



CQC Inspection Reports of NHS GP Practices Published in May 2026

- 1 report cited below was for an NHS GP rated Outstanding
- 1 report cited below was for an NHS GP rated Requires Improvement

Outstanding Performance (scores of 4):

| | INSPECTION COMMENTS <i>(all scored 4 by CQC)</i> |
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| EFFECTIVE | |
| Assessing needs | <ul style="list-style-type: none"> • Reception staff used digital flags within the care records system to highlight any specific individual needs, such as the requirement for longer appointments or for a translator to be present. Staff could refer people with social needs, such as those experiencing social isolation or housing difficulties, to a social prescriber. • The provider had systems to identify people with previously undiagnosed conditions. We saw this was the case in the records we reviewed. The service carried out quarterly audits to make sure that diagnoses were not missed. We looked at 3 audits which showed improvement as learning was identified and shared. • Service leaders worked with other practices in the primary care network, Age UK, the local hospital and community healthcare provider to develop a project and made a successful bid for innovation funding for a pilot that brought together professionals from the GP practice, the local hospital, the community health provider and Age UK Living Well practitioners to better co-ordinate and document care for people identified by national criteria for frailty and who were housebound. 289 individual patients were discussed in multi-disciplinary meetings, of which 112 were patients of the inspected Surgery (39% of all patients in the pilot). Data provided by the ICB showed that |

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| | <p>patients from the Surgery who had received this more intensive proactive care required 25% less unplanned care in the 3 months afterwards than in the previous 3 months. Data also showed that if these people did need to be admitted to hospital, they had a shorter stay (by 10%).</p> <ul style="list-style-type: none"> • One of the service leaders presented the findings, with the other primary care network clinical director, to other practices in the GP Federation, to the ICB and nationally to NHS England at the Community of Practice event in July 2024. Following the project's success, the borough adopted a whole-system approach to managing frailty. |
| Delivering evidence-based care and treatment | <ul style="list-style-type: none"> • When clinical guidance changed, the service took a coordinated approach to ensuring care improved. For example, in 2023 the guidelines for Chronic Kidney Disease management were updated. The service's response included education and supervision of clinical staff to support evidence-based prescribing, targeted training so staff could confidently explain to people why tests were required, searches of the patient information system to identify people with heart failure and high blood pressure who might have undiagnosed CKD, and regular ongoing missed-diagnosis audits for CKD and diabetes to ensure patients were appropriately diagnosed, coded and treated in line with current standards. The service found improvements in all the areas targeted. For example, by 2025 the percentage of people with CKD who had the necessary blood tests increased from 88% to 95%. We saw data that showed the improvement had been sustained in 2026 and the service had plans to make further improvements. The service presented their processes and data at a national diabetes conference in 2025. |
| How staff, teams and services work together | <ul style="list-style-type: none"> • The practice rolled out an automated process to follow up people overdue for monitoring of their long-term condition. The service created bespoke templates that reflected the monitoring needed for different long-term conditions, such as specific blood tests, review appointments, or blood pressure checks. Every Wednesday the software checked against the templates and identified 40 people with the most overdue monitoring. The system automatically sent these people a text message, with a link to allow them to book an appointment at a convenient time. In July 2025 approximately 4.5% of people were overdue 'a task' such as a blood test or weight check. This reduced to approximately 2.5% in February 2026 after the introduction of the automated system. The percentage of appointments booked to manage long-term conditions decreased between 2023/2024 and 2025/2026. Since the number of people overdue for monitoring also decreased, this indicates that so many long-term condition specific appointments weren't needed because routine monitoring had improved. • The service was part of a pilot community outreach model working with consultants from a local hospital. The approach included identifying patients at higher risk, collating contextual information to support decision-making, and working with consultants and patients on making and implementing management plans. |
| RESPONSIVE | |
| Care provision, Integration and continuity | <ul style="list-style-type: none"> • The practice ran 'health check' sessions at a local mosque, including checking people's blood pressure and weight, and ran sessions with information and advice about diabetes and chronic kidney disease (CKD). The CKD session was attended by 54 people. The service carried out a formal evaluation after the event, looking at what went well and could be improved, including improving engagement with women who attend the mosque. The practice had been asked to run more sessions on other topics, including on healthy diets for young people. |

