

Inspection Evidence Table

Linden Road Surgery

(1-10450251899)

Inspection Date:

Date of data download: 21/10/2022

Overall rating: Requires improvement

We have rated the practice as requires improvement overall. This is because:

- The practice did not always identify and manage risks effectively to keep patients and staff safe and protected from avoidable harm. For example, in relation to infection prevention and control (IPC), fire safety and training for staff to know how to respond to medical emergencies.
- The way the practice was led and managed meant the overall governance arrangements were not always effective. For example, the practice could not always demonstrate oversight of staff recruitment processes and training, there were no clear arrangements with other services such as to make sure emergency medicines and equipment were available and safe to use if needed, and not all policies and new staff induction programmes were specific to the practice.

However:

- Most patients received effective care and treatment that met their needs and in a way that kept them safe and protected from avoidable harm. For example, the practice responded to safety alerts and offered patients prescribed repeat medicines or who had long term conditions a structured yearly review.
- People were involved in their care and were treated with compassion, kindness, dignity and respect. Patients and others who used the service described the care and support given had exceeded their expectations.
- The practice understood the needs and preferences of their patients and had developed services in response to them.

Safe

Rating: Requires improvement

We have rated the practice as requires improvement for providing safe services.

This is because the practice had not always taken steps to reduce risks to patients and staff. For example:

- Not all staff had completed training in line with the practice's requirements, including in infection prevention and control, basic life support and sepsis awareness.
- Recruitment and DBS checks were not always completed in line with regulations.

There were differences in how the practice identified and managed risks at each of their sites. The practice had not always taken steps to identify and reduce risks at the site in Bromham, including:

- Those relating to fire and infection prevention and control.
- There was no health and safety risk assessment to identify and respond to any issues.
- To make sure emergency medicines and equipment were available if needed.

However,

- Staff had the information they needed to deliver safe care and treatment.
- The practice had completed structured medicines reviews with patients who were prescribed repeat medicines.
- The practice learned and made improvements when things went wrong.
- The practice responded to protect patients affected by safety alerts.

Safety systems and processes

The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial ¹
Partners and staff were trained to appropriate levels for their role.	Partial ²
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.	Partial ³
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
Clinical staff described recent safeguarding concerns and how they had responded to them appropriately.	

¹ The practice had formed a strong working relationship with another local GP practice, and some staff were shared by the two services. The safeguarding lead was based at the other practice. However, the two GP partners at Linden Road Surgery, provided guidance for other members of staff at the practice and liaised with the safeguarding lead when needed.

The practice's policy and procedure for raising child safeguarding concerns was kept up-to-date. However, the policy and procedure for protecting adults only made reference to the other practice. Although the practice sent us an updated policy following our feedback, this had not been fully updated to make it relevant to Linden Road Surgery.

² The policies provided for this inspection said that all staff must attend a yearly update in safeguarding adults, and that all staff were expected to attend a yearly update in safeguarding children. However, there was a difference between these policies and the training records provided. The training records indicated that staff were required to complete training in both safeguarding children and safeguarding adults every 3 years.

The policy for safeguarding adults did not say what level training staff were required to have.

Out of the 22 members of staff at the practice, training records were available for 18 members of staff. All of these staff had done training in safeguarding adults in the last 3 years. All, except for 1 non-clinical member of staff, had done training in safeguarding children in the last 3 years.

³ We asked to look at the staff files for 7 members of staff. Appropriate levels of Disclosure and Barring Service (DBS) checks had been carried out for 4 of the members of staff. However, there was no record of a DBS check in the file for 1 other member of staff. The other 2 staff files we asked to look at were not available. The practice told us some staff are employed to work between the two practices which work together closely, and that the files for these staff may be held by the other practice.

DBS checks identify whether a person has a criminal record or is on an official list of people who should not work in roles where they may have contact with children or adults who may be vulnerable. These checks help to protect other staff and people who use the service from abuse.

The practice's policies stated that all staff must have a DBS check. Following our feedback, the practice told us that copies of staff files would be kept at both practices.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial ¹
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	No ²
Explanation of any answers and additional evidence:	
<p>¹ Three of the staff files we asked to look at were for staff who had started working at the practice within the last year. Only 2 of the files were available. The provider told us the file for the other member of staff was kept at the other practice.</p> <p>We saw recruitment checks had been completed in line with regulations for 1 of the members of staff.</p>	

However, for the other member of staff, recruitment checks had not been fully completed in line with regulations and the practice's recruitment policy. There was no explanation for gaps in the person's recent employment history and no photographic identification. There was no record of a risk assessment having been completed because this information was not available.

Recruitment checks help to protect people and systems by making sure that people are suitable for the roles they are employed to do.

² There was no record in either of the 2 staff files we saw to show if the new member of staff had had vaccinations in line with guidance from the UK Health Security Agency (UKHSA).

There was no record in any of the other 3 staff files we looked at to show if these members of staff had been vaccinated in line with the guidance, to help protect them and patients from harm.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial ¹
Date of last assessment: Site in Linden Road: October 2022 Site in Bromham: None	
There was a fire procedure.	Yes ²
Date of fire risk assessment: Site in Linden Road: 6 March 2020 Site in Bromham: 6 March 2020	
Actions from fire risk assessment were identified and completed.	Partial ³
Explanation of any answers and additional evidence:	
<p>The practice provided services from 2 sites, the main practice site in Linden Road, and from a branch site in Bromham, a nearby village.</p> <p>Electrical equipment had been tested and medical equipment had been calibrated at both sites within the last year. It is important that equipment is calibrated to ensure that it provides correct readings and patients receive appropriate treatment.</p> <p>Fire extinguishers at both sites had been checked in December 2021.</p> <p>The practice gave us training records for 18 of the 22 staff at the practice. All 18 of these staff had completed fire safety training in line with the practice's requirements.</p> <p>However, there were differences in how health and safety risks were managed at each site. For example:</p> <ul style="list-style-type: none"> ¹ The practice had completed a health and safety checklist for the site in Linden Road. There was no completed checklist for the site in Bromham. 	

