

Inspection Evidence Table

Jubilee Park Medical Partnership

(1-570676592)

Inspection Date: 16 May 2023

Date of data download: 3 May 2023

Overall rating: Good

We carried out an inspection of Jubilee Park Medical Partnership on 6 October 2022 when the practice was rated as inadequate overall and placed in special measures. The safe, effective, responsive and well-led questions were rated as inadequate and the caring question was rated as requires improvement. Four warning notices were served.

We found the practice did not have systems and processes to keep people safe; the practice could not demonstrate they had systems and processes to keep clinicians up to date with current evidence based practice; patients with long-term conditions or potential long-term conditions had not received up to date monitoring and review; feedback from patients was not always positive about the way staff treated people; services did not always meet patient's needs and leaders could not demonstrate they had the skills and/or capacity to deliver high quality sustainable care.

We carried out a further announced follow-up inspection on 7 December 2022 to review compliance with the warning notices served following this previous inspection on 6 October 2022. This follow-up inspection on 7 December 2022 was to review compliance with the four warning notices which had to be met by 30 November 2022, but the inspection was not rated. The ratings from October 2022 therefore still applied. At this follow-up inspection we found that improvements had been made, but more time was needed to ensure these practices had become embedded.

A further inspection was carried out on 16 May 2023 and our GP Specialist Advisor carried out clinical searches remotely on 11 May 2023 ahead of this. Their findings were then used during the inspection. At this inspection we found significant improvements had been made in most areas since our inspection on 6 October 2022 and had been sustained by the practice and become embedded since our follow-up inspection on 7 December 2022.

As a result, the practice was rated as good overall and removed from special measures. The safe, effective, caring, responsive and well-led questions were rated as good. Full details can be found under each question.

Safe

Rating: Good

At our previous inspection on 6 October 2022 we rated the practice as inadequate for providing safe services because the practice did not have systems and processes to keep people safe. At this inspection, we found that those areas previously regarded as inadequate had been significantly improved by the practice and the changes had been embedded throughout the practice and sustained. The practice is therefore now rated good for providing safe services.

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.	Y
Partners and staff were trained to appropriate levels for their role.	Y
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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff including GPs, clinical staff and administration staff had completed safeguarding training to the appropriate level as set out in intercollegiate guidance.• The practice held regular safeguarding meetings which included other health and social care professionals.• Health visitors and midwives were located within the same building and regular meetings and ad-hoc contact took place.	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	

- We examined three staff recruitment files and found they included adequate checks of staff immunisation in line with current UK Health and Security Agency guidance and confirmation of professional registration.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 27 March 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 3 February 2023	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice provided evidence to show that had addressed the concerns found on the previous inspection at the Lowdham branch site which included no hot water, inadequate oversight of legionella, electrical safety concerns and the interior of the building such as holes in the ceilings. • The practice was able to demonstrate that there had been actions taken following concerns identified during fire risk assessments at the Lowdham branch site. • We saw evidence that health and safety and fire safety monitoring had continued. For example, reminders were sent to staff in February 2023 asking them not to connect multiple extension leads and not to wedge doors open. 	

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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All clinical staff had received training on infection prevention and control including cleanliness and hygiene and hand hygiene. The practice clinical lead was due to undertake enhanced infection control training on the day after our inspection. • Actions had been taken to identify concerns found at our previous inspection. For example, the Lowdham branch site now had hot water for patients or staff to wash their hands. Clinical rooms were 	

uncluttered and visibly clean. Equipment such as swabs, hand sanitiser and cleaning products were now in date.

- We found waste was now always managed in line with current legislation and advice.
- We viewed the latest infection control and prevention audit which had been carried out on 28 November 2022. Actions identified had been carried out. For example, a Hepatitis B Immunisation Risk Assessment had been carried out for each member of the non clinical team.
- Premises were visibly clean and tidy.

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
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was an effective approach to managing staff absences. Staff covered each other for annual leave and absences. Two practice managers and a deputy practice manager were in place. • The induction systems at the practice included areas such as safeguarding. • We found staff were aware of how to respond in a medical emergency. Staff knew the location of the medical emergency drugs, resuscitation equipment and oxygen. • Staff were trained in sepsis awareness. 	

