Care Quality Commission

Inspection Evidence Table

Park Lodge Medical Centre (1-5057630909)

Inspection date: 18 May 2021

Date of data download: 11 May 2021

Overall rating: Requires Improvement

At our previous inspection in December 2019, the practice was rated as requires improvement for providing safe and responsive services and for being well-led. It was rated as Good for providing effective and caring services. This resulted in an overall rating of requires improvement.

At this inspection we rated the practice as Requires Improvement overall because:

- Patient notes did not record up to date blood test monitoring for all patients being prescribed high-risk medicines.
- When issuing prescriptions for methotrexate the practice did not indicate the day of the week patients should take the medicine, contrary to a medicine's safety alert issued in September 2020.
- The practice had implemented a revised system to ensure sharing minutes of meetings and medical alerts, amongst relevant staff. However, this did not require all relevant staff to acknowledge receipt and confirm they had read the material.

We also saw areas of improvement, including:

- The practice had implemented an effective system to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- Child immunisation uptake rates remained below the World Health Organisation (WHO) targets; however, the practice had significantly improved its performance.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe Rating: Requires Improvement

At our last inspection we rated the practice as requires improvement because:

- Two safety medication alerts had not been actioned.
- The practice did not follow best practice guidelines with regards to vaccination storage.
- The practice did not offer immunisations or hold a record of immunisation status for non-clinical staff members.
- Fire drills had not been regularly carried out and fire marshals had not received appropriate training.

- All patients were not followed up after being referred into the two-week wait (TWW) cancer referral system.
- Comprehensive health and safety risk assessments had not been carried out.
- The serial numbers of blank prescription pads given to specific prescribers were not recorded.

At this inspection we rated the practice as Requires Improvement for providing safe services because:

- The practice was not recording evidence on all patients records of regular blood test monitoring for all patients being prescribed the high-risk medicines: methotrexate, azathioprine and lithium.
- When issuing prescriptions for methotrexate the practice did not indicate the day of the week patients should take the medicine, contrary to a medicine's safety alert.
- Medical alerts and minutes of meetings were distributed to all relevant staff, and copies of alerts were added to the shared computer files so all were able to access them. However, there was no requirement for staff to confirm they had received and read medical alerts or meeting minutes.

We also saw areas of improvement, including:

- The two safety medicine alerts identified as being missed during our last inspection had been actioned. In addition, the practice had implemented a system to ensure safety alerts were not missed.
    - Minutes of meetings were distributed to all relevant staff to ensure all were aware of the alerts, and copies of alerts were added to the shared computer files so all were able to access them. However, there was no requirement for staff to confirm they had received and read meeting minutes.
    - Clinical alerts were emailed to the clinical team and actioned by the practice' clinical pharmacist.
    - However, there was no requirement for relevant staff to acknowledge receipt and that the alert had been read and acted upon.
- The practice had implemented best practice guidelines for vaccination storage.
- The practice offered immunisations and held a record of the immunisation status of clinical and non-clinical staff.
- Fire drills had been regularly carried out and fire marshals had received appropriate training.
- All patients were followed up after being referred into the two-week wait (TWW) cancer referral system.
- Comprehensive health and safety risk assessments were being carried out.
- The serial numbers of blank prescription pads given to specific prescribers were recorded.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y

At this inspection, we found:

- Safeguarding alerts were seen on all records for children, to enable staff to easily identify any vulnerable children.
- However, although appropriate adult safeguarding codes were visible on the summary page of adult records, there were no alerts on the three adult records we reviewed.
- The practice took prompt action during our inspection and updated adult patient records to include an alert when the records were opened.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

At our last inspection in December 2019, we found:

- The practice did not hold a record of the immunisation status of non-clinical staff, as required by guidance issued by Public Health England.

At this inspection, we found:

- The practice was offering staff appropriate immunisations and recording the immunisation status of all staff.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 29/04/2021	Y
There was a record of equipment calibration. Date of last calibration: 29/04/2021	Y

There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: 07/10/2020	Y
Actions from fire risk assessment were identified and completed.	Y

At our last inspection in December 2019 we found:

- The practice had not carried out planned fire drills.
- The appointed fire marshals had not received formal training for their roles.

At this inspection we found:

- The practice had carried out regular fire drills involving full evacuation of the building. These had been undertaken at different times, on different days of the week and staff were not informed in advance of the proposed exercise.
- We saw evidence the fire marshals had received appropriate training for their roles.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 07/10/2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/10/2020	Y

At our last inspection in December 2019 we found the practice had carried out a health and safety risk assessment, however the assessment was generic and did not include a room by room risk assessment.

At this inspection we found the practice had introduced, and was regularly using, a room by room health and safety risk assessment.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: August 2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Explanation of any answers and additional evidence:

At our last inspection in December 2019 we found:

- The two-week-wait (TWW) referral policy did not ensure all patients were being appropriately followed-up by the practice. A TWW referral is a request from a GP to ask the hospital for an urgent appointment for a patient, as the patient has symptoms which might indicate they have cancer.

At this inspection we found:

- The practice had implemented a revised TWW policy which ensured all patients were appropriately followed-up when referred further to a TWW referral.

