

Inspection Evidence Table

Chet Valley Medical Practice

(1-554005493)

Inspection Date: 7 June 2023

Date of data download: 01/06/2023

Overall rating: Requires improvement

At the last inspection published in January 2017 we rated the practice as outstanding because:

- There was a clear strong leadership structure and staff felt engaged, supported and valued by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice had a robust and comprehensive range of governance arrangements that were regularly reviewed to ensure their effectiveness.

At this inspection we rated the practice as requires improvement overall because:

- Prior to this inspection the practice had recognised there were areas of improvement needed and had developed a detailed action plan. The new management team which included a GP lead had worked with the Integrated Care Board to address these shortfalls. This included management of patients prescribed high risk medicines and access.
- The GP leaders had developed more effective leadership and had clinical and management oversight of the progress made against a risk register and action plan. Some of the improvements and new ways of working which had been newly implemented, needed to be further embedded to ensure they were safe, effective and sustained.
- The improved systems had resulted in staff taking on new and additional roles, which had contributed to some low morale.
- The practice had installed a new computer system which has been installed 3 weeks prior to the inspection, staff told us this had increased the levels of stress they were experiencing, and in some areas, there were backlogs of work or staff shortages.
- Patients reported there had been much confusion and difficulty in accessing online appointments and repeat medicines.

Safe

Rating: Requires improvement

At the last inspection published January 2017 we rated the practice as outstanding for providing safe services because:

- The practice prioritised safety, an effective and robust system was embedded for reporting and recording significant events, this included reporting to external agencies such as the National Reporting and Learning System (NRLS).
- The practice reviewed significant events that had happened in the practice and those that had happened in other settings and demonstrated shared learning.
- When things went wrong patients were engaged and received reasonable support, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse. All staff including non-clinical staff were trained to safeguarding level 3 and some GPs were trained to level 4.
- Risks to patients were fully assessed and well managed. Where risks were found or identified through internal or external learning, the practice quickly implemented procedures to reduce the level of risk. The management team produced a development plan and risk register annually to ensure that progress was monitored.

At this inspection, we found the provider had not maintained these outstanding elements. The practice is rated requires improvement for providing safe services because.

- The clinical system, and other systems and processes in place had been newly implemented. Where areas identified in the practice plan had been commenced, they had not had sufficient time to evidence they had made improvements that would be sustained.
- Not all staff had received appropriate training with an appropriate timeframe.
- The practice did not have a wholly effective system for reporting, recording and sharing learning from significant events. When things went wrong not all patients involved were engaged and received reasonable support, relevant information, and a written apology.
- Although the practice and staff told us they had easy access to any clinical advice they needed, the practice did not have a formal system to ensure that clinical supervision and decision making was reviewed, discussed and learning shared with staff members.
- We found areas of concern relating to the dispensary including standard operating procedures that had not been updated, management of repeat medicines and reporting and learning from near misses and significant events.
- The system and process in place to ensure patient safety alerts had not been wholly effective. Whilst we saw, from the records kept and from patient records that some alerts had been managed appropriately, we also found examples where a lack of detail did not

evidence that risks of the medicines prescribed had been discussed with the patients.

Safety systems and processes

The practice had 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.	P ¹
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. Whilst the staff we spoke with were knowledgeable in relation to safeguarding and most staff had received up to date training and in line with their role. The system and process used by the practice to ensure all staff were trained to appropriate levels was not effective. The practice used a training matrix to record and oversee training for all staff. This matrix showed that some staff including clinical staff were overdue safeguarding children and adults training, for example a member of the nursing team last recorded safeguarding children training was November 2017 (level 3 training should be undertaken every 3 years). Although some non-clinical staff had received level 2 training, the matrix showed some were trained to level 1 safeguarding. 	

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

Safety systems and records	Y/N/Partial
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Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: January 2023	Y ¹
There was a fire procedure.	Y
Date of fire risk assessment: June 2022	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence: 1.The practice showed evidence of risk assessments that were routinely undertaken including the management of Legionella. We saw the practice regularly undertook water temperature testing and water testing. Other risk assessments included managing the car park and for the wheelchairs available for use by patients.</p>	

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: May 2023	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
<p>Explanation of any answers and additional evidence: We saw the practice had undertaken regular annual infection prevention and control audits and minutes from meetings showed the actions were discussed with the practice team. Actions that had been taken following this audit included reporting to the estate manager of the property that the underfloor heating had affected the floor adhesive and gaps had appeared in some rooms.</p>	

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	P ¹
There was an effective induction system for temporary staff tailored to their role.	P ²

