

Care Quality Commission

Inspection Evidence Table

Kirkby Community Primary Care Centre (1-9857606280)

Inspection date: 12 July 2022 and 13 July 2022

Date of data download: 29 June 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">• The practice had appointed a safeguarding lead who was the regional medical director.• The practice had regular meetings with local health and social care professionals to ensure they held up to date registers.• Alerts were used to identify vulnerable people for example, children with a safeguarding plan in place.	

Recruitment systems

Y/N/Partial

Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Recruitment checks were conducted by the provider's human resource department. We reviewed five staff recruitment files and found all records to include comprehensive checks. We reviewed five staff members vaccination records and found all records were available. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 04/03/2022	Yes
There was a fire procedure. Date of fire risk assessment: 03/12/2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice provided records of regular servicing of equipment and safety reports for electrical checks, water samples and servicing of equipment. On the day of the inspection, we found that equipment stickers located on some equipment was out of date. However, the practice provided evidence that the equipment had been tested and checks had been conducted. 	

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: 05/01/2022	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"> We found the premises during our visit to be visibly clean and tidy. The provider had implemented thorough cleaning regimes during the covid pandemic. We were provided with enhanced cleaning records. We found out of date dressings in a clinical room. The practice were responsive to our findings and removed the items with immediate effect. 	

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.	Partial ¹
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	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • ¹Staff told us that there was not an effective approach to covering staff absences and busy periods. For example, during annual leave and sickness staff were asked to work over their normal working hours such as non-working days and additional shifts. On occasions this meant staff felt they were working excessive hours. • The leaders at the practice articulated the difficulties they had faced in areas of staffing due to sickness and periods of staff absence. The practice were advertising for a summariser at the time of our inspection. 	

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 optimised of new patient notes.	Partial
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> <ul style="list-style-type: none"> • At the time of our inspection the practice had summarised 82.8% of records, the practice target was to reach 90%. The practice had inherited records from the previous provider and had an action plan and risk assessment In place. • At the time of inspection the practice action plan included recruiting a medical summariser. The leadership explained that the delay in summarising of notes was due to the difficulties in staffing in the administration team. 	

- Following the inspection the practice provided an update and had achieved 88.3% summarising one month following the inspection.

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority – NHSBSA)	0.95	0.80	0.79	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	10.1%	8.1%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	4.88	4.61	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	175.4‰	130.0‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.29	0.52	0.60	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.4‰	6.3‰	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

Medicines management	Y/N/Partial
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
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.	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 optimize patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The Primary Care Network (PCN) had employed a team of pharmacists and pharmacy technicians who supported the clinical team with the management of patient's medicines, including regular reviews to ensure appropriate prescribing. On reviewing a random sample of five patients' records of medication reviews we found that all the records included a comprehensive, structured review. • The practice provided evidence of clinical supervision and peer reviews of non-medical prescribers. • Emergency medicines and vaccines were appropriately stored and there were clear monitoring processes in place. • Medicine fridges were monitored to ensure they were maintained at the correct temperatures for storing vaccines and other relevant medicines. 	

Track record on safety and lessons learned and improvements made

The practice did not always have a system to learn and make 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.	Partial
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff we spoke to displayed an understanding on how to identify and report concerns and near misses. Staff were able to articulate examples where they had raised an event and described the learning outcomes from them. The systems to review incidents and apply learning was generally good. However, we overserved that one issues had not been effectively dealt with. For example, we reviewed a significant event and found a theme of two-week referrals that had not been processed correctly by locum staff. This had occurred on three occasions within a three-month period and the likelihood of reoccurrence was marked low on all occasions. We reviewed other significant events and found learning had been implemented effectively. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Loss of telephone system	<ul style="list-style-type: none"> Business continuity plan used. Fault reported to the telecom provider. The practice updated website and social media with a temporary mobile number for patients to contact the practice.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent safety alerts and found that the practice had conducted regular searches and reviewed patients appropriately. 	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were 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
Explanation of any answers and additional evidence:	

Effective care for the practice population

Findings
<ul style="list-style-type: none">• 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.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• Due to the covid19 pandemic and staffing shortages, patients had limited access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. Of the 1633 patients identified as eligible for a health check, the practice had completed 24 (1%) and had

invited a total of 48 patients within a one year period. The practice planned to increase the amount of health checks offered over the next 12 months with an increase of nursing staff.