- Although fire drills had taken place at the site in Linden Road once or twice a year, no fire drills had taken place at the site in Bromham.
- ² There was a fire policy and risk assessment for the site in Linden Road, and staff at this site knew the fire procedure. The practice sent us a fire policy, procedure and the latest fire risk assessment for the site in Bromham after the inspection.
- The practice tested the fire alarm system at the site in Linden Road weekly. At the site in Bromham, an air horn was available to alert people if there was a fire. However, there were no regular checks of this system, in line with the actions identified in the fire risk assessment.

³ The practice acknowledged that actions from the latest fire risk assessment for the site in Bromham had not been done. The practice told us that this was because there were plans for the practice to leave the site. However, we saw that the practice had not responded to recommendations such as:

- To replace a missing fire extinguisher by May 2020. The fire extinguisher was missing at the time of our inspection.
- To put fire exit signs above the exit doors by July 2020. These were not in place at the time of our inspection.
- To review the risk assessment in March 2021.

Following our inspection on 1 November 2022, the practice told us that they had made arrangements to complete some of the outstanding actions and review the fire risk assessment.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial ¹
Infection prevention and control audits were carried out.	Partial ²
Date of last infection prevention and control audit: Site in Linden Road: 15 June 2022 Site in Bromham: None	
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.	Partial ³
Explanation of any answers and additional evidence:	
<p>¹ The practice gave us training records for 18 of the 22 staff at the practice. These showed not all staff had completed training in infection prevention and control (IPC) in line with the practice's policy. One member of clinical staff was overdue the training, and there was no record that a further 2 clinical staff had done the training.</p> <p>There was an IPC lead for the practice, however they had not visited the site in Bromham.</p> <p>There were differences in how the practice managed IPC at each of the sites, for example:</p>	

- ² The practice had carried out an IPC audit, and acted on the issues identified in it, for the site in Linden Road. No audits had been done for the site in Bromham.
- ³ Bins for waste in the clinical rooms at the site in Linden Road were pedal operated by foot, in line with good practice guidance. However, the bins in the clinical rooms at the site in Bromham were small, swing-top domestic bins which presented an infection control risk.
- Bins for the disposal of clinical sharps were used in line with the practice's policy at the site in Linden Road. However, one of the sharps bins used at the site in Bromham had not been sealed and disposed of in line with the practice's policy. The practice told us that patients for whom it was likely that sharps would need to be disposed of, for example after a blood test or injection, were not offered an appointment at the site in Bromham.
- Leaders were not clear about the arrangements for the cleaning of nor for the collection of clinical waste from the site in Bromham.
- Clinical areas at the site in Bromham had carpet flooring. There were no arrangements for the carpet to be cleaned routinely or if there was a spillage of a clinical specimen.

Following our inspection, the practice gave us a risk assessment for Legionnaire's disease for Bromham Surgery. This had been completed on 1 March 2022. The risk assessment highlighted a high risk of legionella bacteria spread. Legionella bacteria can be found in water systems. If these bacteria are breathed in, it can lead to Legionnaire's disease. This is a serious type of lung infection which can be fatal. We did not see evidence that the practice had responded to all of the recommendations in the risk assessment, for example records showing that all taps and showers were flushed through at least once a week.

The practice had not taken actions to make sure that the site in Bromham was suitable for delivering care, was kept clean, and was maintained in good condition, in line with the Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance.

We fed back to the practice our concerns about the site in Bromham. Following our inspection, the practice gave us a plan of the actions they intended to take, when they intended to do them, and actions the practice had already taken to reduce identified risks.

Risks to patients

There were gaps 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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The training records we saw, for 18 of the 22 staff at the practice, showed not all staff had completed training in line with the practice's requirements:</p> <ul style="list-style-type: none"> • 3 of the 6 clinical staff had not done training in adult basic life support and anaphylaxis • 1 member of non-clinical staff had not done training in adult basic life support • 4 of the 6 clinical staff had not done training in sepsis awareness • 2 non-clinical members of staff had not done training in sepsis awareness. <p>Anaphylaxis is a severe reaction to a trigger, such as an allergy to medicine. It usually happens suddenly and gets worse very quickly. It can be life-threatening, and so it is important that staff know what to do if a reaction happens.</p> <p>Sepsis, sometimes called blood poisoning, happens when your body overreacts to an infection and starts to damage itself. Symptoms can be difficult to spot and sepsis can be life-threatening. Therefore, it is important that staff can recognise and act on symptoms.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a poster with a flowchart showing how information coming into the practice was to be processed. This was reviewed and improved and was specific to the practice.</p> <p>Doctors had protected time each day to respond to information coming into the practice, for example letters and test results.</p> <p>The practice had summarised a significant number of patient records. The practice monitored progress regularly and had a small number of records left to summarise.</p>	

Appropriate and safe use of medicines

The practice did not always have 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	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) (NHSBSA)	0.86	0.81	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	8.9%	8.8%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	4.74	5.52	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	132.5‰	99.7‰	128.0‰	No statistical variation
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)	1.00	0.71	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	13.9‰	6.9‰	6.8‰	Variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Partial ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes ²

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 ³
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial ⁴
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial ⁵
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence, including from clinical searches.	
<p>¹ The practice's processes to make sure that prescription stationery was kept securely and to identify concerns, such as blank prescriptions going missing, were not always effective. We saw blank prescriptions had been kept in an unlocked printer in a room that could not be locked.</p> <p>² We looked at the records for 5 patients for whom a doctor at the practice had completed a medicines review between August and October 2022. The medicines reviews for all 5 patients included a review of all medicines prescribed on a repeat prescription, and a check that the patient had received monitoring in line with national guidance.</p> <p>³ Most patients had received the necessary monitoring to ensure that it was safe to continue to prescribe specific medicines for them, and that the dose prescribed was suitable. We ran searches of the clinical system to identify patients prescribed various high-risk medicines, where specific and regular monitoring is required. We found:</p> <ul style="list-style-type: none"> • 7 patients were prescribed Azathioprine. This is a medicine used to calm and control the body's immune system, to stop or slow the disease process in inflammatory conditions, such as rheumatoid arthritis. We looked at the records for 5 of these patients. The monitoring for 2 of the patients was overdue. The practice explained the circumstances for each patient and there was a recall system in place. The practice planned to contact the 2 patients, in response to our feedback. • 9 patients were prescribed Lithium. Lithium is a medicine used to help people who have mood disorders. We looked at the records for 5 of these patients. Three of the patients had not been monitored in line with guidance from the National Institute for Health and Care Excellence (NICE). This guidance was updated in February 2022, following the COVID-19 pandemic. The practice had asked the patients to book an appointment for the monitoring to be done before our inspection. 	

