# Summary of CQC Inspection Findings: “Requires Improvement” and “Inadequate” for September 205 inspection reports

## SAFE

### Learning Culture

Poor documentation and sharing of significant events; complaints not properly logged or analyzed.

### Systems & Transitions

Large backlogs in document processing and test results; inadequate follow-up systems for referrals and hospital discharges.

### Safeguarding

No safeguarding register; DNACPR decisions not coded; vulnerable patients not flagged.

### Risk Management

Missed sepsis red flags; expired consumables; lack of emergency medicine access and training.

### Environment

Incomplete risk assessments; fire and legionella safety issues; poor building maintenance.

### Staffing

Incomplete recruitment checks; lack of supervision and training oversight; unsafe scope of practice for new roles.

### Infection Control

Outdated policies; poor hygiene practices; missing cleaning schedules and audits.

### Medicines Optimisation

Outdated policies; poor patient communication; unsafe storage and prescribing practices; lack of reviews and monitoring.

## EFFECTIVE

### Assessing Needs

Missed diagnoses and inadequate assessments, especially for care home residents.

### Evidence-Based Care

Patients overdue for monitoring; gaps in chronic condition management.

### Teamwork

Poor collaboration between admin and reception teams.

### Health Promotion

Patients unaware of diagnoses; missed opportunities for preventive care.

### Outcomes Monitoring

Consent issues; low screening and immunisation rates; lack of clinical audits.

### Consent

DNACPR decisions lacked documentation and patient involvement.

## CARING

### Kindness & Dignity

Reports of rude and obstructive staff; consistent negative feedback.

### Individualised Care

No information on interpretation services.

### Independence & Control

No specific issues documented.

### Immediate Needs

Dismissed symptoms led to hospital admissions; no guidance for staff when patients refuse emergency support.

### Workforce Wellbeing

Open-door policy not reflected in staff experiences.

## RESPONSIVE

### Person-Centred Care

Inflexible appointment systems not tailored to patient needs.

### Care Integration

No specific issues documented.

### Information Provision

Admin errors; poor engagement with PPG; missing data protection leads.

### Listening & Involvement

Staff unaware of complaint outcomes; outdated complaints policy.

### Access Equity

Difficulties in contacting the practice; limited urgent care access during training hours.

### Experience Equity & Planning

No specific issues documented.

## WELL-LED

### Vision & Culture

Outdated business plan; unclear shared direction; rushed policy updates.

### Leadership

Staff felt unsupported and afraid to raise concerns.

### Freedom to Speak Up

Confusion over designated guardian.

### Equality & Inclusion

Lack of support during patient aggression incidents.

### Governance

Outdated structure chart; poor oversight of audits, training, and supervision.

### Partnerships

No active PPG; poor community engagement.

### Improvement & Innovation

Limited innovation; incomplete audits; policies moved to new provider but not shared across PCN.

# Summary of CQC Inspection Findings: “Outstanding” for September 205 inspection reports

## EFFECTIVE

Staff demonstrated strong clinical knowledge and adhered to evidence-based practices.

Treatment plans were consistently reviewed and updated to reflect patient progress.

The service maintained accurate and comprehensive patient records, ensuring continuity of care.

Audit results showed a 95% compliance rate with medication management protocols.

## CARING

Patients reported feeling respected and valued by staff during interviews.

Staff were observed engaging with patients in a compassionate and empathetic manner.

Feedback surveys indicated a 92% satisfaction rate with the emotional support provided.

Staff took time to explain procedures clearly, reducing patient anxiety.

## RESPONSIVE

The service adapted quickly to patient needs, offering flexible appointment scheduling.

Complaints were handled promptly, with resolution times averaging less than 48 hours.

Staff demonstrated cultural sensitivity and tailored care to individual backgrounds.

Emergency response protocols were well-established and effectively implemented.

## WELL-LED

Leadership promoted a culture of continuous improvement and staff development.

Regular team meetings facilitated open communication and shared decision-making.

Performance metrics were tracked and used to inform strategic planning.

Staff turnover was low, indicating high job satisfaction and organizational stability.