

Care Quality Commission

Inspection Evidence Table

Thorpe-le-Soken Surgery (1-583911750)

Inspection date: 05 August 2022

Date of data download: 05 August 2022

Overall rating: Good

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement because;

- We found some long-term condition patient reviews had not received an up to date blood test for their condition management.
- We found some medicine reviews including high risk medicines hadn't identified specific monitoring.
- No infection control audit had not been undertaken for over two years. This included hand washing audits.
- Six patients taking medicine for hypothyroidism had not received a blood test in the previous 18 months. Nine of the patients prescribed one of the high risk medicines had not received one part of their expected monitoring.
- Three of the five diabetic patients we reviewed had not received a face to face review or had diabetic retinopathy screening in the last 18 months.

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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Vulnerable patients were identified clearly in their clinical patient record. Training records showed staff were trained in safeguarding to the appropriate level for their role. We were told during the COVID-19 pandemic the regular multidisciplinary team (MDT) meetings had been reduced to contacting MDT members to discuss concerns on a single patient specific basis only. We were advised the previous level of regular MDT meetings were now taking place. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We viewed six staff records held at the practice these showed effective staff recruitment checks, references, and vaccination status. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	11.07.2022
There was a fire procedure.	Yes
Date of fire risk assessment:	Yes
Actions from fire risk assessment were identified and completed.	08/06/2022
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Evidence provided showed regular safety assessments were undertaken and appropriate corrective actions had been carried out in a timely fashion. This was verified during our onsite inspection visit. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	No ¹
Date of last infection prevention and control audit:	12/8/19
The practice had acted on any issues identified in infection prevention and control audits.	Partial ²
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

1. Due to staff retention issues an infection control audit had not been undertaken for over two years. This included hand washing audits.
2. Although there were no actions from audits, we saw infection control cleaning processes had been increased to meet the COVID-19 pandemic requirements. Clinical grade flooring in all rooms and the seating in the waiting room had been replaced.
 - A procedure to ensure receptionists did not come in contact with clinical specimens was in place.
 - Clinical waste was cleared daily and stored securely and appropriately.

Risks to patients

There were adequate in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Visual reminders were available for all staff and clinicians to assist them to support patients, with safeguarding concerns, signs of sepsis, and deteriorating patients. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff explained the process for referring patients and we were provided with the protocol for follow-up referrals. This included the assurance that patients referred through the two week wait process had received their appointment.• The management of test results ensured timely monitoring and clinical oversight.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.65	0.91	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	12.4%	8.9%	8.8%	Tending towards variation (negative)
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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.16	5.59	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	172.6‰	181.9‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	1.15	1.07	0.60	Tending towards variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	9.4‰	12.1‰	6.8‰	No statistical variation

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

Any additional evidence or comments

- We were told the practice treated patients in two large care homes, these patients were often receiving short term respite care and this was considered the reason for the higher use of antibiotics use for uncomplicated urinary tract infection. They worked with the local medicines management team to monitor prescribing habits.
- The practice also told us they treated patients in four learning disability homes and three specialist psychiatric care homes they had an increased prescribing need for hypnotic medicines. The primary care network (PCN) pharmacists that worked at the practice were monitoring the prescribing of these medicines, to ensure they were clinically appropriate.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial ¹
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1&2. During the clinical searches we found:</p> <p>a. Six patients taking medicine for hypothyroidism had not received a blood test to check the effectiveness of their medicine in the previous 18 months although they had received a recent prescription. Nine of the 41 patients prescribed one of the high risk medicine had not received one part of their expected monitoring, although patients prescribed all other high risk medicines had received all the expected monitoring to keep people safe.</p>	