- 21 of the 129 patients registered at the practice who were prescribed a direct acting oral anticoagulant (DOAC) medicine had not had the recommended monitoring. These medicines are used to help prevent blood clots forming in people who are at high risk of developing them. Blood clots can lead to serious conditions such as strokes and heart attacks. Monitoring is needed to ensure that it is safe to continue to prescribe the medicine and that the dose prescribed is suitable. We looked at the records for 3 of these patients prescribed Apixaban and 2 patients prescribed Edoxaban. The monitoring for 2 of the patients was overdue. The practice had already asked one of the patients to book an appointment for the monitoring to be done.

⁴ Appropriate emergency medicines and equipment were available at the site in Linden Road, including oxygen and a defibrillator. However, at the site in Bromham, there were limited emergency medicines and equipment available. For instance, the practice did not keep several medicines recommended for use in an emergency, oxygen or a defibrillator at the site in Bromham.

Although the practice had completed a risk assessment to say what emergency medicines and equipment should be available at the site in Linden Road, a risk assessment for the site in Bromham was provided after our inspection.

⁴ This risk assessment stated that emergency medicines were available from a nearby pharmacy if they were needed at Bromham. However, we did not see arrangements for the practice to know that the pharmacy would be open and the medicines available in a timely way if they were ever needed.

⁵ The risk assessment also stated that staff could use a public defibrillator, kept in the village hall, if one was needed at Bromham. However, the practice did not show us evidence that there were arrangements for them to know regularly if the defibrillator was available and safe to use.

The risk assessment did not show that the practice had considered how the emergency medicines and equipment would be accessed if a member of staff was working alone in Bromham.

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.	N/A
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.	N/A
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.	N/A

If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Partial ¹
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	No ²
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
Explanation of any answers and other comments on dispensary services: The practice ran a small dispensary from the site in Bromham for a certain group of patients. ¹ A GP delivered medicines to some of these patients. There was a process to make sure that medicines were delivered safely and this was recorded. However, the practice had not completed a formal risk assessment. ² The practice did not have a process for recording incidents and near misses about the dispensary. Therefore, the practice could not identify areas for learning and improvement.	

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:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: Significant events were recorded in a spreadsheet and discussed in meetings held jointly with the practice with whom Linden Road Surgery worked in partnership with. Learning from significant events from both practices was shared. Significant events were also discussed in staff meetings at Linden Road Surgery.	

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

Event	Specific action taken
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<p>The fridge used to store vaccines was switched off accidentally when the practice was being cleaned.</p>	<p>Some of the vaccines were destroyed, in line with advice given by the vaccine's manufacturers.</p> <p>The practice reported the incident internally and externally.</p> <p>A protector was put on the socket so that the fridge could not be unplugged accidentally again.</p> <p>There had not been any further events of the fridge being unplugged accidentally.</p>
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Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <p>We ran a search of the practice's clinical records system to identify patients prescribed both Clopidogrel and either Omeprazole or Esomeprazole at the same time.</p> <p>Clopidogrel is another medicine used to help prevent blood clots from forming. Omeprazole and Esomeprazole are medicines used to lower the amount of acid your stomach makes. They are used to treat indigestion, heartburn and acid reflux and to prevent and treat stomach ulcers.</p> <p>The Medicines and Healthcare Products Regulatory Agency (MHRA) issued a safety alert in 2014 advising that this medicine combination should not be prescribed. This is because Clopidogrel becomes less effective at preventing blood clots when taken with Omeprazole or Esomeprazole.</p> <p>The practice had responded to protect patients affected by the safety alert. We found 5 patients who were prescribed this medicine combination. The practice had discussed the risks with all 5 of the patients. Four of the patients had returned to taking Omeprazole or Esomeprazole because the alternative medicines they tried had not worked for them, and the other patient had chosen not to change medicines.</p>	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
The practice prioritised care for their most clinically vulnerable patients	Yes
Explanation of any answers and additional evidence:	
Clinical staff attended monthly training sessions for those working in the Bedfordshire, Luton and Milton Keynes areas. These were led by staff from hospital and community settings and gave opportunity for clinicians to share knowledge, get updates about latest guidance, and raise awareness of local services and processes.	
Staff also went to weekly in-house teaching sessions, and workshops, for example about the management of menopausal symptoms.	
The practice identified patients with commonly undiagnosed conditions, such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and high blood pressure (hypertension). We did not	

identify any patients who had a possible missed diagnosis of diabetes during our search of the practice's clinical records system for this inspection.

We also searched the practice's clinical records system to identify patients who had been prescribed Gabapentin or Pregabalin and had not had a review in the last year. Both of these medicines are used to treat epilepsy, anxiety or certain types of pain. They need to be used carefully because a person's body can change to tolerate them, creating a dependency on the medicine. They are also drugs known to be commonly mis-used, and are therefore classified as controlled drugs. This means that there are strict rules on how they are prescribed and issued. We identified 17 patients. We looked at the records for 5 of them. The practice had reviewed 3 of the patients in the last year and the reviews for the other 2 patients were slightly overdue.

