

# Care Quality Commission

## Inspection Evidence Table

### Riverside Family Practice (1-2331782255)

Inspection date: 16 September 2022

Date of data download: 03 September 2022

**Overall rating: Good**

**Safe**

**Rating: Good**

#### Safety systems and processes

**The practice had 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• During the inspection the practice provided evidence that systems and processes were in place to keep people safe. This included keeping up to date policies and procedures, staff training and competencies.</li><li>• All staff had a DBS check which was risk assessed annually.</li><li>• Health visitors didn't attend meetings, the practice told us that this was due to frequent changes in the team but they were available by phone when required.</li><li>• When looked after children became adults, the practice reviewed their records and checked that Social Services had informed the practice about their ongoing care and placement.</li><li>• The practice maintained a register of patients with safeguarding concerns on its clinical system. Regular audits of the register were carried out to check that patients were coded appropriately and to ensure that information from safeguarding conferences was included in patient records.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>On the day of inspection, the practice held the vaccination status of clinical staff only. After the inspection the practice informed us that it was in the process of obtaining the vaccination status of non-clinical staff also. This requirement was to be added into the recruitment policy.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2022	Yes
There was a fire procedure. Date of fire risk assessment: May 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All relevant and necessary health and safety checks had been undertaken. This included gas, electrical, lighting and legionella checks. The surgery commissioned an outside company to carry out some risk assessments which were complimented by the practice carrying out weekly walk round assessments of its own.</li> </ul>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff had access to on-line training.</li> <li>The practice had actioned issues arising from the Infection Prevention and Control (IPC) audit completed September 2022.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff were multi-skilled and were able to cover for urgent work during annual leave and sickness and locums were used where needed.</li></ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. <sup>1</sup>	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had systems and processes in place to check that all two week referrals had been completed and an appointment made. Patients that had not been seen or had not attended their</li></ul>	

appointment within two weeks were contacted by the practice. Patients were given safety net advice and a card advising them what to expect when a two week referral was made.

- There was a process in place for managing pathology results. Results were usually sent to the clinician who requested the tests. A buddy system was in place to ensure that tests were reviewed by another clinician when one is on leave.
- The practice policy aimed to action pathology results within one to two weeks.

## Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.92	0.90	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)	3.6%	5.8%	8.5%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.39	5.14	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	206.1‰	177.8‰	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)	0.86	0.43	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	8.4‰	7.1‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. <sup>1</sup>	Yes
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. <sup>2</sup>	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> <li>Medication reviews were being performed with the Pharmacists offering structured medication reviews. The Pharmacists had reviewed all medications including discussing compliance and side effects. Medication reviews were also being done by Nurses, however in these cases records reviewed showed that a code had been added to the patient record to show that a medication review had been done, but there was no record of a formal, structured discussion with the patient. Immediately after the inspection the practice told us that it would be carrying out an audit of medication reviews completed in the practice. The audit would be used as way of education about</li> </ul>	

Medicines management	Y/N/Partial
<p>reviews, coding and setting up diary entries for new reviews.</p> <ul style="list-style-type: none"> <li>• The practice had a process for checking the monitoring of disease-modifying anti-rheumatic drugs (DMARDs) and high risk drugs, but this did not appear to extend to all high risk drugs. The practice could review bloods on the ICE hospital system from one hospital and download test results to the patient record. Diary entries were used to identify when the required monitoring checks were due. The practice run searches every two weeks to check which patients require up to date monitoring tests. GPs also check that the required monitoring checks have been done when reviewing prescription requests for high risk drugs. The practice had recently introduced new templates to improve DOAC (drugs used to thin the blood to reduce stroke and blood clot risk) monitoring.</li> <li>• The searches and records review performed for DMARDs and high risk drugs showed that for: <ul style="list-style-type: none"> <li>○ Azathioprine (A drug used to treat inflammatory conditions such as rheumatoid arthritis): two patients reviewed were overdue monitoring checks, but evidence was seen of the practice contacting these patients to arrange the necessary blood tests.</li> <li>○ Aldosterone antagonists (Drugs used to treat heart failure e.g. Spironolactone and Eplerenone): eight out of 29 patients (28%) had potentially not had monitoring checks in the last six months. Five records were reviewed and for four of these patients, there was no record of a blood test to check kidney function in the last six months or a record that the prescriber had checked monitoring was up to date. Prescribing guidance recommends checking kidney function in patients on these medications at least every six months as there is a moderate risk of patients developing high potassium levels which can lead to heart rhythm disturbances which could be fatal. One patient had no record of kidney function monitoring for over 18 months as this was last recorded in January 2021. The practice said that the patients identified as being overdue monitoring checks were under secondary care review at hospitals where there was no direct access to the ICE results system to review any new results. The practice is responsible for prescribing this medication so even though monitoring checks may be being done in secondary care, the practice should ensure that they have reviewed and documented the latest results in the patient record to satisfy themselves that patients are having the required 6 monthly monitoring to mitigate the risk of taking these medications. The 4 patients identified should be followed up to ensure they have had kidney function checks within the last 6 months.</li> </ul> </li> </ul>	