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. 1	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: <ul style="list-style-type: none"> We found processed and systems were in place for the management of correspondence. Requests made by secondary care for patients to reduce medication, prescribe and change medication were routinely actioned. The majority of outstanding tasks were from the current month, no urgent tasks were awaiting action and a policy was now in place to ensure tasks were monitored appropriately. The practice had a system in place relating to the monitoring in delays in referrals. The practice significant event tracker was up to date. 	

Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.92	0.86	0.86	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). (01/01/2022 to 31/12/2022) (NHSBSA)	8.6%	7.5%	8.1%	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 (01/07/2022 to 31/12/2022) (NHSBSA)	4.52	4.60	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	125.2‰	131.9‰	130.3‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	1.06	0.48	0.56	Tending towards variation (negative)

Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	5.8‰	6.2‰	6.8‰	No statistical variation
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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.	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 effective 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.	Y
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 and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	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 UKHSA guidance to ensure they remained safe and effective.	Y

<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> • The provider was able to demonstrate the prescribing competence of non-medical prescribers, and there was a regular review of their prescribing practice. • The systems in place for oversight of prescribing and consultations was effective. • There were effective processes in place for the management of patients on high risk medicines. The provider was able to demonstrate that it remained safe to prescribe medicines to patients where specific, frequent, monitoring was required. • The practice held controlled drugs on the premises. Appropriate systems were in place to monitor the controlled drugs, including systems to ensure safe ordering and dispensing. • The practice had a system in place to monitor stock levels and expiry dates. A system of stock rotation was in place and all vaccines were in date.
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Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • The practice dispensary was located at the Lowdham branch site and was not inspected on this occasion. No concerns had been noted on our previous inspections. 	

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:	Y
Number of events that required action:	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice monitored safety using information from a variety of sources and had taken actions on risk assessments which highlighted safety concerns. Staff knew how to raise concerns and report incidents. Staff said they felt able to raise concerns. The practice used a digital system to raise and record incidents and we saw incidents were reported and investigated in a timely way. Incidents were discussed at staff meetings. 	

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

Event	Specific action taken
Patient prescribed incorrect antibiotics.	Patient contacted and correction made. Incident recorded and discussed in clinical meeting.
Loss of keys to vaccination and medication fridges	Secure key box obtained and keys labelled.

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:

- There was an effective system for recording and acting on alerts. This included Medicines and Healthcare Regulatory Agency drug safety alerts.
- The provider was able to demonstrate that all relevant safety alerts had been responded to and a system was in place to manage this.

Effective

Rating: Good

At our previous inspection on 6 October 2022 we rated the practice as inadequate for providing effective services because the practice could not demonstrate they had systems and processes to keep clinicians up to date with current evidence based practice and patients with long-term conditions or potential long-term conditions had not received up to date monitoring and review. At this inspection, we found that those areas previously regarded as inadequate had been significantly improved by the practice and the changes had been embedded throughout the practice and sustained. However some concerns were still found when the remote clinical searches were carried out on 11 May 2023. By the time of our inspection on 16 May 2023 the practice had actioned these and put actions plans in place to monitor this in the future. As a result, the practice was rated 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.	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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our remote clinical searches carried out on 11 May 2023 revealed that clinicians were following currently evidenced based practice, although they revealed a small number of patients who were overdue medication reviews, blood tests and blood pressure monitoring. By the day of our inspection on 16 May 2023, the practice had followed up these patients, taken appropriate actions and had put an action plan in place to monitor this going forward. • There were processes in place to ensure that patients immediate and ongoing needs were fully assessed. • The practice had a system for monitoring delays in referrals and this was monitored to ensure no themes had occurred. 	