- There was not an appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. For example, we were told by staff and patients that for patients to receive an appointment to discuss an abnormal blood test or swab that was not marked as urgent there was a five week wait.
- The practice had completed 79% of annual health checks that were offered to patients with a learning disability. The remainder 21% were booked for annual health checks or had declined.
- 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

Findings from clinical searches carried out during the inspection found that systems to manage patients with long term conditions were effective for example:

- Of the five records we reviewed of asthmatic patients who had been prescribed two or more courses of rescue steroids in the last 12 months all had been reviewed and referred where appropriate.
- Our searches revealed 242 patients who had potentially not received the appropriate monitoring for hypothyroidism. On reviewing five records, we saw that where a review had not taken place we saw action taken to address this.
- Of the five records we reviewed of patients potentially at risk of diabetes we found all five patients had the appropriate monitoring.
- Our searches revealed patients with chronic kidney disease were receiving the appropriate monitoring.
- 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)	78	84	92.9%	Met 90% minimum
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)	102	107	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	102	107	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	101	107	94.4%	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) (NHS England and Improvement)	94	95	98.9%	Met 95% WHO based target

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

- The practice provided unverified data from the practice clinical system which found that the childhood vaccination rates for the period of April 2022 to June 2022 remained above targets.

- The practice had appointed a lead for childhood immunisations who contacted patients to invite them to attend. Patients were offered the opportunity to talk through any concerns or questions with the practice nurses.
- The practice were proud of achieving above the target.

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: 31/12/2021) (UK Health and Security Agency)	81.7%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	75.0%	64.5%	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)	68.7%	67.7%	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)	55.6%	55.7%	55.4%	No statistical variation

Any additional evidence or comments

- On the day of inspection, the practice provided unverified data from the practice clinical system which found that the percentage of persons eligible for cervical cancer screening within the period of April 2022 to June 2022 remained above target.

Monitoring care and treatment

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

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

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

- The practice had carried out a range of audits to identify quality improvements. One of the audits we reviewed was for the prescribing and monitoring of patients on Lithium, a medicine used for the treatment of bipolar disorder and depression. The audit identified six patients prescribed this medicine and found that in January 2022 not all patients had received the appropriate monitoring. The practice implemented learning for the clinical team and repeated the audit after four weeks. The second cycle found improvements had been made and patients outstanding monitoring were booked or had received the appropriate monitoring. The findings of the audit were discussed with the clinical team and the audit was planned to be repeated on a three-monthly basis.
- As the practice were part of a larger provider, they were able to share learning from audits improve protocols during clinical meetings across other practices.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed five staff training records and found all mandatory training requirements were up to date. We found the induction programme to be thorough, at the time of our inspection new staff members were working through their induction and were complimentary of the framework and support they had received. Staff had regular appraisals, staff we spoke with described an open-door policy where they could ask for support and further training if required. The practice conducted record audits to ensure the competence of staff employed in advanced clinical practice roles. Staff we spoke to demonstrated awareness and understanding in areas such as safeguarding and responding to an emergency. 	

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:	

- The practice held monthly meetings with community teams and other organisations to ensure patients received coordinated care. These included palliative care meetings and safeguarding children and adults.

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.	Partial ¹
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"> • Patients who were in the last 12 months of their lives were discussed in multi-disciplinary team meetings. • The practice identified patients who may need extra support and referred to social prescribing schemes to support with wellbeing groups, financial and divorce support. • The practice had notice boards displaying support groups and encouraging patients to be involved in monitoring and managing their health. For example, information on cervical, bowel and breast screening. Information regarding self-care was also available on the practice website. • ¹Staff and patients we spoke to describe the difficulty of booking appointments for health assessments and checks due to a lack of appointments available. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence:	

- Staff we spoke to were able to articulate their understanding of consent and training records we reviewed found all staff had received training in Mental Capacity Act and Deprivation of Liberty Safeguards.
- We reviewed a sample of DNACPR decisions and found of the three reviewed all were made in line with relevant legislation.

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.	Partial ¹
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • During our inspection we saw staff dealing with patients in a caring, understanding and non-judgmental way on numerous occasions. • ¹Patients and staff described the difficulty in booking appointments following test results. At the time of our inspection the practice had around a five week wait to discuss results with patients. We were told any urgent results would be discussed with the patient within 24 hours. 	