Effective care for the practice population

Findings

The practice held registers of patients living in circumstances which may make them vulnerable or more likely to need additional support. This included carers, people receiving end of life care, those where there may be safeguarding concerns, homeless people and Travellers, people with mental health needs and people with a learning disability. The practice added 'flags' to patients' records to alert staff.

There was a GP lead for mental health. The practice offered patients with mental health needs an assessment and monitoring of their physical health. The practice had made changes to encourage more patients to have an annual mental health review. These included making the letter sent to patients offering them a review more personalised and clear what the appointment was for. The practice also telephoned or texted patients.

There was a GP lead for patients with a learning disability. The practice actively reviewed patient records to identify patients with a learning disability. The practice told us that the number of patients they had identified had increased from 25 in 2016 to 72 in 2022.

The practice supported local care homes for people with a learning disability, for example by weekly calls. The practice also adjusted how they provided services to meet the needs of patients with a learning disability. This included communicating with patients in the way they preferred and offering home visits.

Annual health checks for people with a learning disability were done with input from the learning disability coordinator. According to the latest information available given to us by the provider, in 2021, the practice had completed an annual health check with 85% of their patients living with a learning disability.

The practice offered flu, COVID-19, shingles and pneumonia vaccinations to eligible patients. Information provided by the practice showed 77% of patients with a learning disability had received a flu vaccine in 2021.

However, these numbers cannot be verified by CQC.

Management of people with long term conditions

Findings

31% of patients registered with the practice had 1 or more long-term conditions, such as asthma, diabetes, hypothyroidism and chronic kidney disease.

The practice offered patients with long term conditions a structured annual review to check their health and medicines needs were being met. These reviews helped to make sure that patients were offered appropriate treatments and support in line with national guidance.

We identified 24 patients registered at the practice whose diabetes was less well controlled and had diabetic retinopathy. This is a complication of diabetes and can lead to sight loss. We looked at the records for 5 of these patients. The practice had completed a review for all 5 of the patients.

274 patients registered at the practice had hypothyroidism. Our search of the practice's clinical system found 23 of these patients had not had the required monitoring and reviews. We looked at the records for 5 of these patients. Monitoring was overdue for 4 of the patients. However, the practice had contacted these patients for the monitoring to be done.

We also looked at records for 5 of the 28 patients diagnosed with asthma who had been given 2 or more courses of rescue steroids in the last year. Rescue steroids are medicines used to treat flare ups of asthma. Repeated use can indicate that the patient's asthma could be better controlled. The practice had completed an asthma review with 4 of the patients in the last year. The practice had invited the other patient to book an appointment for their care to be reviewed.

We also saw the practice had followed-up all 5 of the patients to check their progress after a flare up of their asthma. However, these follow-ups had not been done within the time recommended in national guidance, to make sure the patients received appropriate care and the best management of their asthma.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

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) <small>(NHS England and Improvement)</small>	69	71	97.2%	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) <small>(NHS England and Improvement)</small>	64	69	92.8%	Met 90% minimum

The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) <small>(NHS England and Improvement)</small>	64	69	92.8%	Met 90% minimum
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) <small>(NHS England and Improvement)</small>	64	69	92.8%	Met 90% minimum
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) <small>(NHS England and Improvement)</small>	51	61	83.6%	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>

Cancer Indicators	Practice	SICBL average	England	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). (31/03/2022) <small>(UKHSA)</small>	<u>57.8%</u>	<u>N/A</u>	<u>80.0%</u>	<u>Below 70% uptake</u>
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) <small>(UKHSA)</small>	<u>60.0%</u>	<u>57.3%</u>	<u>55.4%</u>	<u>No statistical variation</u>
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) <small>(UKHSA)</small>	<u>40.7%</u>	<u>62.5%</u>	<u>61.3%</u>	<u>N/A</u>
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) <small>(UKHSA)</small>	<u>59.6%</u>	<u>64.0%</u>	<u>66.8%</u>	<u>N/A</u>

Any additional evidence or comments

Cervical screening (a smear test) is one of the best ways to help protect against and prevent cervical cancer.

Information from the UK Health Security Agency (UKHSA) showed that the numbers of patients being tested was below the target.

However, the practice had taken actions to try to test more patients who were eligible, including:

- sending reminder letters
- auditing the number of patients eligible for the test who did not go to their appointment
- contacting patients who did not go to their appointment to explore and address any worries the patient may have, offer them advice and reassurance and book another appointment if needed
- offering appointments in the evenings and on Saturdays through a local network of GP practices.

The practice had recently employed an additional nurse to provide more appointments for cervical screening. However, at the time of our inspection, the nurse had only just completed the required training, meaning that these additional appointments were not yet available.

Information from the UKHSA showed the number of patients at the practice who had been screened had steadily fallen between March 2021 and June 2022, from 60% to 57%.

The practice shared with us data that they had collected up to the day of our inspection. These showed 54% of patients aged between 25 and 49 years and 72% of patients aged between 50 and 64 years who were eligible had been screened. However, these numbers cannot be verified by CQC.

The practice had systems to monitor and contact patients who did not attend follow-up appointments when these were recommended. There were systems to make sure that patients were invited for a test when it was due.

Since the practice had changed to a different system for labelling screening samples, there had not been any cases of samples not being labelled or being labelled incorrectly.

The practice identified patients who may receive an invitation for cervical screening from the national programme but would not need, or had chosen not to have, a test. The practice informed the national programme when patients were identified.

The practice also identified patients who would not be invited for a test by the national programme, but were eligible for cervical screening. This included people who had transitioned from female to male, and were recorded as male on the patient record system.

The practice also followed-up patients who had not done the test to screen for bowel cancer, the fourth most common type of cancer. The NHS bowel cancer screening programme is available to anyone aged between 60 and 74 years. Screening can help prevent bowel cancer or find it earlier, when it is easier to treat, lowering the risk of dying from it.