**Track record on safety and lessons learned and improvements made**

**The practice learned and made improvements when things went wrong.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	6

Number of events that required action:	6
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Staff told us they knew how to report a significant event and that actions and outcomes from these were discussed with the staff team at regular monthly meetings where themes and trends would be reviewed.</li> <li>All significant events were recorded with learning outcomes and changes in process, if applicable.</li> </ul>	

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

Event	Specific action taken
Incorrect medication prescribed after spelling error on prescription request. Receptionist had found medication they thought was being requested.	The system was updated for checking and confirming the correct medication was being issued.
Someone breached a clinical corridor door when trying to join a patient in a consultation.	After identifying a fault with the door lock, the practice has implemented a process to ensure that the door is checked twice a day. Staff have also been reminded of the importance of ensuring their own safety when dealing with aggressive patients and to ensure that other staff members are aware so that they are not left alone in these situations.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. <sup>1</sup>	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had a process for managing safety alerts. Staff were notified of alerts via the TeamNet intranet. The PCN Clinical Pharmacists run searches relating to certain alerts and advise the GPs if a patient's medication needs to be changed. The records reviewed showed that: <ul style="list-style-type: none"> <li>Amlodipine (used to treat high blood pressure) and Simvastatin 40mg (used to reduce cholesterol levels) where the risk of muscle problem side effects from taking a statin is increased if a higher dose of Simvastatin is taken with Amlodipine. This issue was identified in a MHRA safety update from December 2014: Nine patients on a combination of these medications were identified by the clinical searches. Five patients were reviewed and all five were still being prescribed Simvastatin 40mg and Amlodipine. One patient had been advised of the risks and tried an alternative statin but was unable to tolerate it due to side effects. Another patient had been issued with Atorvastatin to replace Simvastatin, but both prescriptions were still on the patient's repeat medication list and they had been ordering</li> </ul> </li> </ul>	

Simvastatin.

- Sodium Valproate (used to treat epilepsy and serious mental illness): One patient of childbearing age was on this medication. An MHRA safety alert from March 2018 and updated in January 2021 states that Valproate must not be used in any woman or girl able to have children unless there is a pregnancy prevention programme (PPP) in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. The patient identified had been advised of the risks of pregnancy, was under specialist care, was on highly effective contraception and there was evidence of the practice contacting the patient's specialist to ensure that a PPP was in place.
- Immediately following the inspection the practice told us that all previous and new MHRA alert searches were to be run on a monthly basis. New alerts would be added to the searches.

## Effective

## Rating: Requires improvement

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. <sup>1</sup>	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. <sup>2</sup>	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. <sup>3</sup>	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Evidence was seen during the remote records review of NICE guidance being followed for example, NICE suspected cancer guidelines.</li><li>• Clinical guidance (e.g. NICE guidelines) was discussed at practice and partner meetings. Clinicians use the NICE Clinical Knowledge Summaries information to support patient care. The practice has recently purchased a new system which has templates incorporating the latest NICE guidance.</li></ul>	

## Effective care for the practice population

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long term conditions.

### Findings

- There were 13 potential missed diagnoses of diabetes identified through the searches. 5 patients were reviewed. One patient had diabetes, the practice had identified the risk and contacted the patient in 2021, the patient had not responded to the practice's attempts to arrange a review. Four of the patients reviewed may have had diabetes, but needed further tests to confirm this. The practice had identified the need for further tests and had contacted the patients to arrange these.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	2	80	2.5%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	5	84	6.0%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	4	84	4.8%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	5	84	6.0%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	23	81	28.4%	Below 80% uptake

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

## Any additional evidence or comments

- We saw unverified data that the practice provided. This was a snapshot on the day of the inspection. The practice felt that there may possibly be an error in the coding as the figures we were shown were between 60% and 81% achieved. The practice were going to investigate this.
- We saw evidence that the practice consistently worked to improve the uptake of childhood immunisations. The practice communicated with school nurses and health visitors to encourage parents to present their children for immunisations.
- For parents who did not present their child for immunisation, the staff would contact them and offer further appointments, send text messages and reminder letters. Appointments were available for parents to discuss any issues or concerns they had regarding immunisation. Regular reports were run to identify non-attenders and ensure that child health was prioritised. The team discussed an ongoing reluctance of some of the practice population to engage in the immunisation programme and a transient population with deprivation and social issues.
- The practice held a one-stop clinic every Tuesday for post-natal checks and childhood immunisations to reduce the number of appointments families had to attend.
- The practice told us that some children had received vaccinations in other countries where the immunisation programme did not follow our timetable and therefore, they were not included in the figures.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	52.8%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	59.7%	63.6%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	44.6%	59.3%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	75.0%	54.8%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