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.	P ³
<p>Explanation of any answers and additional evidence:</p> <p>1&3 Feedback we received from the GPs, management team and staff, including those we spoke with and those we received completed questionnaires from, told us that the practice was challenged with under staffing. They told us some of this was due to staff retirement or moving to other areas. They told us that some of challenges related to the increase in workload and increased patient demand. The significant numbers of changes implemented for improved patient safety had been implemented at a rapid pace, these had been identified prior to our inspection. Staff told us they worked as a team to cover staffing shortfalls where possible. The practice had an active recruitment programme in place and had been successful in recruiting some new staff both clinical and nonclinical.</p> <p>2 The practice had an induction plan for all new and temporary staff, we saw examples, however, not all were sufficiently role specific to ensure all staff received a formal induction sign off to state they were competent in all areas of the role they were undertaking. We noted from 1 staff induction that fire safety had not been covered although the staff member had been working in the practice for 2 weeks. The practice took immediate action to ensure the staff member had completed fire safety in the physical layout of the building and that it was documented and that they had booked their online fire safety training.</p>	

Information to deliver safe care and treatment.

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	P ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 As part of our inspection and with the practice consent, we used a suite of clinical searches and reviewed some patient records. Although we found most records were of the required standard, we</p>	

found some records did not contain sufficient information to evidence safe diagnosis and decision making. For example, we reviewed 5 patient records of patients with asthma that had been prescribed rescue steroid medicine (for use in emergency). In 2 of the 5 records there was insufficient information such as recording the ability to speak in sentences to evidence safe prescribing of the steroids to indicate the severity of the event. We found several records where the medicines prescribed had not been linked to the patients' conditions.

Appropriate and safe use of medicines

The practice had some 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)	0.84	0.97	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)	10.4%	10.1%	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)	5.96	5.74	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	197.0‰	197.7‰	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)	0.80	0.90	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	10.0‰	12.0‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
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The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	P ¹
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.	P ²
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	P ³
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> <p>1 We found within the clinic rooms, medicines were stored safely. However, in the dispensary medicines were stored appropriately but access was not restricted to authorised staff only. There was no stock control system in operation at the time of our inspection. The practice took immediate action and shared evidence that the security arrangements had been improved.</p> <p>2 The practice did not have a formal recorded process in place to demonstrate the prescribing competence of non-medical prescribers, but there was regular review of their prescribing practice supported by clinical supervision or peer review. Staff we spoke with told us they had open access to GP support whenever they needed it. The practice had undertaken an audit of non-medical prescribers which did not identify any training needs; however, the practice had not shared this learning with the staff involved. We discussed this with the lead GP who had recognised this shortfall</p>	

and had added this to their action plan. They told us they were discussing with staff the appropriate mentors and supervisor roles.

3 For those patients eligible and using the practice dispensing service and following the introduction of a new computer system 3 weeks prior to the inspection, there was not an efficient process for the handling of repeat dispensing of medicines. Although some actions had been identified to try and mitigate the delays in supply such as closing the dispensary for 2 hours at lunchtime, the turnaround time was 7 days. The dispensing staff had received limited training in the new system and could not tell whether the required checks had taken place ahead of supplying repeat medicines. They could also not tell whether they were overissuing medicines to patients, as it wasn't clear how long the repeat prescription was authorised for. The practice had commissioned 2 external experienced colleagues to attend the practice and had requested support from the ICB in addressing the problems within the dispensary.

4 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. Our clinical searches identified.

- 60 patients had been prescribed Methotrexate and 1 patient was overdue. We looked at this record and found the patient had stopped taking the medicine and it was no longer being prescribed.
- 5 patients were prescribed leflunomide and all had received the appropriate monitoring.
- 12 patients had been prescribed Lithium and all had received the appropriate monitoring.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
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.	N ¹
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	P ²
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.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N ³
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
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.	P ⁴
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A

Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	P ⁵
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <p>1&4 The standard operational policies (SOPs) in place to help the dispensing staff with the new system had not been updated to reflect new ways of working following changes in practice after an incident review and the installation of the new clinical system, in particular the procedure for dispensing monitored dose systems.</p> <p>2 Dispensary staff were appropriately trained but due to the pressures of work within the dispensary environment, regular team meetings and supervision had not been taking place recently.</p> <p>3 The practice did not have a stock control system in operation at the time of inspection and staff were unaware of the quantities of medicines held within the practice.</p> <p>5 Dispensary staff recorded significant events and near misses. However, where incidents had occurred and been investigated such as giving the incorrect medicines to patients, there had not been a full disclosure to all the patients involved.</p> <p>We discussed these concerns with the practice who confirmed that external experienced staff and those provided from the ICB medicine and quality team had been engaged to ensure this work was prioritised.</p>	

Track record on safety and lessons learned and improvements made.