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence:

At our last inspection in December 2019 we found:

- Although the practice was recording the serial numbers of new blank prescriptions, there was no record kept of which prescriptions were issued to individual GPs.
- In two fridges (of four inspected) used for the storage of vaccines, flu vaccines had been removed from their original packaging contrary to best practice guidance.

Medicines management	Y/N/Partial

At this inspection we found:

- Thirty-seven patients were being prescribed methotrexate. Twelve of those patients' records showed was no evidence of regular blood testing to monitor their health. Methotrexate is a type of medicine called an immunosuppressant. It helps reduce inflammation and is commonly prescribed to patients with conditions such as psoriasis, rheumatoid arthritis and Crohn's disease. Before and during treatment, patients must have regular blood tests to check their blood, liver and kidney function.
- The practice did not record on methotrexate prescriptions it issued the day of the week patients should take the medicine, which was a requirement further to a medicines safety alert.
- Twenty-seven patients were being prescribed Azathioprine. Nine of those patients' records showed was no evidence of regular blood testing to monitor their health. Azathioprine is an immunosuppressant medicine, commonly prescribed to patients with conditions such as in rheumatoid arthritis, Crohn's disease and ulcerative colitis. Before and during treatment, patients must have regular blood tests to check their blood, liver and kidney function.
- Nineteen patients were being prescribed lithium. Thirteen of those patients' records showed there was no evidence of regular blood testing to monitor their health. Lithium is a medicine primarily used to treat bipolar disorder and other depressive disorders. Before and during treatment, patients must have regular blood tests.
- The practice told us:
    - When patients who were receiving monitoring in secondary care were prescribed medicines the GP checked their latest blood tests with the hospital before prescribing. However, no record of this review was recorded in patients' notes.
    - It provided us with a copy of its high-risk drug monitoring policy. The policy required confirmation of recent blood test monitoring before prescriptions could be issued. However, in the absence of a note on the patients record we were not assured the practice was adhering to its own policy.
    - As a result of the impact of the Covid-19 pandemic, local hospital phlebotomy services were significantly reduced, together with a period of complete cessation of community phlebotomy services. So that its patients could continue to have blood tests, the practice had recruited its own phlebotomist. The phlebotomist worked Saturdays at the practice.
- The practice had implemented a system for recording the serial numbers of all prescriptions both prior to and following their issue to prescribing clinicians.
- All medicines we saw stored in the vaccines fridges was appropriately stored, in-date, and fridges were not overstocked.

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y

Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	14
Number of events that required action:	14

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

Event	Specific action taken
A patient was given a prescription for an antibiotic to which they had an allergy. The patient had previously drawn the practices' attention to the allergy	The practice recorded the allergy in the patients notes, issued an apology to the patient, and investigated the issue. It found there had been two failures: • An adverse reaction to the antibiotic had been recorded in the patients' notes but not coded on the system to ensure all GPs would be aware of the issue. • The patient had left a note reminding the practice of the problem; however, the note had not been passed to the GP. The practice reminded all clinical staff of the importance of ensuring all such information must be properly coded into patients records. It also instructed all staff receiving such information from patients of the need to transcribe all such information onto the patients record.
Due to a computer problem a text message was sent to the wrong patient.	The practice contacted the patient who had not opened the message, they agreed to delete the message before reading it. The practice apologised to the patient. Further to the duty of candour requirements the practice also contacted the patient to whom the message should have been sent and explained the error. The clinician who had made the mistake reflected on the need to take sufficient time to check each patients identity before initiating contact.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: At our last inspection in December 2019 we found: • Despite recording and actioning several safety alerts, the practice had missed two important safety alerts issued by Medicines & Healthcare products Regulatory Agency (MHRA).	

- During the inspection the practice advised us that all patients who were affected by the two missed safety alerts had been contacted and asked to come into the surgery to speak with a GP.

At this inspection, although the practice had implemented a procedure to ensure it did not miss any alerts, we found:

- Minutes of meetings were distributed to all relevant staff to ensure all were aware of the alerts, and copies of alerts were added to the shared computer files so all were able to access them. However, there was no requirement for staff to confirm they had received and read meeting minutes.
- Clinical alerts were emailed to the clinical team. However, there was no requirement to acknowledge receipt and confirm the alert had been read.
- All alerts received were logged on a spreadsheet controlled by the practice manager and reviewed by a GP partner.
- Clinical staff who attended mid-morning coffee breaks discussed important updates.
- Following discussion, a GP partner oversaw any searches, with any necessary actions being undertaken by a clinical pharmacist working at the practice. These were then audited to ensure ongoing compliance.
- Alerts were a standing agenda item discussed at weekly clinical team meetings.

Effective Rating: Good

At our last inspection we rated the practice as requires improvement because:

- The practice's QOF performance was lower than local and national averages for the long-term conditions' indicators relating to diabetes and hypertension.
- Child immunisation uptake rates were below the World Health Organisation (WHO) targets.
- We were not satisfied that the practice had an effective system in place to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- We were not satisfied the practice had an effective system for sharing and cascading clinical learning amongst relevant staff.