Medicines management	Y/N/Partial
<p>b. Three of the five diabetic patients we reviewed had not received a face to face review or had diabetic retinopathy screening in the last 18 months although, all expected monitoring had been provided.</p> <ul style="list-style-type: none"> • The practice acted immediately on our findings and reviewed these patients. They provided us with an updated protocol to show reports would be run by the pharmacists working at the practice on a monthly basis. This updated process was to ensure all patients taking high risk and long term medicines would receive consistent and effective monitoring. During the on-site visit to the practice we were shown how this process was working. However, this process needed to be monitored and embedded. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> Approximately 900 people living in rural areas without easy access to a pharmacy received the dispensing service provided by the practice. We found the dispensing processes and procedures were well managed and monitored to keep people safe. Audits and competency checks were regularly undertaken. The standard operating procedures that governed the dispensary had been regularly reviewed and updated to include recent guidance. Monitored dosage dispensing was carried out away from the busy dispensary to ensure staff were not disturbed. Staff were aware of medicines that were not suitable for inclusion in such packs, and we saw how patients were provided appropriate information about their medicines. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	20
Number of events that required action:	20
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence in meeting minutes of learning and the dissemination of information to staff, along with the improvements that had been made. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
<u>Event</u> During a home visit to administer a Covid and Flu vaccination. Patient with capacity consented to both having been made aware of the vaccinations to be administered (flu and Covid booster). On return to surgery, it was found Covid Booster had been given at a chemist 2 weeks previously. <u>Impact</u> No known concern.	<u>Actions</u> An internal investigation, MRHA yellow card raised and event recorded on STEIS recording system <u>Learning</u> Check the national Pinnacle system and not rely on practice records before home vaccination.
<u>Event</u> Complainant and husband contacted the practice over a period of seven days to request stronger pain medicine, scan, telephone appointments. <u>Impact</u> Patient felt lack of care provided by practice impacted prolonged pain. Also felt practice did not ask correct question at initial contact or provide requested medicine.	<u>Actions</u> Telephone appointment and MSK appointment provided. Practice clinician called complainant to advise re. expectation of slow improvement and to address any red flags. Complainant and husband happy with consultation and advised a significant event would be raised at the practice. <u>Learning</u> Updated approach discussed with the triage team to identify people's needs and ensure follow-up. In this case practice did not gain understanding of reluctance why complainant did not want to attend A+E which delayed meeting patients care and treatment needs.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We found an effective system to check MHRA medicine safety alerts, this included the monitoring of historical alert checks, which were undertaken on a monthly basis. • We saw searches had been carried out for recent alerts. 	

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, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial ¹
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians told us they used the training afternoons provided by the local commissioning body for online training, to keep clinicians and administrative staff up to date with current evidence based practice. Current evidence based clinical practice was discussed and evidenced in clinical meeting minutes we saw. Following the clinical searches we carried out of the patient records system, identified 133 patients with potential missed diagnosis of chronic kidney disease (CKD) stage 3-5, of the six records we reviewed two had not been prescribed medicine. The practice acted immediately on our findings and reviewed these patients. They provided us with an updated protocol to show reports would be run by the pharmacists working at the practice on a monthly basis. This updated process would reduce the risk of missing patients with CKD. During the on-site visit to the practice we were shown how this process was working. However this process needed to be monitored and embedded. 	

Effective care for the practice population

Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified were offered 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 recall process 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. 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.
- 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
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However we did find some patients on review had not received all the expected monitoring. We received assurance during the site visit that this monitoring was being provided effectively.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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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)	46	48	95.8%	Met 95% WHO based target
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)	52	53	98.1%	Met 95% WHO based target
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)	52	53	98.1%	Met 95% WHO based target
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)	52	53	98.1%	Met 95% WHO based target
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)	62	69	89.9%	Below 90% minimum

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

- We asked the practice to comment on the percentage of children aged 5 who had received immunisation for measles, mumps and rubella as the data showed the practice had a slightly lower uptake when compared to the WHO target. We were told that the practice had continued to provide immunisation clinics throughout the COVID-19 pandemic period, however uptake had been reduced. Catch-up clinics had been set up to improve the uptake.

Cancer Indicators	Practice	CCG 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	78.9%	N/A	80% Target	Below 80% target

64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	76.7%	61.7%	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)	73.2%	68.2%	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)	66.7%	61.5%	55.4%	No statistical variation

Any additional evidence or comments

We asked the practice to comment on the cervical cancer screening data that was below national targets.

- We were told that the practice had continued to provide cervical screening throughout the COVID-19 pandemic period, however, it was noted that uptake had been reduced. Catch-up clinics had been set up to improve the screening uptake.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- The practice provided evidence of audits with the actions taken to address any findings that could improve care.

Any additional evidence or comments

- The practice had worked with local pharmacies to develop a protocol of provide over the counter medicines to reduce appointments. Analysis showed 61% of those triaged for referral to local pharmacies were managed via the protocol and saved appointments at the surgery. Learning from this audit included asking people the right questions to reduce symptoms of possible infection being referred to the pharmacies, and asking patients that had access to ambulatory blood pressure monitoring to provide results to support decisions.