The practice system to learn and make improvements when things went wrong had not been appropriately monitored to ensure it was safe and effective.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	P ¹
Staff knew how to identify and report concerns, safety incidents and near misses.	P ²
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.	P ³
Number of events recorded in last 12 months:	21
Number of events that required action:	21
<p>Explanation of any answers and additional evidence:</p> <p>1,2,&3 The practice had a system and process in place to manage significant events. However, during our inspection we identified that not all events however minor were reported, and therefore the practice missed the opportunities to identify risks or undertake theme analysis to prevent future</p>	

events. Staff we spoke with were knowledgeable about the system to report and gave details of some learning outcomes. The practice had limited evidence to show that all events were investigated thoroughly, and action or learning identified was shared with the practice team.

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

Event	Specific action taken
Samples found in wrong tray and had not been sent for testing. One sample had been found several weeks previous and not reported.	Following the discovery of the second sample, the staff member alerted a senior staff member who undertook the investigation. Records were checked to ensure the patients had not come to harm and both patients had had appropriate management despite the sample incident. The practice reviewed the finding and made changes to the holding trays for samples to prevent any further incidents.
Incorrect vaccine administered.	All appropriate action taken to ensure patient would not be at harm and incident discussed with parent/guardian. Nursing team discussed and we saw from minutes that learning was shared to prevent further incidents.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	P ¹
Staff understood how to deal with alerts.	P ²
<p>Explanation of any answers and additional evidence:</p> <p>1,2 The practice system included the practice manager and lead for prescribing GP who both received the safety alerts. They told us information was cascaded to the clinical staff and dispensary and any actions taken however from records we reviewed we could not be assured this was always effective. From our clinic searches we found:</p> <p>26 patients had been prescribed a potassium sparing diuretic and 7 had not had the required monitoring. We looked at 5 records and found 4 patients were overdue monitoring. The practice told us they had a workflow to actively follow up patients and encourage attendance at the practice but did not document this in the patient records. They shared with us a spreadsheet which tracked the performance overall for high-risk medicines and safety alerts, however, this did not identify individual patients.</p> <p>In the dispensary we saw examples of actions being taken following recent alerts however it was unclear how the cascading of information and actions would take place if the practice manager was absent. Following the national recommendation to provide steroid alert cards to patients at risk of adrenal crisis, the practice was unclear on whose responsibility this would be to ensure patients were given the correct information.</p>	

Effective

Rating: Requires improvement

At the last inspection published January 2017 we rated the practice as outstanding for providing effective services because:

- Practice staff assessed needs and delivered care in line with current evidence-based guidance. The practice GPs had several extended skills and experience for example three GPs undertook microsuction for removal of ear wax, enabling patients to have safer and quicker treatment.
- A comprehensive programme of clinical audits demonstrated quality improvement.
- The practice valued and encouraged education for all practice staff giving them the skills, knowledge, and experience to deliver effective care and treatment.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw several examples of positive outcomes for patients, for example, we saw joint working of GPs, a mental health link worker and care home staff to ensure that a patient with complex needs was appropriately seen and their treatment managed.
- The practice used proactive methods to improve patient outcomes. For example, the practice had worked extensively on producing effective admission avoidance processes. These had been shared with other practices.
- The practice worked proactively to ensure that patients on their learning disability register received their annual health reviews. The practice had been asked to share its processes surrounding learning disability reviews with the CCG so that other practices can use them to improve their review rates.

At this inspection, we found that some of the areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. Whilst we found the provider had maintained some of this good practice, the threshold to achieve an outstanding rating had not been reached. During this inspection we identified some areas of concern. The practice is therefore now rated requires improvement for providing effective services because.

- The new clinical system, and processes in place had been newly implemented. Where improvements had been made prior to the inspection and identified in the practice plan, there had not been sufficient time to evidence they were effective.
- Whilst we did identify that clinical staff were up to date with current guidelines, the practice did not have an effective system in place to evidence this.
- The system and process in place to ensure patients received follow up and reviews had been newly implemented and had not yet been wholly effective.

- The practice had recently reintroduced a formal approach to managing quality of services delivered and had increased the use of clinical audits and quality checks.
- The practice did not have a formal approach to documenting competency checks of staff to ensure they carried out their roles effectively.

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 not always assessed, and care and treatment was not always 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.	P ¹
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	P ²
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	P ³
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	P ⁴
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.	P ⁵
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
Explanation of any answers and additional evidence: 1 The practice told us clinical staff kept up to date with current evidence-based medicine and they discussed this at practice meetings. Although we saw entries in the minutes of meetings, they did not contain sufficient detail to be clear about the information to ensure anyone not at the meeting was fully informed of the discussions and actions. The practice did not have a clear process for ongoing monitoring of any changes to guidance to ensure all staff considered the most updated information.	