At this inspection we rated the practice as Good for providing effective services because:

- The practice had implemented an effective system to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- Child immunisation uptake rates remained below the World Health Organisation (WHO) targets; however, the practice had significantly improved its performance.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: At our last inspection in December 2019 we found: • During the inspection, we reviewed the records of seven patients who required regular medicine reviews and we found concerns with two of those records. One of the records indicated that the patient had not had a medication review since November 2013 and another record showed that a patient did not have a medication review since May 2016. Both these patients were over the age of 75.	

- We also reviewed two records of patients who had been diagnosed with gestational diabetes and found the practice had not reviewed their diabetes post-pregnancy.

At this inspection we found:

- Patient records we looked at showed patients were receiving regular medicines reviews, this work had been largely taken over by the practices' clinical pharmacist.
- For patients diagnosed with gestational diabetes, the practice had introduced a procedure to ensure patients were reviewed post-pregnancy

Older people

Population group rating: Good

Findings

At our last inspection we found:

- The practice did not always carry out structured annual medicines reviews for older patients.

At this inspection we found:

- We saw evidence of structured annual medicines reviews for older patients.
- 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.

People with long-term conditions

Population group rating: Requires Improvement

Findings

At our last inspection we found:

- The practice's QOF performance was lower than local and national averages for the long-term conditions' indicators relating to diabetes and hypertension.

At this inspection we found:

- A review of patient medical records showed 14 potentially missed diagnoses of diabetes or pre-diabetes. We reviewed five records in detail and found a lack of consistent approach: one patient had attended for subsequent review, but with no record of discussion of the potential diagnosis; another had received a subsequent blood test, which showed no issues; one patient had missed their requested blood test; another patient record was found to be miscoded.
- The practice told us:
    - It had a policy to guide clinical staff on the approach to recording diabetes and pre-diabetes on patient records. However, staff were not adhering to the policy.
    - It was in the process of undertaking a project to improve its understanding and approach to diabetes.

    - During the Covid-19 pandemic there had been difficulty in arranging blood tests for patients. In addition, many patients had refused, because of the pandemic, to attend for blood tests.
- The practice's QOF performance for one out of two diabetes indicators measured by CQC was below local and national averages. We noted the measured indicator had changed since our last inspection. Accordingly, no direct comparison of performance could be made.
- The practice's QOF performance for the hypertension indicator measured by CQC was below local and national averages. We noted the measured indicator had changed since our last inspection. Accordingly, no direct comparison of performance could be made.
- In relation to QOF performance, the practice advised us:
    - As a result of the Covid-19 pandemic the practice had been required to stop gathering QOF data before the end of the data collection period to concentrate on its pandemic response.
    - The practice did not exception report patients who failed to respond or missed appointments so they would not be removed from follow-up alerts.
    - For patients with hypertension, the practice recommended the purchase of home monitoring equipment. The local Clinical Commissioning Group (CCG) had negotiated discounts with retailers for this purpose. Once purchased, the practice contacted patients to ask them to provide readings, which could be sent via text message, email or the practices online consultation service, these were then added to the patients' record.
    - The practice had previously invited patients to attend its reception area where monitoring equipment was located; patients could use the equipment which printed out their results to be handed in to reception staff. However, during 2020, and as a result of the pandemic, that service was stopped.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison

The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	68.2%	83.9%	82.0%	Variation (negative)
PCA rate (number of PCAs).	()	-		N/A
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23	82.5%	76.1%	76.6%	No statistical variatio
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months	52.4%	65.7%	66.9%	Tending towards variation (negative
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less	72.8%	78.9%	75.9%	
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020)	90.9%	91.3%	91.8%	No statistical variation
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months	86.4%	89.4%	89.4%	No statistical variation
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 140/90mmHg or less	53.8%	72.5%	72.4%	Variation (negative)
PCA rate (number of PCAs).	()	-		N/A
(to) (QOF)		-		-
PCA rate (number of PCAs).	()	-		N/A

Families, children and young people Population group rating: Good

Findings

At our last inspection in December 2019 we found:

- Child immunisation uptake rates were significantly below the World Health Organisation (WHO) targets.
- There was no annual follow-up for patients with gestational diabetes, and there was no recall system in place for this purpose.

At this inspection we found:

- The practice had not met the minimum 90% for four of five childhood immunisation uptake indicators. It had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of five childhood immunisation uptake indicators.
- The practices' performance for delivery of childhood immunisations had improved significantly since our last inspection, for example:
    - At our last inspection 58% (50 out of 86) of children aged 2 had received their booster immunisation for Pneumococcal infection (PCV booster).
    - At this inspection 84.6% (22 out of 26) of children aged 2 had received their booster immunisation for Pneumococcal infection (PCV booster).
- As a result of the Covid-19 pandemic the practice had found increased resistance from patients to attending the surgery. Accordingly, it had:
    - Experienced some disruption to the delivery of childhood immunisations, however, it was working with families to continue to improve uptake;
    - Tasked two members of the administrative team to a dedicated role of contacting patients to invite them for appointments, send reminders, follow up on any missed appointments and re-book appointments where necessary;
    - Practice nurses followed up on any missed appointments and re-scheduled appointments;
    - At no time during the pandemic had the practice stopped patients coming into the practice. It had taken steps to manage patient movement around the practice, including giving patients appointments but asking them to wait in their cars, and would phone them when the clinician was ready to begin their appointment.
- It had a very small cohort of children eligible for its vaccination programme.
- The practice contacted the parents or legal guardians (collectively "parents") of children due to have childhood immunisations to remind and encourage them to attend;
- It had put up posters in the reception area and a freestanding banner at the entrance to the practice. These advertised the childhood immunisation service;
- Where parents failed to respond to invitations to attend, the practice placed alerts onto its system so any parents attending with children could be offered opportunistic immunisation, and, where necessary, the practice nurses and GPs discussed any concerns parents had to reassure and explain the importance of immunisation;
- Appointments were available throughout the week, with nurse clinic appointments starting at 8.00am, and clinics running throughout the day until 6.30pm. Additionally, on Mondays and Wednesdays extended hours appointments were available, these could also be booked for childhood vaccinations.
- Childhood immunisation appointments could also be booked (as well as a walk-in service) at three local GP hubs between:
    - 6.30pm – 8.00pm Monday to Friday; and,

- 8.00am – 8.00pm On Weekends and public holidays.
- It had arrangements for following up failed attendances for children's appointments following an appointment in secondary care and would liaise with health visitors when necessary;
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance;
- Young people could access services for sexual health and contraception;
- Staff had the appropriate skills and training to carry out reviews for this population group.

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) (01/04/2019 to 31/03/2020) (NHS England)	32	33	97.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	22	26	84.6%	Below 90% minimum
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) (01/04/2019 to 31/03/2020) (NHS England)	22	26	84.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	22	26	84.6%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	41	56	73.2%	Below 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

At our last inspection in December 2019 we found the practices' performance showed an uptake of 70.4% (for the indicator CQC measures) for cervical screening which was below the national target of 80%. The practice was aware it had not met the national uptake target and had made changes to its cervical screening procedure.

At this inspection we found:

- the practice had made some improvement to its performance, uptake (for the indicator CQC measures) increasing from 70.4% to 72.4% of eligible patients, although it remained below the national uptake target of 80%.
- As a result of the Covid-19 pandemic, along with other primary care providers, the practice had been required to temporarily pause its cervical screening programme for a period of almost three months between March and May 2020. It had also encountered significantly increased resistance from patients to attending the surgery for screening.
- When the practice was permitted to resume its cervical screening programme, it had concentrated on inviting high-risk patients who had previously had abnormal test results.

To improve patient uptake of its cervical screening programme, the practice had:

- Moved two administrators to dedicated roles contacting patients to invite them for appointments, send reminders, follow up on any missed appointments and re-book appointments where necessary;
- Practice nurses also contacted eligible patients to encourage them to book appointments, re-book any missed appointments and to discuss any concerns patients expressed;
- It had put up posters in the reception area and a freestanding banner at the entrance to the practice, these advertised the cervical screening service and reminded patients the test only took five minutes;
- Appointments were available throughout the week, with nurse clinic appointments starting at 8.00am, and clinics running throughout the day until 6.30pm. Additionally, on Mondays and Wednesdays extended hours appointments were available (as well as offering opportunistic vaccinations during other attendances), these could also be booked for cervical screening.
- Cervical screening appointments could also be booked (as well as a walk-in service) at three local GP and nurse led Hubs between:
    - 6.30pm – 8.00pm Monday to Friday; and,
    - 8.00am – 8.00pm On Weekends and public holidays.
- Alerts were placed on the computer system to let staff know when an eligible parent attended and would offer opportunistic cervical screening during their appointment.
- All clinicians took any opportunity to discuss the importance of the cervical screening with eligible patients and to deal with any concerns patients had.

The practice also told us:

- A number of patients originated from other countries, many of these patients refused screening for varying reasons, including:
    - some had chosen to undergo cervical screening abroad;
    - A number of patients regularly returned abroad for extended periods of time so were difficult to contact;
- A number of patients utilised private medical services and failed to provide the practice with details of any cervical screening undertaken elsewhere.
- Patients who went elsewhere for screening were asked to provide copies of results, but rarely provided the information.
- Some patients were not prepared to engage with the cervical screening programme for religious or cultural reasons. The practice worked to engage with these patients to explain the benefits of screening;
- Some patients moved out of the area without informing the practice they had left.