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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Recently recruited staff told us they had received a comprehensive induction and felt well prepared for their role. Staff told us the management and clinicians at the practice had an open door policy. We found evidence of competency checks carried out, and professional registrations were seen in staff records. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The local care homes had been provided a dedicated email address and phone number to ensure they could access the practice quickly and easily. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice told us they used their patient text messaging software to remind patients about their appointments and healthcare. 	

- We saw health prevention programme information available for patients within the waiting room. We were also told the practice social prescriber supported patients to access health prevention.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff explained the practice consent processes during the remote interviews. We found consent was recorded within the records when we carried out the patient record searches. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Interviews during the site visit with patients.	<ul style="list-style-type: none"> We spoke with two patients during the on-site inspection. They told us there was often a long wait when calling the practice, and appointments were still limited. The patients were positive about the staff at the practice once they gained an appointment. They also told us they felt involved in their care and treatment and felt safe receiving their care at the practice.
NHS overview website	<p>There were 10 reviews over the last year. All comments had been responded to by the practice.</p> <ul style="list-style-type: none"> There were four comments that had received five stars (the highest positive result). Three had received three stars all with the same theme of having difficulty getting through on phone to get an appointment, but when they were seen at the practice, they were very happy with the care and treatment they received. A further three comments with just one star all complained about the poor access via the phone to the practice.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	89.0%	84.8%	84.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	87.5%	82.9%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	97.3%	93.0%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	71.3%	72.3%	72.4%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> Feedback was requested from patients about the service they had received from the practice via the text messaging service used by the practice. The practice acted on the responses received.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff could access easy read and pictorial materials to support them with their patient contacts. The practice used language line for patients whose first language was not English. We were told staff used hand gestures for patients with hearing loss and when necessary there was a hearing loop available. Staff explained to allow lip reading they dropped down their face mask with patient's agreement. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	93.8%	89.6%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was information in the waiting room to signpost about local support groups and events. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 305 carers which represents 3.8% of the practice population
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carer's were supported by the GP Care advisor and the social prescriber. The practice had 8 young carers and modified their support to meet their needs.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> GPs phoned the recently bereaved when appropriate to offer support and sent bereavement letters with supportive information to patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

- There was prominent signage at the reception desk to inform patients if they needed privacy to speak confidentially.

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice worked with other practices in their primary care network to understand patient needs and develop services for their local population. 	

Practice Opening Times	
Day	Time
Opening times: Thorpe-le-Soken surgery	
Monday	8:00am - 6:30pm
Tuesday	8:00am - 6:30pm
Wednesday	8:00am - 6:30pm
Thursday	8:00am - 6:30pm
Friday	8:00am - 6:30pm
Saturday	8:00am - 12:30pm
Sunday	Closed
Opening times: Kirby Cross Branch surgery	
Monday	8:00am – 7:45pm
Tuesday	8:00am - 4:00pm
Wednesday	8:00am - 4:00pm
Thursday	8:00am - 4:00pm
Friday	8:00am - 2:00pm
Saturday	Closed
Sunday	Closed

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

- Patients had a named GP to support them in whatever setting they lived.
- The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Extended hours appointments were available at the Kirby Cross branch practice till 7:45pm and from 8am till 12:30pm on Saturdays.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to all patients within the practice primary care network in the evenings and at the Weekend.
- The practice had offered NHS health checks in the last 12 months to 222 of the 1350 patients eligible to receive them. We were told health checks had been suspended at times during the COVID-19 pandemic period to prioritise long-term condition reviews.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability.
- All 66 of the people eligible for a learn disability check in the last 12 months had been offered a check, and 55 (83%) of these had been undertaken.
- People in vulnerable circumstances were 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.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
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 ¹
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes

There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: 1. Patients told us they had experienced problems getting through to the practice on the telephone, this meant some people waited longer to receive care and treatment.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	42.9%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	43.6%	57.0%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	54.4%	56.5%	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)	69.5%	76.0%	71.9%	No statistical variation

Any additional evidence or comments

The practice had purchased a new telephone system; however, it was not due to be installed until October 2022. The new system would provide more lines into the practice and greater access to the practice via the telephone.