The screening test is done by patients at home. The practice nurse contacted patients who had not done the test to explore and address any worries the patient may have, explain how to do the test, and, when necessary, suggest different ways the person could do the test if they were having difficulty.

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:

One of the doctors at the practice was a GP appraiser. A GP appraiser reviews other GPs' work to make sure the care they give is safe and effective.

A new telephone system was installed on the day of our site visit. This gave patients the option to be called-back rather than wait in a queue.

The practice had identified that managers were spending a significant amount of time creating staffing rotas. Therefore, the practice was moving to using an online system for making staffing rotas, freeing up time for the practice's managers.

The practice had done an audit looking at cancer referrals and diagnoses for the practice with whom they worked closely with. This other practice had done the same audit for Linden Road Surgery. The findings, and relevant updates, were shared with both practices.

The practice followed-up all patients who had attended accident and emergency departments or out of hours services.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Partial
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:	
There was an induction programme for new staff joining either Linden Road Surgery or the practice they worked closely with. However, this meant that not all of the details were relevant to staff working at Linden Road Surgery.	
The practice told us that they did reviews with new staff 6 months after they had joined the practice.	

We asked to look at the files for 3 members of staff who had started working at the practice within the last year. Only 2 of the files were available. We saw:

- Both files contained an induction programme.
- The induction record for 1 member of staff, who had started working at the practice in January 2022, had not been fully completed, to show they had finished the programme in line with the practice's requirements.
- The member of staff who had worked at the practice for more than 6 months had had a review.

The practice was supported by 3 paramedics, who were employed by the Primary Care Network (PCN). The practice provided ongoing supervision and support for them, including regular tutorials and case discussions.

The PCN is a group of GP practices working together to address local priorities in patient care.

The GP partners monitored the quality of work done by the paramedics, salaried GPs and locum doctors, and shared learning with them.

A variety of staff told us that others in the practice were approachable and support was available when needed. Clinicians could block out time for support and the practice had changed staffing rotas so that time was available for support.

There was an emergency mobile telephone, held by the duty doctor, that paramedics could call to ask for advice or help.

Staff told us that they were supported to learn and develop new skills, for example:

- The practice nurse was mentoring a healthcare assistant who had been given time to work towards a nursing qualification.
- Paramedics were encouraged and supported to do training in minor illnesses and long-term conditions, so that they could support patients with complex needs or frailty, and to become safe independent prescribers.

Clinicians were supported to develop their interests outside of their standard roles. These included training paramedics to be able to help do yearly reviews for people with a learning disability.

Coordinating care and treatment

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

	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:	
<p>Patients' care was coordinated when other teams or services were involved. For example:</p> <ul style="list-style-type: none"> • All clinicians at the practice could go to monthly meetings where care for patients with complex needs, such as end of life care, was discussed and coordinated with other services, including the community nursing team, the elderly team and palliative care nurses. 	

- The practice used a traffic light system for patients receiving palliative care to make sure that each patient had the support they needed. All patients identified as red or amber were automatically discussed at the monthly meeting, and patients identified as green could be discussed if needed.
- The practice worked with a mental health professional employed by the PCN to support patients with their mental health needs.
- Doctors could contact the local community mental health team to discuss a patient's medicines if needed.
- The practice had links with the Community Team for People with a Learning Disability.

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
<p>Explanation of any answers and additional evidence:</p> <p>Patients could see a mental health worker, a well-being coach or a social prescriber. These staff were employed by and shared between the practices in the PCN.</p> <p>A social prescriber works with other professionals to connect people to a variety of services to meet their social, emotional and practical needs. A social prescriber can support a patient to access the right services to help with issues which are affecting their health and wellbeing, for example stress, unemployment, education, debt, loneliness and housing issues.</p> <p>The practice offered NHS health checks for patients aged between 40 and 74 or over 75.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice labelled on the patient's records when a DNACPR decision had been made.</p> <p>Doctors involved patients and their relatives or carers in these decisions, which were regularly reviewed.</p> <p>The practice also recorded who could make decisions on behalf of a patient when this was appropriate, for example those with parental responsibility or when a power of attorney was in place. A power of attorney is a legal document that allows someone to make decisions for you and act on your behalf if you are no longer able to, or no longer want to, make your own decisions. The practice checked the necessary documents to make sure that the person had the relevant authorisation, and recorded these on their system.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Several staff at the practice told us they felt it was important to:</p> <ul style="list-style-type: none"> • Make sure that patients were at the centre of their care. • Listen to patients and consider what they wanted from their treatment. • Take an holistic approach. <p>One member of staff told us they aimed to get to know people, and work with them to offer care and support that was personalised to them.</p> <p>Staff gave patients time to discuss their concerns. Longer or additional appointments could be booked if more time was needed.</p>	

Patient feedback	
Source	Feedback
Feedback from people who use the service.	<p>From August to November 2022, CQC received 18 pieces of feedback about Linden Road Surgery.</p> <p>17 of these were positive.</p> <p>Patients and relatives described Linden Road Surgery as wonderful, great, amazing, excellent, brilliant, fantastic and providing a very good service.</p> <p>People who use the service told us staff were always kind, polite, courteous and friendly.</p> <p>They told us staff at the practice were very caring and helpful. People told us that staff were always ready to help and “go the extra mile”, and GPs went “above and beyond”. One person told us they could not give enough praise, and another described how the practice checked on them regularly when they had been very unwell during the COVID-19 pandemic.</p> <p>People who use the service told us that the personal attention given by staff at Linden Road Surgery was exceptional. For example, one person told us the</p>