- 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.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/12/2020) (Public Health England)	72.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	72.0%	57.4%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	59.4%	N/A	63.8%	N/A
(to) (QoF)		-	-	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	51.4%	56.7%	54.2%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings
• Same day appointments and longer appointments were offered when required. • 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. • Same day and longer appointments were offered when required. • There was a system for following up patients who failed to attend for administration of long-term medicines. • When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. • Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. • All staff had received dementia training in the last 12 months. • Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	83.3%	88.3%	85.4%	No statistical variation
PCA rate (number of PCAs).	()	-		N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	84.4%	81.7%	81.4%	No statistical variation
PCA rate (number of PCAs).	()	-		N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	516.2	Not Available	533.9
Overall QOF score (as a percentage of maximum)	92.3%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	%	Not Available	5.9%

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

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

The practice had carried out two complete (two, or more, cycles) clinical audits in the preceding two years, where it had set and reviewed performance targets. In one audit it had reviewed patients aged 75 or older, who were prescribed Non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDS are medicines used to relieve pain, reduce inflammation, and

bring down a high temperature. Where patients have certain other medical issues clinicians should consider the appropriateness of prescribing NSAIDs.

During the first audit cycle, the practice found two patients in the audit category were being prescribed these medicines. It reviewed the prescribing and determined, in both cases, the prescribing was appropriate, and any necessary protective actions had been taken alongside the prescribing.

Following the first cycle, the practice set itself goals to:

- Ensure no patients with a clinical contraindication were to be prescribed NSAID medicines.
- Where appropriate 100% of patients prescribed NSAID medicines should benefit from appropriate protective actions taken alongside the NSAID prescribing.

Following the second cycle of the audit, the practice found no patients in the audit category had been prescribed NSAID medicines.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

At our last inspection in December 2019 we found:

- one member of the nursing team had attended a cervical screening face to face update in May 2019 and had documented learning for other necessary staff to view on the practice shared drive; however, this learning was not appropriately cascaded, and it was unclear whether other relevant members of staff had read this. We spoke to other nursing staff who were unaware of the contents of this training update.
- following the inspection, the practice provided assurances all clinical staff had read through the training update and it changed its policy to ensure that all future training is shared, signed and logged by relevant staff members.

At this inspection we found:

- We saw evidence that nurses involved in delivery of cervical screening had received up to date training for the role.
- The practice had implemented a system for sharing and cascading clinical learning amongst relevant staff. However, this did not require all relevant staff to acknowledge receipt and confirm they had read the learning material.

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.	Y

Patients received consistent, coordinated, person-centred care when they moved between services.	Y

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
At this inspection we found, the practice was appropriately recording DNACPR decisions. However, the records we reviewed did not comply with best practice: to record either a review date, or state that the decision was indefinite.	

Caring Rating: Good

At our last inspection we rated the practice as good because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

At this inspection we rated the practice as Good for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice carried out its own patient surveys to gain patient feedback.
- During the Covid-19 Pandemic:
    - the practice was a vaccination's hub for its own and other local practices' patients. It had conducted a survey of patient's experiences of attending the practice and found: 100% (165 out of 165 patients) responded positively about their overall experience of attending the practice.
    - it had delivered in excess of 35,000 vaccinations to patients. It had achieved a 0% wastage, with every vaccine dose it received being used in the vaccination of a person attending for vaccination.
- During the 2020-2021 flu season the practice administered vaccinations to its patients. It had also conducted a survey and found: 97% (63 out of 65 patients) responded positively about their overall experience of attending the practice.

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Source	Feedback
Patient Participation Group (PPG)	The chair of the PPG told us the practice provided a friendly and caring service and treated patients with dignity and respect.

National GP 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 (01/01/2020 to 31/03/2020)	80.3%	86.7%	88.5%	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 (01/01/2020 to 31/03/2020)	72.7%	84.3%	87.0%	Variation (negative)
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	87.7%	91.5%	93.0%	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 (01/01/2020 to 31/03/2020)	85.4%	93.9%	95.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	62.4%	79.1%	81.8%	Tending towards variation (negative)

Any additional evidence or comments

At our previous inspection we found:

- the practice was below local and national averages for one out of four indicators relating to patient satisfaction as measured by the National GP Patient Survey.

At this inspection we found:

- The practice was below local and national averages for three out of five indicators relating to patient satisfaction as measured by the National GP Patient Survey.
- The practice told us:
    - It was aware of the levels of dissatisfaction amongst some patient groups since the two practices (Park Lodge Medical Centre and Winchmore Surgery) had been co-located under the same ownership and management team. The arrangement had required patients of Park Lodge Medical Centre to move to the site occupied by Winchmore Surgery.
    - It had continued to ask patients to participate in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). For the period January -April 2021 91% (41) of 45 patients responding to the FFT said they would recommend the practice.

Indicator	Practice	CCG average	England average	England comparison
○ During the Covid-19 pandemic it had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. ○ During the Covid-19 Pandemic: ▪ the practice had been chosen as a vaccination's hub for its own and other local practices' patients. It conducted a survey of patient's experiences of attending the practice and found: 100% (165 out of 165 patients) responded positively about their overall experience of attending the practice. ▪ It had delivered in excess of 35,000 Covid-19 vaccinations to patients, and had achieved 0% wastage, with every vaccine dose it had received being used in the vaccination of a person attending for vaccination. • During the flu season the practice administered vaccinations to its patients. It conducted a survey and found: 97% (63 out of 65 patients) responded positively about their overall experience of attending the practice.				

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

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Patient Interview	Due to the ongoing restrictions arising from the pandemic, we were not able to ask patients to complete CQC Comment Cards. We interviewed one patient during the inspection. They were positive about the care they received from the practice.

