
<ul style="list-style-type: none"> <li>Interviews with patients.</li> </ul>	<ul style="list-style-type: none"> <li>Five patients provided feedback during the site visit. All were positive about their care and treatment. All stated that they found the reception staff helpful.</li> </ul>

## National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	70.3%	84.6%	89.9%	Variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>123 patients (1.9%) of the practice population.</li> </ul>
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>Carers were identified on the computer system so that staff could offer support.</li> <li>Carers had access to a social prescriber.</li> <li>Cares may be invited to multidisciplinary team meeting.</li> <li>The staff would inform patients of local support groups.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>The staff would contact patients who had suffered a bereavement and offer support and an appointment.</li> </ul>

## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had a room next to the reception area where they could take patients who wanted to speak confidentially.</li> </ul>	

## Responsive

## Rating: Requires Improvement

We have rated providing a responsive service as requires improvement because:

The practice had responded to the negative findings of the GP survey and complaints over the previous 12 months, in regard to medication and prescription errors, long waiting times on the telephone, lack of appointments and staff attitude. However, at the time of this inspection the changes to improve had only recently been implemented or were waiting commencement. We were therefore unable to establish fully if changes made had delivered improvements, or changes planned would deliver improvements.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• Patient appointments were spread throughout the day and staff prioritised patients based on their needs. Patients could choose between a face-to-face or telephone appointment.</li><li>• Staff explained that they had urgent appointments available each day and the next bookable routine appointment that was normally available in 14 days.</li><li>• The provider submitted unverified data for the week of the 26 September to 2 October 2022 regarding the appointments. This demonstrated of 670 appointments available that week, 491 were booked.</li><li>• The practice received approximately 50 E consult enquiries each week, which were responded to within 48 hours.</li><li>• The practice manager explained for the week of the inspection the practice had available 595 appointments and had carried out 200 face to face appointments and 133 telephone appointments.</li><li>• The practice manager explained that they carried out approximately two home visits a month, but this was due the young population group and because the practice did not provided a service to residential or nursing homes.</li></ul>	

- The practice had a physiotherapist and social prescriber employed by the primary care network for one day a week.
- The practice had a pharmacist who carried out patient medication reviews three days a week.
- The practice had approximately three GPs working each day, and one would act as the duty doctor.
- The out of hours service was available every weekday evening between 6.30pm and 10pm and 12pm and 4pm on Saturdays and Sundays and Bank Holidays. Patients could book an appointment by calling the service directly or the practice or NHS 111.
- The extended hours service was in the process of moving from the practice to the primary care network. From the 1 October 2022, appointments were available from 6.30pm and 10pm Monday to Friday and on Saturday 9am to 5pm.
- The provider offered all GP services, such as long-term health condition reviews, children's immunisation and cervical screening. The premises were accessible to patients who required mobility access and had a hearing loop for patients with a hearing loss.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available: GP/ANP	
Monday	9am to 7pm
Tuesday	9am to 6pm
Wednesday	9am to 7pm
Thursday	9am to 6pm
Friday	9am to 6pm
Appointments available: Practice nurse	
Monday	10am to 2pm
Wednesday	9:30 am 1:30pm and 2pm to 6pm
Friday	9am to 1pm.

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours; for example, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

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

- The practices NHS GP survey results from 1 January to 30 April 2022 were below the Sub Integrated Care Board Locations average. For example, only 37.1% described their overall experience of making an appointment as positive. These findings were also reflected when patients were asked about their overall experience of their GP practice.
- At a meeting in September 2022, the practice had analysed complaints of the previous 12 months and identified themes which were long waiting times on the telephones, lack of appointments and staff attitude. In response to these findings the practice had:
  - Commenced the implementation of a new telephone system. At the time of the inspection the practice had purchased a 5-year contract that commenced in August 2022, headsets were in place and routers had been installed but they were awaiting testing of the lines. Staff told us the new telephone system offered patients the possible option of a call back instead of waiting for the call to be answered, and information about where they were in the queue.
  - In response to the access to appointments, the provider had had increased the number of clinicians.
  - The provider was planning to increase ANP cover on a Thursday.
  - The provider had recruited a clinical pharmacist and changed the appointment system, so they now offered routine face to face appointments within 14 days.
  - In response to the staff attitude the practice had recently created and recruited to a new patient welfare manager role, from 5 September 2022. The patient welfare manager worked 15 hours a



week in the reception area and managed any concerns raised by patients and monitored online feedback.