Effective care for the practice population

Findings

- The practice completed annual health checks for patients with a learning disability.
- NHS health checks were up to date and patients were followed up if they failed to respond.
- 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.
- The practice had 42 patients with a prescription for methotrexate (a medicine that slows down the immune system and helps to reduce swelling). Seventeen patients had not had blood tests within the last 12 weeks. We looked at 5 of these and 2 were overdue. The practice followed up these patients prior to our inspection on 16 May 2023 which included placing restrictions on patients obtaining more of this medicine until a review has been carried out.
- There were 46 patients taking mirabegron (a medicine which relaxes the muscles around the bladder. Eight patients showed as not having a blood pressure in the last year. Of the five we looked at, two had overdue monitoring. These patients were reviewed by the practice and appropriate action taken. One patient was no receiving the medication and their record was updated to reflect this.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had 8 patients taking lithium (used to treat bipolar episodes). We found 6 of those patients showed incorrect monitoring had taken place. By the time of our inspection on 16 May 2023 these patients had been reviewed and appropriate actions taken.
- The practice had 403 patients who have a diagnosis of hypothyroidism and had a prescription for thyroxine (used to treat this condition) in the past year. We undertook a search to identify how many patients had not had their thyroid blood tests in the past year. This search identified that 64 patients had not had this test carried out in the past 12 months. By the time of our inspection on 16 May 2023, these patients have been sent a letter to ask them to make an appointment for a blood test and their medication has been restricted so the practice can ensure they are prescribing their medication to them safely. An action plan was put in place to monitor this in the future.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	119	131	90.8%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	123	126	97.6%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	123	126	97.6%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and	123	126	97.6%	Met 95% WHO based target

rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	131	143	91.6%	Met 90% minimum

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

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	79.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	76.4%	N/A	70.3%	N/A
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). (9/30/2022 to 9/30/2022) (UKHSA)	80.3%	N/A	80.0%	Met 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	57.6%	55.2%	54.9%	No statistical variation

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.	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:

- We reviewed an audit undertaken in December 2023 following a patient safety alert, to identify if patients prescribed amiodarone are being monitored in line with guidance. This medication is used to block certain electrical signals in the heart that can cause an irregular heartbeat. We found 13 patients had received this medicine and 12 had been correctly monitored. The other patient was contacted and asked to make a blood test. They had not previously responded.

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.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff had received training in basic life support or cardiopulmonary resuscitation training. • The practice induction included learning and development for areas relating to safe and effective care. For example, sepsis training and safeguarding. • The practice team were up to date with their learning and development including data protection, confidentiality, equality and diversity, infection control and medical emergencies. • Staff had protected time for learning and development. • Staff appraisals were completed annually and clinicians offered informal catch ups to staff who required them. • Staff confirmed they were given the opportunity to develop. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was appropriate monitoring of staff responding to secondary care services and other organisations. At the time of our inspection the only outstanding tasks dated from the current month and no urgent tasks remained outstanding.• Health visitors and midwives were located within the same building and regular meetings and ad-hoc contact took place.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff were aware of services to refer patients to and regularly referred or signposted patients as appropriate.• Patients had access to appropriate health assessments and checks carried out by the practice nursing team and monitored by the lead practice nurse.	

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.	Y
Explanation of any answers and additional evidence, <ul style="list-style-type: none">We reviewed patients' clinical notes and found staff had consulted patients and their carers as necessary when they changed prescribed medicines.	

Caring

Rating: Good

At our previous inspection on 6 October 2022 we rated we rated the practice as requires improvement for providing caring services because the feedback from patients was not always positive about the way staff treated people. At this inspection, we found that those areas previously regarded as requires improvement had been significantly improved by the practice and the changes had been embedded throughout the practice and sustained. The practice is therefore now rated good for providing caring services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We observed staff whilst they spoke with patients and found them to be helpful, supportive and pleasant.	

Patient feedback	
Source	Feedback
Feedback directly to the CQC	The CQC has had no further negative feedback from patients since our last inspection on 6 October 2022.
NHS UK	There have been no negative reviews since November 2022. The review left at that time was responded to and resolved by the practice.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	74.6%	85.0%	84.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	70.7%	83.9%	83.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	77.2%	92.7%	93.1%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	54.1%	74.8%	72.4%	Tending towards variation (negative)

Any additional evidence or comments

There have been no new GP patient survey results since our last inspection so the results do not reflect the improvements the practice has made since that time. In October 2022 the practice leadership team articulated that as the survey results represented 1% of the practice population with a completion of 112 surveys, and felt it was not an accurate description of the whole patient population opinions. However, since then the practice had started to carry out their own patient survey. Forms were available within the practice. A suggestion box has also been introduced. The results from both will be analysed and an action plan devised.