### Any additional evidence or comments

- We saw evidence that the practice consistently worked to improve the uptake of cervical screening by phoning and texting patients who were due to attend. The practice told us that there was some resistance to cervical screening with the practice population.

## 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

Audits had been carried out by FY2 and ST2 trainee doctors. The audits provided are one cycle and have been discussed at practice meetings. The practice is planning to re-audit these areas. Examples of audits seen:

- Audit of annual asthma reviews in children and young people (one cycle 10/5/2022): This audit assessed whether the practice was following NICE guidelines for annual asthma reviews. It showed evidence of good practice in that 98% of patients had a personalised asthma plan, 96% of patients had an ACT symptom score done and 96% of patients had the number of asthma exacerbations in the last 12 months documented. Improvements were identified to ensure adherence with NICE guidelines including performing spirometry, documenting a review of inhaler technique and checking how many courses of oral steroids the patient had had in the last 12 months.
- Audit to check adherence to NICE guidance when checking kidney function on starting and increasing some blood pressure medications (i.e. ACE inhibitors, ARBs and diuretics) (one cycle June – Nov 2021): The audit identified that 68.18% of patients had had their kidney function checked in line with guidance. Actions to improve this were identified including specifying the timeframe required when requesting blood tests

## Any additional evidence or comments

- A programme of quality improvement had been established and included a schedule of clinical and non-clinical audits. The practice planned to run the CQC searches on a monthly basis as a way of adding to the programme.
- The practice engaged in local quality improvement initiatives and participated in PCN quality improvement programmes.
- Other quality improvement activities include:

- Work with the Medicines Management team to review the use of SABA inhalers for asthma and COPD given their impact on the environment. Nurses have been advised about plans to change to dry powder inhalers and to use MART regimes for asthma. A Respiratory Consultant is due to speak to all clinicians about inhaler use in October 2022.
- Work with the PCN on drug dependency in October 2022 will focus on drugs with the potential for misuse (e.g. benzodiazepines and Z-drugs).
- The practice monitors its prescribing data compared with other practices via a dashboard.

## Effective staffing

**The practice was able 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.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>● We found that staff training was up to date and reflected the practice policy and a comprehensive overview of staff training was maintained.</li> <li>● Regular staff appraisals were taking place and an overall practice development plan included details of individual development plans. This allowed the provider to review the needs of the team and training requirements and ensure that resources were allocated to enable training and development to take place.</li> <li>● Staff told us they were given protected time to attend training courses.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice worked with the PCN (groups of practices which worked together to offer support to patients),</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice worked in a multidisciplinary way with colleagues across health and social care to ensure coordinated care was in place for vulnerable patients and to support patients and their families at the end of life.</li> </ul>	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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. <sup>1</sup>	Yes
Explanation of any answers and additional evidence, including from clinical searches: <ul style="list-style-type: none"><li>• Our clinical review of notes where a DNACPR decision had been recorded, where possible the patient's views had been sought and respected and we saw that information had been shared with relevant agencies.</li></ul>	

# 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Patients had been able to access fully triaged and risk assessed face to face appointments throughout the pandemic, alongside telephone and video consultations. Information was also available to patients regarding the different methods patients could use to get in touch with the practice.</li><li>• Patient needs were triaged and met on the day. Flexible ways of working enabled the team to increase capacity as required.</li></ul>	

Patient feedback	
Source	Feedback
Family and friends	<ul style="list-style-type: none"><li>• I feel the doctor took my health condition seriously and did the things to help me get to the bottom of my problem, great service.</li><li>• Staff very good</li><li>• When I finally got an appointment it was good, but trying to get through on the phone and get an appointment was poor.</li><li>• I had to cancel my appointment. I telephoned and was dealt with well.</li></ul>

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	69.5%	84.6%	84.7%	Tending towards variation (negative)
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)	64.1%	84.1%	83.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	82.2%	93.2%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	43.3%	70.3%	72.4%	Variation (negative)

### Any additional evidence or comments

- The practice is working on a live document which includes an action plan to improve results in the national patient survey

### Question

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

### Any additional evidence

- The practice is planning to carry out its own patient survey as part of the action plan to improve results

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Easy read and pictorial materials were available.</li> </ul>	

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	78.1%	89.6%	89.9%	Tending towards variation (negative)

	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

Carers	Narrative
Percentage and number of carers identified.	104 = 1.9% of the practice population
How the practice supported carers (including young carers).	Carers are offered health checks and flu vaccinations, signposted to support or a referral to the social prescriber.