- The practice had provided staff with customer care and conflict resolution training.

The practice had also carried out two in house surveys in response to the findings of the GP survey and the identification of themes from complaints:

- A survey was carried out in March 2022 and 60 patients responded. This found, when patients were asked:
  - How easy is it to get through to someone at your GP practice on the phone? 46, (70%) of patients stated it was very easy or easy, and 14 stated it was not very easy.
  - How satisfied are you with the general practice appointment times that are available to you? 50 (82%) of patients stated they were satisfied or fairly satisfied and 10 stated they were not very or not satisfied at all.
  - Overall, how would you describe your experience of making an appointment? 48, (76%) of patients stated it was good or fairly good, and 12 stated it was not very or not good at all.
  - How often do you see or speak to your preferred GP when you would like to? 34, (56%) of patients stated it was almost always or a lot of the time, and 26 stated it was some of the time or almost never.

A further survey was carried out in September 2022, and 89 patients responded. This found when patients were asked: -

- How easy is it to get through to someone at your GP practice on the phone? 56, (63%) of patients stated it was very easy or easy, and 33 stated it was not very easy.
- How satisfied are you with the general practice appointment times that are available to you? 70 (85%) of patients stated they were satisfied or fairly satisfied, and 19 stated they were they were not very or not satisfied at all.
- Overall, how would you describe your experience of making an appointment? 64, (72%) of patients stated it was good or fairly good, and 12 stated it was not very or not good at all.
- How often do you see or speak to your preferred GP when you would like to? 50, (56%) of patients stated almost always or a lot of the time, and 37 stated it was some of the time or almost never.
- A further snapshot survey of 18 patients was carried out in September 2022. This again demonstrated some improvements for example, how easy is it to get through to someone at your GP practice on the phone? Received 77% positive scores.

## National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	42.2%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	37.1%	50.6%	56.2%	No statistical variation



Indicator	Practice	SICBL average	England average	England comparison
the overall experience of making an appointment (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	38.0%	52.6%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	56.8%	65.1%	71.9%	No statistical variation

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	37
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a policy in place to instruct staff on how to manage a complaint, however this required updating because some of the information of where the patient could escalate a complaint if they were unhappy with the providers response was incorrect.</li> <li>Information was available on the practice website about making a complaint.</li> <li>The practice manager and lead clinician investigated and responded to complaints. The practice manager kept a record of all complaints and we saw they had reviewed the number of complaints to identify any patterns. However, on the day of the inspection we found the complaints folder was not well organised and did not enable individual complaints to be tracked and monitored effectively.</li> <li>We saw evidence the practice held a meeting on the 29 September 2022 to review all the complaints and identify themes. They identified 37 complaints from April 2022, over 50% were regarding one patients' personal issue. The other 18 complaints identified themes of medication and prescription errors, long waiting time on the telephone, lack of appointments and staff attitude. For each of the themes the practice was implementing a response.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> <li>A patient had complained that they were unable to obtain their medicines because they of the receptionists.</li> </ul>	<ul style="list-style-type: none"> <li>The complainant was apologised to and offered an appointment to review their medicines. In addition, the reception staff were to inform the GP of any issues with medication within 24 hours, so that the GP could respond.</li> </ul>
<ul style="list-style-type: none"> <li>A patient complained about access to appointments.</li> </ul>	<ul style="list-style-type: none"> <li>The patient was offered the first available appointment. In addition, the practice was implementing a new appointments system to provide all routine appointments within two weeks.</li> </ul>