	<p>support given when a relative was at the end of their life was something they would never forget.</p> <p>The practice told us that they knew many of their patients very well, and had built strong relationships with them and the local community. Patients and relatives also told us that staff from the practice regularly visited those whose circumstances made them vulnerable.</p> <p>Relatives of patients also told us that staff from the practice frequently contacted them, as part of an agreed coordinated package of care, even if they did not live locally. Relatives told us they felt “extraordinarily lucky” with the care and support they and their relative received from the practice.</p>
<p>Online reviews from www.nhs.uk.</p>	<p>2 reviews had been left in the last year.</p> <p>Both reviews gave a 1 out of 5 star rating, meaning that the person leaving the review would be extremely unlikely to recommend the service to friends and family.</p> <p>1 review included negative feedback about the attitude of reception staff.</p> <p>The practice had responded to both reviews promptly. The practice offered both reviewers an apology, an explanation of the services the practice offered, and an explanation of the standard of service the practice expected staff to deliver. The practice thanked both people for leaving their feedback and invited both of the people who left the reviews to contact the practice to discuss their experiences with the management team or investigate the concern further.</p>
<p>Feedback from care homes the practice supported.</p>	<p>We gathered feedback from staff from the 2 care homes the practice provided services to.</p> <p>Feedback from both care homes was positive about the practice, and included:</p> <ul style="list-style-type: none"> • The practice involved residents of the homes, and their families and carers, in decisions about their care. • Care provided by the practice was person-centred and compassionate. • The practice worked in partnership with the care homes, and there were systems for easy communication between the services. • The practice acted on requests for support or treatment quickly. • People were treated with dignity and respect.

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	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a	83.2%	80.5%	84.7%	No statistical variation

general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)				
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)	84.7%	78.5%	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)	92.3%	91.3%	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)	87.2%	64.0%	72.4%	No statistical variation

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence

The provider told us that they had not carried out any patient surveys of their own since the COVID-19 pandemic. However, they told us that they were planning to reintroduce comment cards for people to be able to leave feedback.

Patients could provide feedback to the practice on the practice's website.

The practice reviewed feedback received from the NHS Friends and Family Test monthly. The NHS Friends and Family Test is a quick and anonymous way for people to give their views about the care or treatment they have received.

The practice also looked at the results of the national GP Patient Survey. The practice were proud that, in 2022, patients rated the practice the 2nd best in Bedford for their overall experience of a GP practice.

Information about how to complain was available on the practice's website.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
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Source	Feedback
Feedback from people who use the service.	Patients told us: <ul style="list-style-type: none"> • Staff were knowledgeable and informative, thorough and supportive. • They felt they had received very good advice and care. • Staff always listened to their concerns and tried to find solutions. • They were given time and staff were interested in what they had to say. • They were referred to other services when needed.

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	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)	98.2%	87.5%	89.9%	Variation (positive)

	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.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <p>The practice supported asylum seekers and refugees from a number of countries. When language was a barrier to effective communication, the practice arranged for an interpreter, either face-to-face or by telephone.</p> <p>The practice provided care and support for a number of patients from Bulgaria. Many of these patients had registered at the practice because the practice nurse could speak Bulgarian and had built a relationship with this community. These patients could book appointments with both the practice nurse and a doctor if an interpreter was needed. Patients could also fill in a form to describe their problem in Bulgarian. The practice nurse was given time to translate these.</p> <p>The television screen in the waiting area at the site in Linden Road included a message in several different languages, letting patients know where they could get information in the language most suitable for them.</p> <p>The practice's website had information about various local and national support organisations, long-term conditions and minor illnesses. The practice was a 'Self-care Aware Practice', meaning that the practice</p>	

supported patients to feel able to look after their own health when this was right for them, including helping patients to maintain and improve their health. The practice's website had a link to the Self Care Forum website, where patients could access information and practices could share examples of ways to help patients to look after themselves in healthy ways.

There was a hearing loop at the site in Linden Road and the practice could access services for patients who preferred to communicate using British Sign Language.

Carers	Narrative
Percentage and number of carers identified.	<p>A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health needs or drug or alcohol problem and cannot cope without their support. The care they give is unpaid.</p> <p>108 patients registered with the practice had been identified as being a carer.</p> <p>This was 1.7% of the practice population.</p> <p>None of these were 'young carers', meaning those under the age of 18.</p>
How the practice supported carers (including young carers).	<p>The practice kept a register of people who had been identified as being a carer. There was information for carers in the practice's waiting area and on the practice's website, and included local and national support available. People could register as a carer on the practice's website. There was a carers champion. Carers were offered vaccines when appropriate, such as for COVID-19.</p>
How the practice supported recently bereaved patients.	<p>The practice contacted families following a bereavement to offer condolences and support.</p> <p>The practice had identified circumstances when they may not be informed about a person's death immediately. The practice tried to be aware of these situations to make sure that condolences and support were offered to these families following the bereavement.</p> <p>Information for those who were recently bereaved was available on the practice's website, including national and local support organisations. The practice's website included links to support services for specific groups, for example children and younger people, those affected by suicide, road accidents or crime, and for those who had lost a baby.</p>

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

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs. However, the facilities and premises were not always appropriate.

	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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held weekly ward rounds with each of the care homes they supported. This was either by a visit to the care home, by telephone or video conferencing, depending on which the practice decided would be most appropriate, based on information given to them by the care homes.</p> <p>Staff also visited care homes at other times when needed and to see patients for their annual review.</p> <p>Clinicians had the flexibility to provide appointments with enough time to address the patient’s needs.</p> <p>Staff could refer patients to the mental health professional employed by the PCN. This included for an urgent assessment, either on the same day or on the next day.</p> <p>At the site in Linden Road, the practice managed some of the challenges of delivering services from a converted house. For example, the practice:</p> <ul style="list-style-type: none"> played music or the radio in waiting areas so that private discussions and consultations could not be overheard had installed a ramp and automatic door at the main entrance had fitted grab rails at a fire exit to help people with the big step. <p>However, at the site in Bromham the only access was by steps and stairs. The provider told us that a small number of patients were seen at this site, and that staff checked patients’ accessibility needs before offering them an appointment there. Patients could be offered an appointment at the site in Linden Road as an alternative.</p>	

Practice Opening Times

Some GPs worked from both the main site in Linden Road and from the branch site in Bromham.