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

Any additional evidence

- The practice had a questionnaire available in the reception area for patients to complete. A suggestion box was also in place.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment / patients were not 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw notice boards in the waiting rooms to include further information of community and advocacy services including carers information and pregnancy support. Notice boards were categorised into elderly people, children and young people, pregnancy and practice information. The practice team had access to a social prescriber and Citizens Advice Bureau staff who worked with the practice and patients to provide advice on community and advocacy services. 	
Source	Feedback
Interviews with patients.	We did not speak with any patients on this occasion.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	81.2%	90.5%	89.9%	Tending towards variation (negative)
Any additional evidence or comments				
There have been no new GP patient survey results since our last inspection so the results do not reflect the improvements the practice has made since that time. In October 2022 the practice leadership team articulated that as the survey results represented 1% of the practice population with a completion of 112 surveys, and felt it was not an accurate description of the whole patient population opinions. However, since then the practice had started to carry out their own patient survey. Forms were available within the practice. A suggestion box has also been introduced. The results from both will be analysed and an action plan devised.				

	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.	378 carers were identified which represents approximately 3% of the practice patient list.
How the practice supported carers (including young carers).	The practice had a carers champion. The carers champion acted as a key point of contact for carers. The practice also codes patients who are carers onto the system to enable letters to be sent for flu reminders and campaigns.
How the practice supported recently bereaved patients.	The practice sent a letter of condolence to family members from the registered GP. The letter includes helplines and advice from the good grief trust organisation.

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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had previously mentioned difficulties with a lack of space available at both sites, but patients who required a private conversation were offered the use of a room. 	

Responsive

Rating: Good

At our previous inspection on 6 October 2022 we rated the practice as inadequate for providing responsive services because services did not always meet patient's needs. At this inspection, we found that those areas previously regarded as inadequate had been significantly improved by the practice and the changes had been embedded throughout the practice and sustained. The practice is therefore now rated good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice provided a summary of the quality of care provided for the local population which reflected our findings on the day. Staff told us most patient appointments were now face to face and although there were challenges to meeting demand at times, they were able to offer patients a full range of appointments at both sites. 	

Practice Opening Times	
Day	Time
Opening times: Carlton Site at Park House Health and Social Care Centre	
Monday to Friday	8am to 6:30pm
Extended hours	Monday, Tuesday and Thursday 6.30pm to 8pm
Opening times: Lowdham Site at Lowdham Medical Centre	
Monday Tuesday and Wednesday	8am to 6:30pm
Thursday	8am to 12:30pm

Friday	8am to 6:30pm
Extended hours	Friday 7am to 8am
Appointments available for both sites :	
Monday to Friday	8am – 9am with nurses 9am – 6pm with nurses and GPs

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 where possible the practice 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.
- Additional nurse appointments were available at 8am to 9am Monday to Friday for school age children so that they did not need to miss school.
- Additional nurse and GP appointments were available 6:30pm to 8pm at the Jubilee Park Medical Partnership on Mondays, Tuesdays and Thursdays for working age people to avoid taking time off work.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence: Use this box to describe any action the practice has taken to improve access	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	24.8%	N/A	52.7%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	35.0%	59.5%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	35.7%	58.5%	55.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	57.0%	74.5%	71.9%	Tending towards variation (negative)