How the practice supported recently bereaved patients.	One of the GPs ring recently bereaved patients and offers support which may be a referral to the social prescriber, a counselling service or a local hospice which offers counselling
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## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: The waiting area was set back from the reception desk and patient calls to the practice were answered by an admin team and could not be overheard.	

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am to 6:30pm
Tuesday	8:00am to 6:30pm
Wednesday	8:00am to 6:30pm
Thursday	8:00am to 6:30pm
Friday	8:00am to 6:30pm
Appointments were available throughout the day.	

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of an East Lancashire Alliance. Appointments were available evenings and Saturdays.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## Access to the service

### People were able to access care and treatment in a timely way.

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	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	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> <ul style="list-style-type: none"> <li>• Patients had been able to access fully triaged and risk assessed face to face appointments throughout the pandemic, alongside telephone and video consultations. Information was also available to patients regarding the different methods patients could use to get in touch with the practice.</li> <li>• Patient needs were triaged and met on the day. Flexible ways of working enabled the team to increase capacity as required.</li> </ul>	

## National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	26.7%	N/A	52.7%	Significant Variation (negative)
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)	38.4%	52.0%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	35.1%	54.3%	55.2%	Tending towards variation (negative)
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)	61.5%	69.9%	71.9%	No statistical variation

### Any additional evidence or comments

- The practice has funded a new internet based telephone system which uses computer lines and not telephone lines. Calls can be recorded and patients can request a call back instead of waiting in a call queue.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy in delay for pictures sent to be reviewed and had to chase this himself, also unhappy at GP's attitude at review.	<ul style="list-style-type: none"> <li>• The complaint was upheld as the delay was inappropriate. A new procedure was put in place</li> <li>• Pictures in emails to be prioritised</li> <li>• Message sent to GP to alert them to picture, must get response.</li> <li>• Any received when GP will not available next day to go to duty GP.</li> </ul>
Patient unhappy at difficult getting through to surgery by phone, triage system rather than being offered face to face appointment with midwife.	<ul style="list-style-type: none"> <li>• New phone system.</li> <li>• Explanation of on the day appointments and how face to face appointments would be offered.</li> <li>• Explanation of how midwife service works on self-refer basis following at home positive result.</li> </ul>

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes

### 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.	Partial
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Not all staff were aware of the vision and values</li></ul>	

## 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.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
CQC Staff questionnaires	Morale is good at the practice There is good communication between all staff Everyone works well together I really enjoy working with the team

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>A regular meeting structure was in place for all team members. This enabled the review of issues such as infection prevention and control, significant events and complaints.</li> </ul>	

## Managing risks, issues and performance

**There were 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.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a range of meetings scheduled to monitor performance and keep staff up to date. These included management and admin briefings, clinical, nurse, staff meetings and management/business meetings.</li> <li>There was an audit schedule in place and results discussed during clinical meetings</li> </ul>	

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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

## 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 (PPG).	Partial
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Prior to COVID the practice had a patient group which was included in the planning of services. Since COVID the practice found it difficult to restart and recruit new members to the group. They had tried to set up a virtual group and an on-line forum without much success.</li> <li>• Practices within the PCN were in discussions about setting up one PPG for all the practices.</li> <li>• Staff were encouraged to give their views in meetings when planning services.</li> <li>• The practice worked alongside the PCN and Clinical Commissioning group to work together and identify ways in which they can meet the needs of patients</li> </ul>	

## Continuous improvement and innovation

**There were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice was able to evidence a number of audits undertaken which represented a cross section of the patient population. Audits were used to drive improvements and review the care offered to patients. Audits were reviewed against targets and best practice and achievements noted</li> <li>• Staff were supported in their development.</li> </ul>	

## Examples of continuous learning and improvement

- There were regular practice meetings to discuss improvements and learning.
- The practice is a training practice for FY2 junior doctors and GP trainees. One of the GP partners was a GP trainer.
- One of the GP partners provided support for training PCN Clinical Pharmacists at the practice.
- The practice had access to a Training Hub for training for administration staff.
- The practice is supporting the COTS charity which provides a one-stop shop for homeless people.

A Nurse from the practice supports the charity every fortnight offering health checks and flu vaccinations.

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

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

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