Patient feedback	
Source	Feedback
Patients spoken with during the visit	We spoke with four patients on the day of our inspection. Patients told us that the reception team were welcoming and kind. Patients trusted the doctors and felt they were caring. However, all patients told us they found it difficult to access an appointment at the practice due to a lack of appointments available or long telephone waits.
Feedback sent directly to the CQC	Two patients contacted the CQC directly to report of positive experiences at the practice. Both patients were complimentary of the whole team and felt the practice went above and beyond to offer good care and treatment.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	89.3%	89.2%	89.4%	No statistical variation
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 (01/01/2021 to 31/03/2021)	89.5%	88.6%	88.4%	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 (01/01/2021 to 31/03/2021)	92.4%	95.5%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	88.5%	83.7%	83.0%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice had reviewed and carried out an analysis of the GP Patient Survey, the practice were proud to have received positive results from the GP survey. The practice had paused the NHS Family and Friends Test due to the pandemic but had reinstated this recently. The practice had received five responses from patients all were positive described the reception staff as friendly, and the doctors as professional and caring.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice were able to refer to social prescribers. Social prescribers help patients to improve health, wellbeing and social welfare by connecting them to community services such as wellbeing groups, weight loss and befriending groups. We spoke with staff who were able to articulate examples where they had referred to a social prescriber and had a positive outcome and had been personally thanked by the patient. 	

Source	Feedback
Interviews with patients.	We spoke with patients on the day of our inspection who told us that there is on occasions a lack of continuity in seeing the same GP due to limited appointments available. However, all the patients told us overall they were happy with the care they received.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	93.6%	93.6%	92.9%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice team were proud to have achieved above England average for patients responding positively to being involved in their decisions. The practice told us they had regular locum GPs to provide continuity to patients.

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice benefited from a large open waiting area with ample space for leaflets and notice boards. Staff we spoke to were able to articulate examples of when interpreter services were used and were able to provide information in alternative formats if required. 	

Carers	Narrative
Percentage and number of carers identified.	6.5% a total of 454 patients identified as carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had appointed a carer lead who was able to signpost carers to extra support if required. The practice had worked hard to increase their carers list by contacting patients via telephone, letters and speaking to patients face to face to identify carers. The provider had partnered with Action for young carers delivered by the Carers Federation to increase awareness of young carers and the provider had received a community grant. Part of the grant had been used to produce education packs and training for GP practices across the providers sites. The practice hoped to use the grant to hold community days to offer signposting and support for young carers.
How the practice supported recently bereaved patients.	The practice administration team sent out bereavement letters to families to offer condolences and signposting to support groups and counselling services.

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

Responsive

Rating: Requires Improvement

We have rated the practice as requires improvement for responsive. We found:

- Patients we spoke to expressed the difficulties to obtain an appointment.
- Staff we spoke to expressed the difficulties in booking patients appointments due to the demand.
- There was not a sufficient amount of appointments to meet the needs of patients.
- Complaints were responded to in a timely manner.

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.	Partial ¹
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹Patients we spoke to on the day of inspection told us that continuity of care for seeing the same GP was not always possible. The practice GP team were not directly employed by the provider. However, the GPs who worked at the practice had worked at the practice since before the provider in 2020 which gave some continuity to patients. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm Additional nurse appointments available until 8pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm

Friday	8am to 6:30pm

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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice held regular palliative care meetings, where appropriate DNACPR/ReSPECT forms were discussed and patients' needs reviewed.
- Additional nurse appointments were available until 8pm on a Tuesday for patients who required cervical screening to avoid missing work.
- Additional nurse appointments were available until 8pm on a Tuesday evening for vaccinations for preschool and school age children so that they did not need to miss school or parents, or guardians miss work.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open one Saturday per month. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 2pm at the additional locations.
- 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. The advanced nurse practitioner who conducted annual learning disability checks offered home visits if a patient preferred.

Access to the service

People were not 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	No
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	Partial
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"> • The practice clinical team for patient appointments daily was a team of two GPs, an advanced nursing prescriber, two practice nurses and a health care assistant. • The practice required patients to telephone for a same day appointment at 8am, where details were taken by a receptionist and a review or call back from an appropriate clinician was scheduled. The clinicians booked a face to face appointment if they deemed it was necessary or if the patient requested. • During the inspection we reviewed the clinical system and found the next prebookable GP appointment was in four weeks time and the next prebookable nurse appointment was in five weeks time. • The practice monitored appointments which were discussed at clinical meetings with the leadership at the practice and wider organisation. The practice list size had increased by 1000 patients within the past year. At the time of our inspection the leadership did not have any plans to increase the clinical team. However, the leadership had implemented changes to the rota system to allow for further face to face appointments and dedicated slots for elderly, vulnerable and children under five. There was also dedicated urgent blood test appointments to be booked with health care assistant and nurses. • Although the leadership of the practice monitored access and had improved the appointment system we were told by staff and patients that all appointments were often used within the first ten minutes of the day. Staff reflected difficulties to find appointments for patients, and described patients frustrations. 	