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| | <ul style="list-style-type: none"> • So that people did not have to make unnecessary extra visits to the surgery, staff had access to a dashboard of all monitoring that someone needed for their long-term condition or to make sure their medicine was working safely. Staff checked this whenever someone contacted the service or came in for an appointment so that everything that was needed could be completed on the same visit. • The service adjusted the provision to help people who needed more support to arrange their care. For example, they identified women aged 25 – 49 were less likely to take up the offer of cervical screening. To improve this, the service set up the information system to identify people due for cervical screening and contact them using automated calls and text messages. The text messages contained a link to allow people to book an appointment at a convenient time, including on Saturdays. The same system was used to support people who had not booked appointments for monitoring or reviews of their medicines or long-term conditions. We saw data that showed that after the automated messaging process had been launched in June 2025, uptake was better in every month compared to the same month in 2024 – and increased by 7% overall. |
| Providing Information | <ul style="list-style-type: none"> • In 2023 the practice noticed that satisfaction on Friends and Family Test had dropped because people said it was hard to get through to the practice by phone. The practice carried out a review of call volumes, the phone system and how calls were handled. Staff who answered the practice phones were given targeted training on how best to use the functions of the phone system, and on call prioritisation, safe signposting, and demand management principles. The practice checked staff understood what they had been taught and had a programme of supervised call monitoring and refresher training. As a result, the percentage of calls answered improved from 67% in July 2023 to 91% in November 2023 and the length of time people waited reduced. Patient feedback improved also improved, increasing from an average of 86% positive on the Friends and Family Test to an average of average 92% positive. |
| Equity in access | <ul style="list-style-type: none"> • People with long-term conditions were offered a choice of appointments in advance for their reviews, which they could choose to book online from a text message. People seeking advice or an appointment for a short-term condition were offered a same day appointment for symptoms where more urgency was indicated, or a routine appointment, which was usually the next day. • All staff told us of an ethos of responsiveness to people’s views as well as clinical indications. People’s concerns about the symptoms was a factor documented in guidance for staff who booked appointments. We heard that it was not uncommon for people who were particularly concerned to receive a same day consultation (which could be by telephone) rather than a routine appointment. • The practice had introduced same-day appointments with a prescribing clerk to help people with prescription queries and because this worked well, had recently introduced a same-day callback list for people with queries about matters like referrals, Fit Notes and medical reports. People added to this list received a call on the same day from an administrative staff member. This meant that people with administrative queries could be assured of a timely response while ensuring that appointments with clinical staff were available for those who needed them. Since 12 January 2026 when admin appointments were introduced, 181 people had received one. • Telephone performance was reviewed monthly at leadership level with trend analysis and exception reporting. Any variance below target prompted immediate review, including rota adjustments, additional support, or |

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| | <p>refresher training. Real-time monitoring of call volumes allowed responsive staffing adjustments during peak demand periods to maintain service resilience. Periodic reviews of the handling of individual calls were undertaken to maintain standards and support continuous improvement.</p> |
| <p>Equity in experiences and outcomes</p> | <ul style="list-style-type: none"> • The practice was registered as a Safe Surgery. Staff at the practice had received extra training to ensure that they understood entitlement to NHS care, common barriers to those in vulnerable circumstances (which also include homeless people and Travellers) and good practice. There was information in the practice and on the practice website to explain to people that they could register regardless of proof of identity or nationality. • The practice looked after people with learning disability who lived in 2 supported living settings. Leaders had identified that people with learning disability were at additional risk of developing long-term health conditions related to diet. To help reduce this, the practice ran food education and cooking classes for these people, with a local charity. Feedback from people who had attended the classes was positive. The service heard that people now found it easier to visit the service for care, as staff were familiar and associated with pleasant experiences rather than just with illness and vaccinations. • The practice had a dedicated clinical staff member who carried out home visits for housebound people. The practice also took part in local initiatives to successfully improve the care for their older patients. For example, the practice was part of a scheme to improve identification, access, coordination and outcomes for patients living with advanced serious illness, severe frailty and end-of-life care needs. The practice gave identified people a number to call for fast phone access, calls were triaged within 2 hours and people received same-day advice, prescriptions, home visits or onward referral, with urgent medication delivery where clinically appropriate. |

Key Reasons Given for Overall “Requires Improvement” and “Inadequate” CQC Ratings for GP Surgeries