National GP 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 (01/01/2020 to 31/03/2020)	87.7%	91.5%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had registered 341 carers, from a combined list size of 22085 patients. This equated to over 1.5% of the practice population.
How the practice supported carers (including young carers).	Patients who were carers received written information signposting them to the various avenues of support. For example, a local carers organisation. Patients who were carers were offered annual health checks and influenza vaccinations. Carers were given priority during extended hours appointments to enable them to attend with the patient for whom they cared.
How the practice supported recently bereaved patients.	Following a bereavement, the practice phoned and spoke with families to offer condolences and support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive Rating: Good

At our last inspection we rated the practice as requires improvement because:

- Since the last inspection in April 2018 there was continuing concerns and patient dissatisfaction regarding timely access to the practice via telephone; experience of making an appointment; and the appointment times offered. This affected all population groups who have been rated as requires improvement for the responsive domain.

At this inspection we rated the practice as Good for providing responsive services because:

- Patient satisfaction as evidenced by the 2021 GP Patient Survey results showed a significant improvement in regard to timely access to the practice.

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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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	**Time**
Opening times:	
Monday - Friday	8.00am – 6.30pm
Extended Hours	
Monday & Wednesday	6.30pm – 8.00pm
GP Appointments available:	
Monday - Friday	8:00am -12:30pm and 2.00pm-5:30pm
Appointments at three local GP & Nurse Hubs	
Monday - Friday	6.30pm – 8:00pm
Weekends and Bank Holidays	8:00am – 8:00pm

Older people Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- All 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 provided effective care coordination to enable older patients to access appropriate services.
- 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.

People with long-term conditions — Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- Additional nurse appointments were available at the practice until 8.00pm on a Monday and Wednesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.00pm on a Monday and Wednesday. Pre-bookable appointments were also available to all patients at three local GP and Nurse Hub locations. Appointments at the Hubs were available weekdays between 6.30pm – 8.00pm and at weekends, and bank holidays, between 8.00am – 8.00pm.
- Patients could also use online services of the practice which allowed booking and cancelling appointments, prescription requests and viewing of medical summaries. The practice provided electronic prescribing allowing patients to nominate a pharmacy of their choice from which to collect their medicines.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- 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 provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, including, offering longer appointments and appointment at times to meet the needs of patients and, for those with carers, their carers

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Throughout the covid-19 pandemic the practice had never stopped patients from attending the practice, instead it had adopted an approach of managing patient flows around the building. This had benefitted all population groups.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

People were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y

Explanation of any answers and additional evidence:

At our last inspection we found:

- Thirty per cent of respondents to the GP patient survey responded positively to how easy it was to get through to someone at their GP practice on the phone, compared to the national average of 68%.
- Forty-three per cent of respondents to the GP patient survey responded positively to the overall experience of making an appointment, compared to a local average of 59% and the national average of 67%.
- Forty-three per cent of respondents to the GP patient survey were very satisfied or fairly satisfied with their GP practice appointment times (local average 60%, national average 65%).

At this inspection we found whilst there had been some improvement patients remained dissatisfied with access to the practice, including:

- At this inspection we reviewed the 2020 results of the GP Patient Survey and found whilst there had been some improvement patients remained dissatisfied with access to the practice. However, the results of the 2021 GP Patient survey were published thereafter and showed the practice had made significant improvements in patient satisfaction, including:
  - Fifty-seven per cent of respondents to the GP patient survey responded positively to how easy it was to get through to someone at their GP practice on the phone, (local average 68%, national average 68%).
  - Sixty-four per cent of respondents to the GP patient survey responded positively to the overall experience of making an appointment (local average 69%, national average 71%).
  - Sixty-three per cent of respondents to the GP patient survey were very satisfied or fairly satisfied with their GP practice appointment times (local average 66%, national average 67%)

- Seventy-nine per cent of respondents to the GP patient survey were satisfied with the type of appointment (or appointments) they were offered (local average 79%, national average 82%).

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	44.3%	N/A	65.2%	Variation (negative)-
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	48.6%	63.1%	65.5%	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 (01/01/2020 to 31/03/2020)	39.0%	61.6%	63.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered	74.2%	69.3%-	72.7%	No statistical variation -

Any additional evidence or comments

Following our last inspection in December 2019, the practice had taken action to improve patient satisfaction, including:

- It had conducted a survey of patients to determine areas where it needed to improve its performance. In regard to its phone system it found:
  - Seventy-one per cent of patients (73 out of 103 patients responding) preferred to book appointments by phone.
  - Seventy-three per cent of patients responding were satisfied or very satisfied with the phone system the practice used.
  - Eighty-four per cent of respondents were satisfied or very satisfied with the availability of appointments.
- Previously four staff were dedicated to answering calls at all times, with an additional two staff helping during busy times. This had been increased to six members of staff answering calls at all times, with up to three extra staff available during busy times.
- Training was given to staff members on how to deal with difficult conversations to help patients more quickly and efficiently.
- It had recruited an additional Whole Time Equivalent (WTE) of three extra staff and increased the working hours it offered to existing staff members to reduce call waiting time.
- From March 2020 the practice had increased the number of available incoming and outgoing lines from 12 to 20.
- It actively promoted online appointment booking access via its website, telephone answerphone recording, when patients presented to register with the practice and on posters in the practice. At the time of our inspection 47% of eligible patients had online access.