Any additional evidence or comments

- There have been no new GP patient survey results since our last inspection so the results do not reflect the improvements the practice has made since that time. In October 2022 the practice leadership team articulated that as the survey results represented 1% of the practice population with a completion of 112 surveys, and felt it was not an accurate description of the whole patient population opinions. However, since then the practice had started to carry out their own patient survey. Forms were available within the practice. A suggestion box has also been introduced. The results from both will be analysed and an action plan devised.
- Practice management explained and showed us evidence of improvement made at the Lowdham branch site since our previous inspection. At the previous inspection due to ongoing boiler issues there was no hot water or heating there and the branch site stopped some procedures to minimise the risk of infection which in turn impacted on the appointments and treatments the practice could offer. The full range of services had now been reinstated there.
- The practice held urgent appointments at the end of each day for GPs and nurses to see patients with possible infections, elderly and children under the age of two.
- The practice had trialled a new system for appointments since August 2022 following significant negative feedback from patients. The appointment system provided pre-bookable slots for telephone appointments 1, 3, 5, 7 or 14 days ahead. In addition to pre-bookable appointments, urgent same day appointments were available by telephone.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	22
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
<p>A patient attended the practice with ear infection and then went on to develop a urine infection. A Nurse Prescriber advised the patient that there was no need to change antibiotics that patient was taking as this antibiotic would help to clear infection up. The patient's urine infection worsened and they went to the walk-in-centre and were given a different antibiotic.</p>	<p>The nurse prescriber correctly provided advice that the antibiotics could treat a urine infection and provided advice about if the urine infection did not get better or got worse. No further action for practice</p>
<p>A carer of a patient raised concerns regarding treatment they were provided at an appointment for a blood test. A practice nurse attempted to take bloods from the patient, who had a learning disability, but the patient became agitated and unwilling for bloods to be taken and therefore the nurse made decision to stop the procedure. The carer was concerned that this happened and that there was no follow up about when the patient was going to get his review.</p>	<p>The Carer was advised that where the safety of the patient and staff may be compromised that they had to stop the procedure. The carer was asked to provide information about adjustments we could make in the future to help support the patient in having his review. The practice also emailed the Primary Care Liaison Learning Disabilities Nurse to ask if she would be able to provide support to the carer and the patient.</p>

Well-led

Rating: Good

At our previous inspection on 6 October 2022 we rated the practice as inadequate for providing well-led services because leaders could not demonstrate they had the skills and/or capacity to deliver high quality sustainable care. At this inspection, we found that those areas previously regarded as inadequate had been significantly improved by the practice and the changes had been embedded throughout the practice and sustained. The practice is therefore now rated good for providing well-led services.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Since our previous inspection, the practice had filled the gaps that previously existed in both management and clinical leadership. Two practice managers and a deputy practice manager were now in place.• Staff we spoke with said all management and clinical staff were approachable.• Following our last inspection, the practice had addressed areas of concern and made appropriate changes, such as improvements to the Lowdham branch site and improvements to the appointment system and patient monitoring.• Management had oversight to ensure the practice performance and governance systems were in place and monitored effectively to ensure staff were fully supported and patients received safe care and treatment.	

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.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• All staff we spoke with were aware of the practice vision and it was clearly displayed within the practice.• It was evident the practice now had a strong leadership team.• Regular meetings were held for each team (clerical and admin) where actions, improvements and suggestions were openly discussed.	

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 had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff told us they were comfortable about raising concerns and felt management and GPs were approachable. They told us they felt well supported.• Staff were aware of the Freedom to Speak Up Guardian.• Staff training was fully up to date.	

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Governance processes were effective and monitored regularly.• Each manager had key roles to focus on to ensure clear management processes were in place.• Staff were very clear about their role and responsibilities.• A new partnership agreement will be signed later this year and a potential new partner has been identified.	

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.	Y
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.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There were comprehensive assurance systems in place. For example, health and safety concerns were identified and actioned in a timely way.• Performance was appropriately managed and a staff appraisal system was in place and staff received their appraisals when they were due.	

- The practice had a quality improvement plan in place and this was reviewed at management and staff meetings. Since our previous inspection, quality improvement programmes such as audits to drive improvement and quality had resumed.

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.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Data was used to monitor and improve practice performance. • Staff who dealt with correspondence acted on patient information appropriately. The content of patient's clinical notes and letters received from secondary services was monitored. • The practice had a programme of quality improvement audits. 	

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
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice recognised the findings in the latest GP National Patient Survey were now outdated so had commissioned their own practice survey and introduced a suggestion box. Staff were also actively encouraged to raise potential areas for improvement.• Staff we spoke with told us they were involved in the planning and delivery of services. A staff member had raised concerns relating to the appointment system and stated this was positively addressed.	

Continuous improvement and innovation

There was evidence of 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
Explanation of any answers and additional evidence:	
Examples of continuous learning and improvement <ul style="list-style-type: none">• We found the practice had a strong focus on continuous learning and improvement. For example, the significant gaps and weaknesses in processes and arrangements identified at our last inspection had been identified and resolved. This had resulted in improvements being made to deliver learning and continuous improvement in areas such as safeguarding, significant events, medicines managements, patient care, complaints and overall governance of the practice. Staff were up to date with their training.• There was evidence of effective learning and improvement systems were comprehensively evaluated. There was evidence of learning in relation to significant events and patient safety alerts.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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.