Note: that the many positive and commended comments which may also have been given at the same time by the CQC are not included in this section; this is simply a list of the sorts of things that other practices can work to improve to avoid getting RI or Inadequate ratings themselves. These comments are not exhaustive. Many of these actions have since been rectified according to the CQC.



| | INSPECTION COMMENTS (all scored 1 or 2 by CQC) |
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| SAFE | |
| Safeguarding | <ul style="list-style-type: none"> The safeguarding policy had been reviewed by the manager support lead in November 2025. The policy set out the process for raising and sending a safeguarding concern and included a link to the local Safeguarding Handbook. However, the safeguarding policy did not contain the name of the practice safeguarding lead. There was no list of recommended safeguarding codes to ensure vulnerable patients could be identified by staff. Staff we spoke with told us the service had a Was Not Brought (WNB) protocol and that they would always follow up on children and vulnerable adults who missed appointments or who did not attend at prearranged appointments. However, the safeguarding lead told us they had not yet carried out an annual audit of children who were not brought to appointments, or an audit of attendances at accident and emergency services to identify any patterns which may indicate neglect. |
| Safe environments | <ul style="list-style-type: none"> Health and safety audits and risk assessments, including electrical, gas, and Legionella had been completed within the past 12 months, however, not all identified risks had been addressed. For example, identified risks from the fire risk assessment were not being managed effectively. There was no evidence that all the fire assessor’s |

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| | <p>recommendations had been actioned. We found the practice did not have a risk register to monitor progress of the fire assessor’s recommendations.</p> |
| <p>Safe and effective staffing</p> | <ul style="list-style-type: none"> • We checked staff files and found 5 members of staff who had not completed health and safety training, one non-clinical member of staff had not completed fire safety or sepsis awareness training. • On the day of our inspection, some recruitment records were missing. For example, there was no record of employment references or proof of identity for a clinical member of staff. • Staff vaccinations were not always kept up to date in line with Green Book guidance. 3 out of 5 clinical staff files we checked lacked immunisation histories. Some relevant immunisation information had not been collected for a member of nursing staff. Another clinician had no MMR recorded and no record of a blood test done to check levels. A third clinician had low immunity but had been referred to Occupational Health. • Some staff had not received an annual appraisal. It was not clear whether managers had identified this. We identified 4 members of non-clinical staff who had not had an annual appraisal. • Leaders told us they had conducted an audit of consultations for GPs who worked at the practice. However, there was no record of any audit of the practice nurses’ consultations. Following our inspection, leaders told us they would implement regular audits for the practice nurses. The leaders told us staff always worked within their job descriptions and competencies. However, we reviewed a job description for a GP assistant which was not specific enough to ensure the member of staff worked within their competency. |
| <p>Infection prevention and control</p> | <ul style="list-style-type: none"> • Although the facilities and premises were clean, there was no record that regular IPC audits were routinely carried out to manage infection control risks to ensure compliance with the infection control policy. • Staff vaccinations were not always kept up to date in line with the latest UK Health Security Agency (UKHSA) guidance. For example, we found records of staff immunisation were partially documented for 3 members of staff, two of which were clinical staff; this risk had been identified during a previous NHSE Infection prevention and control audit in April 2024, but we saw the service had partially responded to this. |
| <p>WELL-LED</p> | |
| <p>Governance, management and sustainability</p> | <ul style="list-style-type: none"> • Leaders had not ensured that staff always followed prescribing policies and evidence-based guidelines. Systems were not effective in identifying, mitigating and monitoring risk related to patients and staff including health and safety. The processes in place did not ensure that recommendations from risk assessments related to the premises were completed. For example, fire safety. Managers and staff had not followed the practice policies in relation to infection control, recruitment checks, staff training and managers had not met with all staff annually, to complete appraisals and performance reviews. • Regular searches of the clinical record system were being run to identify patient needs and ensure these were being met. However, our review of clinical records showed that this was not always effective. Consistency in the monitoring of people’s medicines was needed to make sure blood tests were carried out prior to a review or prescription being issued. |

Partnerships and communities

- At the time of the assessment, **staff explained they were not engaged in any local community projects** to improve the practice and quality of care for the local population. The safeguarding lead who took over the role last year, told us they participated in multi-disciplinary safeguarding meetings but did not regularly attend meetings with external healthcare partners to discuss learning and improve outcomes for safeguarding.