The practice's main site in Linden Road was open between 8am and 6.30pm on Mondays to Fridays, excluding bank holidays. Evening appointments were available until 8pm on Tuesdays. The branch site in Bromham was open for limited hours for patients who had pre-booked appointments on Mondays and Tuesdays.

When the practice was closed, patients were directed to access support, treatment and advice from the NHS 111 service or could access a local GP walk-in service.

Patients could book appointments online, or by telephoning or visiting the practice.

The practice offered a range of appointment types including face-to-face, telephone, video and online consultations.

Appointments were offered with a suitable clinician, including doctors, practice nurses, healthcare assistants, a pharmacist or minor illness nurse. Home visits from a doctor or paramedic were available for patients who were unable to go to the practice or had particular needs.

Patients could get advice for non-urgent medical or administrative matters using an online form.

Patients could request prescriptions using an online system.

There was a 'duty doctor' system, and unlimited urgent, or 'same day', appointments were available.

Patients could pre-book an appointment with a clinician of their choice.

A limited number of follow-up appointments were reserved for only clinicians to book into.

In addition, patients could book themselves an appointment for a flu vaccine. The practice held 'flu clinics' on some Saturdays.

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

People in vulnerable circumstances could register with the practice, including those with no fixed abode, such as homeless people and Travellers.

Patients were informed that chaperones were available. All staff who acted as a chaperone had completed training. A chaperone is an impartial observer present during an examination or consultation when a patient may feel vulnerable, for example during an intimate examination. A chaperone acts to protect both patients and staff.

Access to the service

People were 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	Yes
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 (including those who might be digitally excluded).	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
<p>Explanation of any answers and additional evidence:</p> <p>39% of patients registered with the practice had signed up to online services.</p> <p>If no appointments were available at Linden Road Surgery, staff could offer patients an appointment at the practice with whom Linden Road Surgery had a close working relationship.</p> <p>Staff saw some patients for certain types of procedures, such as for contraception or minor surgery, at this other practice, where the required facilities were available.</p>	

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	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)	71.9%	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)	63.5%	45.9%	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)	62.7%	45.9%	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)	79.1%	65.6%	71.9%	No statistical variation
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Source	Feedback
Feedback from people who use the service.	<p>People told us that the practice responded when they needed urgent help and made sure that patients who were seriously ill got appropriate care in hospital.</p> <p>They told us that access to the practice was good. They could always get an appointment, or the practice did their best to find a suitable appointment, especially for babies.</p> <p>Patients welcomed face-to-face appointments, including for reviews for long-term conditions.</p> <p>People also told us that they felt reassured and comfortable because they could see the same clinician each time they went to the practice.</p>
Online reviews from www.nhs.uk .	<p>The person who left one of the 2 reviews that had been written about the practice in the last year, wrote about the difficulties they had experienced in registering at the practice.</p> <p>The other review described difficulties in getting an appointment.</p>

Listening and learning from concerns and complaints

Complaints were listened to and used to improve the quality of care. Complaints were not always responded to in a timely way.

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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:	
Complaints about Linden Road Surgery were discussed in meetings held jointly with practice with whom Linden Road Surgery worked in partnership with. Learning from feedback about both practices was shared.	
The practice's Patient Complaints Information Leaflet outlined the complaints procedures and what patients could expect.	

In all 3 of the complaints we looked at, the practice had:

- Investigated the concerns, including speaking with the staff involved and with clinicians.
- Offered the patients an apology.
- Informed the patients about what they could do if they were not satisfied with the practice's response to their complaint.
- Shared learning with staff at Linden Road Surgery.

However, although the practice had written to 2 of the patients to acknowledge their complaints, neither were within the 3 working days the practice advised patients they would acknowledge a complaint.

The practice's leaflet said the practice aimed to respond to complaints within 28 working days, but that sometimes this may take longer. For the 3 complaints we looked at, we found the practice had sent their final response for 2 of the complaints. Only 1 of them had been sent within this preferred 28 day period.

At the time of our inspection, the practice had not yet sent their final response for the third complaint. This was 17 weeks after the practice had acknowledged the complaint. However, the practice had informed the patient of the delay in responding to their concerns, given an explanation for the delay, and had kept the patient informed about progress.

Example(s) of learning from complaints.

Complaint	Specific action taken
<p>A receptionist gave a patient the incorrect test result.</p>	<p>In addition to the above, the practice:</p> <ul style="list-style-type: none"> • Investigated the incident as both a significant event and as a complaint. • Discussed the incident in team meetings. • Informed the patient of the correct result and gave them appropriate support and treatment. • Discussed the incident with all reception staff and gave all reception staff training. • Agreed to change to filing documents, for example clinic letters, using the date the patient attended the clinic rather than the date the practice received the clinic letter. <p>No further similar mistakes had been identified.</p>

Well-led

Rating: Requires improvement

We have rated the practice as requires improvement for the well-led key question.

This is because:

The practice worked in partnership with another local practice. Although this had benefits for patients, such as access to additional facilities and the ability to continue services if there was a significant disruption affecting the practice, the governance systems were not always effective. This meant the practice could not always demonstrate oversight of recruitment processes, staff vaccinations and training, to protect patients and staff from harm.

The practice did not always provide enough detail to show that arrangements with other services were effective. For example, to make sure the arrangements for cleaning and waste disposal were appropriate, or that emergency medicines and equipment would be available and safe to use if needed.

Leaders understood the challenges affecting the practice and had identified actions to address some of them. However, because there were plans for the practice to leave the site in Bromham, the practice had not acted to address the challenges and risks at the site to make it safe and suitable for staff and patients to use.

The practice's arrangements for identifying and managing risks at the site in Bromham were limited. For example, in relation to infection prevention and control, fire safety and lone working.

However:

There were ambitious plans for the practice's development. Leaders created opportunities to help to prepare for the practice's future.

The Patient Participation Group told us the practice involved them and responded positively to feedback they provided, to improve the service and care for patients.

The practice had a culture which drove high quality, sustainable care, and there was a strong focus on learning and improvement.