- The practice was actively running a campaign to increase the number of patients using its online consultation facility. This was via: its website; telephone answer message; banners and posters in the practice. In addition, staff members were promoting online consultation access when they spoke with patients.
- It had upgraded its website so patients could send queries and provide information such as: advising of change of address, initiating a new registration, requesting a sick note, ordering medicines on repeat prescription and updating information on their clinical records without having to call or visit the practice. The new website also offered translation into a number of commonly spoken languages.

During the Covid-19 pandemic:

- The practice conducted weekly reviews of incoming calls and patterns of busy periods, and found:
  - There were increased call volumes on Mondays, Tuesdays & Fridays. Accordingly, staff rotas were adjusted to ensure more staff were available on those days.
  - it received increased call volumes, increasing by up to 1000 calls/week. To address this the practice set up a new designated COVID-19 vaccine phone line with additional staff to answer queries.
- it arranged for additional designated staff members, who received relevant training, to deal with COVID vaccine related queries.

Source	Feedback
For example, NHS Choices	The practice had received 50 reviews in the last 12 months with an average rating of 4.7 out of 5 stars. Thirty-six of the reviewers had awarded the practice five stars. Patients were satisfied with: the speed of response to making contact with the practice via its online appointment service; nurses were extremely kind, efficient and competent; doctors were professional, listened carefully and were helpful and considerate; receptionists warned patients when clinics were running late; receptionists were helpful; and it was easy to communicate with all staff and doctors. The practice had responded to many of the comments received, and where patients were not satisfied the practice explained any issues and offered an opportunity for the patient to discuss their concerns with the management team.

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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial

Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
During the Covid-19 pandemic a patient complained about a delay in the practice actioning the recommendations of a letter from secondary care.	The practice apologised to the patient and explained it took longer than normal to receive, and review, letters as these were either received by post or email rather than direct into its system.

Well-led Rating: Requires improvement

At our last inspection we rated the practice as requires improvement because:

- The overall governance arrangements required improvement.
  - The practice did not always have clear and effective processes for ensuring safe care and treatment and managing risks, issues and performance.
  - The practice did not always act on appropriate and accurate information.
  - There were also concerns regarding access to the practice via telephone and the experience of making an appointment.

At this inspection we rated the practice as requires improvement for being well-led because:

- Patient notes did not record up to date blood test monitoring for all patients being prescribed high-risk medicines.
- The practice had revised its policies and procedures. However, it did not always have clear and effective processes for ensuring safe care and treatment and managing risks, issues and performance. In particular The practice procedures for distribution of medical alerts and minutes of meetings did not ensure all clinicians were made aware of these.

We also saw areas of improvement, including:

- The practice had carried out a manual data cleansing exercise to ensure it acted on appropriate and accurate information.
- The practices' own survey and the 2021 GP Patient Survey found significantly higher levels of patient satisfaction. Since our last inspection the practice had made a number of changes, including upgrading its phone system, assigning more staff to phone answering and actively promoting online access methods.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

At our last inspection in December 2019 we found:

- The leadership team were aware of the challenges it faced. However, it could not always demonstrate that it had identified the correct actions to help improve those challenges. For example, the practice was unable to successfully carry out a data cleansing exercise for a period of two years and as a result this impacted the practice's clinical performance. Since the last inspection in April 2018, patients were still dissatisfied with telephone waiting times and the experience of making an appointment.

At this inspection we found:

- The data cleansing issue related to the merger of the two co-located practices (Park Lodge Medical Centre and Winchmore Surgery. The practices had been co-located under the same

ownership and management team, though still with separate contracts covering services each practice offered) and IT systems. The practice had, so far as was possible resolved all issues, despite the failure of other stakeholder's to lend assistance, in particular the supplier of the patient's records system, which had undertaken the data merge, but subsequently refused to assist with automation and resolution of the issues. Accordingly, the practice had undertaken extensive manual steps to resolve the issues.

- The practice had undertaken its own survey to establish patient's satisfaction levels with phone access. Despite the positive findings it had uprated its phone system, allocated more staff, and provided dedicated staff with appropriate training to deal with complex phone calls, freeing other staff to assist other patients. action to
- It had taken action to improve patients overall experience, including:

    - The practice had set up a Facebook group to provide support and information to patients during the Covid-19 pandemic;
    - It had run a Be Kind campaign, encouraging patients to be kind to staff. The practice had set up posters and videos which were available on the practice website and on social media;
    - All patients on the covid-19 shielded list were contacted and offered support during both lockdown periods;
    - It had developed a protocol to ensure all patients who had a Covid-19 positive test were contacted with information about acute Covid-19 symptoms and also resources for Long Covid;
    - It had set up a home pulse oximetry service for monitoring patients, who did not require hospital admission, with an equipment loan service.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