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice manager explained the provider was carrying out discussions about succession planning.</li> <li>Staff told us that leaders were available and approachable.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff were aware of the vision and values of the staff. Staff told us the mission statement was to provide high quality care and to treat patients with respect in a safe, caring environment.</li> <li>The practice was holding a whole team event to encourage team bonding.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a whistleblowing policy and procedure in place which was last reviewed in August 2022.</li> <li>Staff told us that the leadership accommodated staff personal needs for flexible working.</li> <li>The provider had explained how they had managed behavior inconsistent with the practice values.</li> </ul>	

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

Source	Feedback
<ul style="list-style-type: none"> <li>Three CQC questionnaires completed by staff.</li> </ul>	<ul style="list-style-type: none"> <li>They stated they felt they had good relationships with the managers, whom they found approachable and felt they could raise any concerns with.</li> </ul>

## Governance arrangements

**There were 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence:	

- The practice had responded to the negative findings of the GP survey and complaints over the previous 12 months, in regard to medication and prescription errors, long waiting time on the telephone, lack of appointments and staff attitude. However, at the time of this inspection the responses had only recently been implemented or were awaiting commencement.
- The provider had carried out a clinical audit out to review whether patients referred by the practice urgently to secondary care had first and follow up appointments completed. In addition, the audit reviewed patient referrals for routine appointments who had been waiting over 12 months. This was to check whether they still required their appointments or if their condition had worsened.
- The practice had a system in place for the management and learning from significant events.

## 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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• A review of 12 clinical records, identified by the clinical search, for patients taking high risk medicines, showed that all patients had received appropriate monitoring:</li> <li>• Blank prescriptions were kept securely, and their use monitored in line with national guidance.</li> <li>• Staff told us the practice had a lone working policy and always ensured there was two staff in the building.</li> <li>• The practice had a system in place for the management and learning from significant events.</li> </ul>	

## Appropriate and accurate information

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

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

Explanation of any answers and additional evidence:
<ul style="list-style-type: none"> <li>We saw evidence that the practice had commenced monitoring the practices performance and was engaged in improvements. For example, they reviewed and responded to the complaints and the NHS GP survey.</li> <li>The practice manager explained where they had reviewed staff performance and taken appropriate action.</li> <li>The practice manager understood their responsibility for statutory notifications.</li> </ul>

## Governance and oversight of remote services

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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Staff explained that clinical meetings occurred every two weeks and we were provided with copies of the most recent meetings that took place on the 16 and 23 September 2022. We were</li> </ul>	

told if a clinician could not attend in person they were encouraged to join online. We saw the clinical staff had discussed significant events, complaints and clinical issues.

- We were provided with minutes of the most recent staff meeting minutes that took place on the 6 September, and staff explained that staff meeting occurred every two months. The meetings included discussion about complaints, appraisals and patient feedback.
- We were provided with the minutes for the last three patient participation group meetings, these demonstrated that the practice had discussed the issues of staff changes, access, the primary care network activities and the patient survey.

#### Feedback from Patient Participation Group. (PPG)

##### Feedback

- A member of the PPG described that they had attended the meetings and the staff did listen to their feedback and had responded. They told us that patients were able to request an urgent appointment and the staff were respectful, they stated they felt the care and treatment at the practice was very good.

#### 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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

##### Examples of continuous learning and improvement

- The provider had written an article for health care journal regarding how barriers to structured diabetes education in Barking and Dagenham, an area of great ethnic diversity and significant deprivation, have been addressed by designing the service around the population.
- The provider was involved in the running of diabetes education group.
- The provider was the primary care network lead for diabetes care

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL 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 SICBL average and is scored against the national target of 80%.

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

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

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

#### Glossary of terms used in the data.

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