Feedback from staff about working at the practice was positive.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership. Leaders 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.	Partial
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:	

The provider identified challenges affecting the practice and told us about actions they had taken and planned to take.

The provider recognised the challenges of working from buildings that were not designed for delivering healthcare, and that the space they had available was limited. This had become more of a challenge as more patients registered with the practice.

The practice worked in partnership with another local practice, with some staff working across both practices. The practice had identified benefits for patients, including access to additional facilities, and the ability for staff to share experiences and learning across a wider network.

The practice had converted rooms at the site in Linden Road into clinical spaces and used the site in Bromham to create more space to see patients. However, the provider acknowledged that the site in Bromham was not suitable and that actions needed to make the site safe had not always been completed. The provider explained that this was because there were plans to leave the site.

The practice continued to work with another local practice, developers and the Integrated Care Board (ICB) to secure approval for the building of a new, purpose-built, practice. The practice were planning to offer a variety of services and innovative facilities from this site, to meet the needs of the expected local population.

The practice were planning for their patient list size to increase over the next few years, due to a growing local population and changes in other local healthcare services.

One of the doctors at the practice was the innovations lead for the PCN.

The practice's partners met regularly to discuss how the practice could develop and to monitor progress with achieving the practice's aims.

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:	
Staff described leaders as proactive and ambitious, and that leaders supported them to develop themselves and the service.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported the safety and well-being of staff, for example:</p> <ul style="list-style-type: none"> • Staff could work flexibly around their other long-term or temporary needs. • Footrests were provided for non-clinical staff to minimise injuries from working at computers for long periods of time. • Emotional support, for example at times of illness. • Regular contact with staff working from other locations. • Social events. <p>However, the arrangements for keeping staff safe when working at the site in Bromham needed strengthening.</p> <p>At times, staff worked from the site in Bromham alone. The practice had not done a risk assessment to identify and manage the risks relating to lone working, in line with the practice's policy. Although there was a panic alarm that would alert staff at the site in Linden Road, the practice had not tested the effectiveness of this system.</p>	

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

Source	Feedback
Questionnaires sent to all staff at the practice by CQC.	Staff described strong team working in a caring, friendly, supportive and respectful environment.
Discussions with staff working at the practice.	Staff told us the practice was a lovely place to work and that they enjoyed working there.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management. The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial ¹
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Partial ²
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence: The practice held meetings for all staff to attend every 3 months. The leadership team met every 3 weeks to discuss appointment availability, issues affecting the practice and any improvement work. In addition, the leadership team joined leaders from the practice with whom Linden Road Surgery worked in partnership with every 3 weeks to share information, discuss solutions to organisational issues, review progress and provide updates, and generate and discuss new ideas. ¹ However, while the two practices worked together closely, the governance systems were not always effective. This meant the practice could not always demonstrate how patients and staff at Linden Road Surgery were protected from harm. For example: <ul style="list-style-type: none">• Because some staff files and records were not kept at the practice, the practice could not evidence that recruitment checks had been completed for new staff. Therefore, there was no evidence to show the practice sought assurances that their staff were suitable and people were protected from possible harm.• The provider was unable to show us how they kept oversight of staff immunisations, appraisals and training for staff at Linden Road Surgery. ² The practice did not provide enough detail about arrangements with other services. In relation to the site in Bromham, this meant there were not effective arrangements to describe: <ul style="list-style-type: none">• What was expected of the external company for cleaning the site, such as the provision of suitable cleaning equipment and products and the arrangements for waste disposal.• If the community defibrillator was regularly checked, and was available and safe to use if it was needed.• If emergency medicines were always available and safe to use if they were needed.	

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial ¹
A major incident plan was in place.	Yes ²
Staff were trained in preparation for major incidents.	No ³
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>¹ The practice's arrangements for identifying and managing risks at the site in Bromham were limited. For example, there were no:</p> <ul style="list-style-type: none">• IPC audits to enable the practice to identify and address any issues• checks to make sure the arrangements for detecting and responding to fire were effective• checks to make sure the arrangements for seeking help if it was needed were effective.	
<p>² The practice had an arrangement with the practice with whom they worked in partnership with to support each other if there was a major incident or disruption to the service. Staff had applied these arrangements when the practice needed to close for a short period due to the impact of COVID-19.</p>	
<p>³ However, staff had not been trained in preparation for major incidents or service disruption.</p>	

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
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
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
<p>Feedback from the Patient Participation Group (PPG) was positive.</p> <p>The PPG continued to meet, albeit virtually, during the COVID-19 pandemic. At the time of our inspection, the group had returned to meeting in person.</p> <p>Meetings with the PPG were held in the evening to try to encourage attendance from a range of population groups.</p> <p>The PPG told us that the practice were supportive. Representatives from the practice, including GPs and managers, went to and contributed to meetings with the PPG.</p>

Leaders from the practice and from the PPG were together creating terms of reference for the group, to support a sustainable structure and function, and enhance the group's effectiveness in the future.

The PPG told us the practice welcomed patients' feedback and responded to it to improve the care and services they offered. Examples included installing an automatic door and playing music in the waiting area at the site in Linden Road.

Continuous improvement and innovation

There were comprehensive 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

The practice was an approved GP training practice. Doctors had shared positive feedback with the practice about their training experience at Linden Road Surgery, and some had returned to the practice to work when they had finished their training.

The practice valued the mixture of skills brought into the practice by staff from various professions, for example paramedics and pharmacists. In addition, the practice explored how staffs' skills and interests beyond their traditional job roles could be used effectively to support patients. Staff were encouraged to develop their interests, which also provided job satisfaction.

The practice found innovative ways to improve efficiency, including using technology, for example to create staffing rotas.

The practice worked with others to aim to achieve their ambitious plan of providing a wider range of services from a new, purpose-built building, to meet the needs of the local population and reduce pressures in other areas of the healthcare system. Leaders also actively sought opportunities to help the practice to prepare for expected changes in other local services.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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

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.