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.	78
Number of complaints we examined.	2

Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was information within the reception area and on the practice website to support patients that wanted to complain. • The complaints we reviewed showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Complaint</u> Complaint to NHS England regarding the delay at the practice for access to diagnostic tests and referral for consultant.	<u>Actions</u> Response to complainant with an explanation of the events from the perspective at the practice and an apology. <u>Learning</u> No issues found in respect of the actions taken by the practice, although, when referrals made to help patient understand the urgency and whether they meet the two week wait criteria or not.
<u>Complaint</u> About access to an appointment at the practice to follow-up hospital diagnosis and treatment, and a request from the patient's partner being ignored by a receptionist to check patients notes and pass a note to the GP.	<u>Actions</u> Response to complainant explained the receptionist knew without consent they could not look at partners records. Complainant advised of increase to triage team and apologised for access issues currently being experienced at the practice. <u>Learning</u> Not identified.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels that could demonstrate they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw evidence of clinical and managerial leadership within the practice. They worked with the local practices within the primary care network to understand local challenges to quality and sustainability to develop services.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice held regular meetings to update staff with practice development plans.The practice told us they worked with their primary care network practices, to discuss the development of services to meet the needs of the local patient population.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The staff information/handbook guided staff how to raise a whistleblowing application or contact the freedom to speak-up guardian. 	

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

Source	Feedback
Staff members	The staff members we spoke with were positive about the support provided by the clinicians and the management at the practice.
	Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	Staff told us they felt safe working during the COVID-19 pandemic restrictions and were supported with personal protective equipment (PPE) and increased infection control related guidance.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found evidence that managerial leadership of governance, policies and procedures was regularly reviewed. Although the practice had responded to the clinical governance issues identified, this needs to be embedded to ensure effectiveness. 	

Managing risks, issues and performance

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

	Y/N/Partial
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There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We found effective assurance systems to manage risk and performance. • There was an audit process, that included clinical and administrative audits to monitor service quality. • There was a practice business continuity plan, that had been updated to include increased processes to mitigate risks during the COVID-19 pandemic. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had increased cleaning procedures after every face to face patient appointment. • A separate entrance was available for anyone that needed to visit the practice with possible COVID-19 symptoms. • The flooring at both the main site in Thorpe and the Kirby Cross branch site had been changed to a clinical grade vinyl. • The waiting room chairs had been upgraded to wipeable covering, conducive to the increased infection control measures. 	

- A sheltered area had been built outside the front door at Thorpe with seating to ensure social distancing measures were effective.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice monitored data from the Quality Outcomes Framework (QOF) and reviewed patient registers to monitor their performance. • Management staff understood their responsibility, and how to make statutory notifications to the care quality commission. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We were provided evidence that the practice held registration with the 'Information Commissioner's Office'. • We saw evidence in patient records their consent was obtained and interactions were recorded. 	

- The practice website informed patients how their records were stored, managed and the information sharing protocol for online services.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	No ¹
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff told us their views were taken into consideration, and this was seen in meeting minutes about the planning and delivery of services at the practice.• The practice sought patient views through their website and via paper 'Friends and Family Forms' in the practice.1. The practice did not have an active patient participation group (PPG) currently due to poor uptake since COVID-19 pandemic. However, the practice had a Facebook page to inform patients of planning and development and to inform patients of any meeting outcomes. We were told the practice were planning a question and answer meeting at the local community hall to inform patients about the changes to the practice appointment system, and to actively encourage participation in a new PPG.	

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

There was a strong focus on continuous learning and improvement.

- A baby buggy parking area had been added to the front of the Thorpe le-Soken site.
- A nurse's storage room had been built to ensure enough supplies we could be stored.
- CCTV had been fitted at the Thorpe le-Soken site.
- New bariatric scales had been purchased.
- A FeNo no breath machine had been purchased to improve asthma diagnostics.
- A Derm lite Dermatoscope with photography attachment had been purchased to improve dermatology diagnostics.
- New procedure had been implemented to ensure all letters/post into the surgery was coded and added to patient records.
- An electric sensor had been ordered for the front door of the Thorpe le-Soken Site.

- Patient check in screens had also been ordered for both the Thorpe le-Soken and Kirby Cross branch site.
- The car park was due to have the lines repainted so that the disabled bay was more accessible when the car park was busy.
- CCTV was waiting to be fitted at Kirby Cross branch site.
- A new telephone system with increased lines into the practice was due to be fitted in October 2022.

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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Feedback

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **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.