Governance arrangements

There were generally 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

At our last inspection in December 2019 we found:

- While there were governance systems in place, these did not always identify issues and had not identified the areas of concern in the safe key question. For example,
    - there were checks of the medicine fridges, but these had not identified that influenza vaccines were not being stored in line with guidance.
    - There was a system for receiving and disseminating safety alerts, but two important alerts had been missed.
    - There was no system to ensure all the patients referred further to two-week wait (TWW) referrals were followed up to ensure they had been offered and attended an appointment.
- The number of children who received immunisations was below the World Health Organisation targets and quality outcomes for diabetes and hypertension were lower than national and local averages.
- There was limited evidence of clinical learning being shared amongst relevant staff.
- The practice has continued to receive patient dissatisfaction with the telephone waiting time despite some efforts to improve the system.

At this inspection we found:

- The practice had implemented a procedure to ensure it acted on all alerts. However, it did not ensure all clinicians were made aware of alerts.

- All vaccines were appropriately stored in the vaccine storage fridges.
- It had implemented a procedure to ensure all patients referred via TWW referrals were followed-up.
- The practice performance for childhood immunisations remained (4 out of 5 indicators) below WHO targets. However, the practice had significantly improved its performance despite the difficulties of delivering immunisations imposed by, and as a consequence of, the Covid-19 pandemic.
- We saw evidence of clinical learning being shared among clinicians via meeting attendance, circulation of meeting minutes and informal discussion during coffee breaks.
- To address patient dissatisfaction with telephone waiting times, the practice:
    - Increased the number of staff answering phone calls to six members at all times, with up to three extra staff available during busy times.
    - Trained staff to deal with difficult conversations to help patients quickly and efficiently.
    - Recruited additional staff and increased working hours offered to existing staff members.
    - From March 2020 the practice had increased the number of available incoming and outgoing lines from 12 to 20.
    - Actively promoted online appointment booking access via its website. This was promoted via its telephone answer message, on patients presenting to register with the practice and on posters in the practice. At the time of our inspection 47% of eligible patients had online access.
    - Was running a campaign to increase the number of patients using its online consultation facility. This was promoted via its website, telephone answer message, banners and posters in the practice. In addition, staff members were promoting online consultation access when speaking to patients.
    - It had upgraded its website so patients could send queries and provide information such as: advising of change of address, initiating a new registration, requesting a sick note, ordering medicines on repeat prescription and updating information on their clinical records without having to call or visit the practice.
- All staff interviewed during the day of inspection stated they understood their roles and responsibilities within the practice.
- All staff spoken with knew how and where to access relevant policies and procedures.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

At our last inspection in December 2019 we found:

- The practice did not have appropriate arrangements in place to manage fire risk and health and safety at the premise.

At this inspection we found:

- Patient notes did not record up to date blood test monitoring for all patients being prescribed high-risk medicines.
- The practice had implemented regular, full evacuation of the building, fire drills. These were conducted at different times and on different days of the week to ensure all staff had an opportunity to participate.
- It had carried out, and acted upon, a health and safety risk assessment.

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

We found the practice had made a number of changes to ensure it continued to serve the needs of its patient population, including:

- All staff working on-site wore appropriate personal protective equipment (PPE), both when moving around the building and when in contact with other staff and patients.
- The practice changed the practice layout, including putting up screens to protect staff working in reception.
- At no time during the pandemic did it refuse access to patients wishing to come to the practice either to make or attend any scheduled appointments.
- It managed patient flows outside and inside of the premises. For example, patients who had booked face to face appointments were asked to wait in their cars in the practices' car park. When the clinician was ready to see them, they would phone the patient and meet them on entry to the building to escort them to their clinical room. Patients without cars were able to wait in a sheltered area outside of the building.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

At our last inspection in December 2019 we found:
Although the practice had a system to distribute alerts to clinicians, two MHRA safety alerts, which affected a number of patients, had not been actioned.

At this inspection we found:

- We saw evidence the practice had introduced a system to ensure clinical alerts received were logged and distributed to relevant staff. We also saw evidence of discussion of alerts in meetings, and that meeting minutes were prepared and distributed to all relevant staff. However, the procedures did not require relevant members of staff to confirm they had received, read, and acted upon alerts and meeting minutes.
- Following the inspection, the practice had acted on the two alerts, offering all affected patient's appointments to review and, where necessary, revise their treatment.

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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y

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

Feedback from Patient Participation Group.

Feedback
During our inspection we spoke with the chair of the Patient Participation Group (PPG). We received positive feedback including: the PPG felt that the practice listened to and acted upon their views, and would always share any learning regarding complaints, encouraging an open and honest culture.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
During our inspection we found: • As a result of the impact of the Covid-19 pandemic, local hospital phlebotomy services were significantly reduced, together with a period of complete cessation of community phlebotomy services. In order that its patients could continue to have blood tests, the practice had recruited its own phlebotomist. The phlebotomist worked Saturdays at the practice. • The practice was continuing to benefit from, and work more closely with its paramedic, clinical pharmacist and social prescriber staff.