- The practice had planned to upgrade their telephone system to allow for staff not on site to answer calls remotely during busier periods. The provider had implemented this at other sites and was able to successfully reduce telephone waiting times.
- For patients who face communication barriers they were able to visit the practice to book an appointment and were also able to prebook appointments to avoid telephoning the practice. For patients who were unable to telephone due to other commitments for example, working commitments, the practice had implemented an online application (app) to request appointments, sick notes and ask their GP a question. At the time of the inspection 1120 patients had signed up to the app and since the app was implemented over 500 consultations had been conducted with 42% of the requests for sick notes which avoided patients telephoning the practice.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	89.5%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	81.5%	73.1%	70.6%	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 (01/01/2021 to 31/03/2021)	80.5%	70.0%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	86.7%	82.9%	81.7%	No statistical variation

Any additional evidence or comments

The practice were proud to achieve above England and local average of patients responding positively to access to the practice including appointment times.

Source	Feedback
NHS UK	There was eight reviews on the NHS UK Website. Three reviews were positive praising the helpful and caring staff. Four reviews were negative describing difficulties accessing appointments and staff being unhelpful. One review was a mixed response praising the doctors but describing other staff as less helpful.

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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.	21
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: The practice discussed complaints in staff meetings and in clinical governance meetings. The aim of the discussions was to input learning which was also shared across the wider organisation.	

Examples of learning from complaints.

Complaint	Specific action taken
Patient felt that they had received poor customer service.	Apology given to patient and induction pack updated to include a specific policy on telephoning patients. Customer service training considered and due to be implemented.
Patient complained of the difficulty to gain an appointment at the practice.	Patient telephoned and appointment offered and attended. Practice implemented an online application (app) to improve access for patients. Explanation of how to use the app given to the patient.

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.	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: <ul style="list-style-type: none">• The practice had appointed a new practice manager who was new to the organisation at the time of our inspection. The practice manager was supported by an assistant practice manager who was a long-standing member of staff. The organisation had further management which visited the practice including a business manager, regional manager and nursing lead.• The service provider for Kirkby Community Care Centre had changed several times and the current provider had been in place since 16 December 2020. We found several administrator and clinicians had remained in place at the practice for several years and described the provider to be very supportive and leaders at all levels to be approachable.• The leaders at the practice had identified concerns raised from patients and staff regarding access but had not explored or identified all actions necessary to address these challenges. There was not a plan to recruit further clinical staff to increase access.	

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

Culture

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

	Y/N/Partial
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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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a stable workforce who described the practice as one big family. All staff were complementary of one another and recognised the hard work of all members of the team. All staff we spoke with described the management at the practice as being open and able to raise concerns without fear. Staff we spoke to felt that their workload was high and this on occasions impacted their well-being. 	

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

Source	Feedback
Staff Interviews	Staff we spoke with felt proud of the practice team and described the team as extended family describing a supportive, dedicated and hardworking team. Several staff members reported that they felt the practice required additional staffing in all areas of the team to meet the needs of the current patients and to avoid working excessive hours.

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"> The provider Operose Health had a corporate structure which included an executive team, a clinical and operational board and a governance and HR team. Staff were able to access corporate policies, procedures and training which were adapted as appropriate for the practice. 	

- Staff who spoke with told us they knew their roles and responsibilities and were aware of how to access policies and procedures.

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.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a thorough quality improvement programme in place which focused on access. Leaders demonstrated their understanding of the risks however had not recognised the potential to increase clinical staff or administration staff. 	

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

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.	No ¹
Staff views were reflected in the planning and delivery of services.	Partial ²
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"> ¹There was not an active patient participation group in place at the time of our inspection. However, the practice was actively recruiting members through advertising on the website and in the practice. Patients were also invited to join if they had given feedback to the practice in the form of compliments or complaints. ²The wider organisation leaders had made changes to the nursing team appointment times without seeking staff views who were located at the practice. However, following feedback from staff at the practice the leaders listened to the concerns and rearranged the appointments on the recommendations of the staff. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The leadership at the practice and part of the wider organisation met regularly to discuss the practice performance and review the quality improvement plan of the practice. The meetings were also used to share success and learning from other practices across the organisation. The leadership explained that the practice had experienced a difficult period due to a long-standing practice manager leaving the practice. The practice had recruited a new practice manager and staff told us there was positive changes and good leadership.</p>	

Examples of continuous learning and improvement

The practice had introduced an app to improve access and to meet the needs of patients who were unable to telephone the practice. The app gave patients the ability to request GP and nurse

appointments, sick notes and ask their GP a question. At the time of the inspection 1120 patients had signed up to the app and since the app was implemented over 500 consultations had been conducted with 42% of the requests were for sick notes which avoided patients telephoning the practice.

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.