2,3,4&5. Whilst we found examples of patients' needs being fully assessed, we found examples where the patient was not followed up in the appropriate time frame and the documentation within the clinical records did not contain sufficient detail to evidence the decision making and prescribing of medicines. For example, patients prescribed rescue steroid treatment. The practice took immediate action to ensure all patients who required a steroid card had one issued.

Effective care for the practice population

Findings

- Those identified received a full assessment of their physical, mental and social needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had offered checks to the 2000 patients who were eligible and had completed 366 (18%).
- All patients with a learning disability were offered an annual health check. The practice had 72 patients with a learning disability and 68% of these patients had received an annual review. The practice had identified a clinical lead to ensure all patients received a review. The practice worked with the community team to ensure patients were supported.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice continued to offer microsuction for the safe management of aural care.

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. From our review of some patients records we found the practice had undertaken annual reviews of patients with long term conditions via telephone consultations and online information. The practice told us reviews were now being undertaken during face-to-face appointments and a new recall system was in place to ensure the patients were seen in the

least number of appointments as possible. The practice recognised there was a back log but were confident that the clinical team now had the right skill mix to address any backlogs.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- From our review of some patient records, we found GPs did not always follow up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma within an appropriate timeframe.
- Our clinical searches identified 17 out of 375 diagnosed with hypothyroidism had not been fully monitored for 18 months. We reviewed 3 records and found 2 of these patients had not received full monitoring of blood tests. We saw that in all 3 cases the practice had contacted the patients at different times, however the practice did not have a system to reduce medicine supply to the patient to encourage attendance for blood testing.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, our clinical searches identified 8 patients with a potential missed diagnosis of diabetes. We reviewed 5 of these records and found 1 of these 5 patients had not been coded as pre diabetic and therefore not monitored in a timely way. The other 4 patients all required an annual review. The practice took immediate action and reviewed all these patients.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

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)	89	93	95.7%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	51	53	96.2%	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)	51	53	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	51	53	96.2%	Met 95% WHO based target

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)	102	104	98.1%	Met 95% WHO based target
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments
The practice had a proactive approach to encouraging parents/guardians to bring their children for immunisations. The clinical team would speak with any parent/guardian who may have any concerns or needed more information.

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)	78.9%	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)	79.5%	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). (31/12/2022 to 31/12/2022) (UKHSA)	82.1%	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) (01/04/2021 to 31/03/2022) (UKHSA)	58.2%	54.4%	54.9%	No statistical variation

Any additional evidence or comments
The practice and nursing team were proactive in contacting and making appointments available for patients to attend any cancer screening appointments.

Monitoring care and treatment

The practice had a limited 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.	P ¹
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	P ²
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice recognised that because of the COVID-19 pandemic and challenges with staffing levels, they did not have the extensive programme of audits they had in the past. They continued to undertake some audits and routine checks of quality. For example, regular checks on patient workflow and coding of records. Other searches and audits included those that had been recently reinstated for monitoring patients taking high risk medicines and for review of consultation notes of non-medical prescribers.</p> <p>Other quality improvements included a review of all minor surgery procedures to ensure there were no patients experiencing post operation wound infection. The audit for April 2022 to March 2023 showed 30 patients had received minor surgery at the practice and none had any post-operative wound infections.</p>	

Effective staffing

The practice was not able to fully 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 ¹
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.	P ²
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:

1. We found staff did have the skills and knowledge to deliver effective care and treatment. We noted that some staff were overdue refresher training in areas such as safeguarding and fire safety.
2. Staff we spoke with told us they had easy access to GPs and senior staff when required. The practice had recently implemented systems and processes to monitor and have clinical oversight of the performance of staff to identify any training needs. These had been newly implemented and the results had not as yet been fully discussed with the staff involved. The evidence shown to us by the provider did not identify any poor performance of clinical staff.

The practice had not been able to fully evidence that all staff who worked in the dispensary had been assessed as competent to undertake their roles. Due to the implementation of the new computer system, staff members told us they did not feel equipped to undertake the work competently. The practice told us they had engaged with external support to address this issue.

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

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.	Y
Explanation of any answers and additional evidence. Our review of DNACPR records showed clinical staff involved the patient/relative and carers when recording the decision of patients in respect of their care and wishes. Representatives from care homes we spoke with confirmed this.	

Caring

Rating: Good

At our last inspection published January 2017 we rated the practice as outstanding for providing caring services because.

- Data from the national GP patient survey July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- The practice had been proactive and had initiated several services not usually available in primary to be offered from the practice.
- When funding for NHS podiatry services was removed, the practice recognised because of their rural position, older and less mobile patients, who relied on social foot care (nail clipping), may not have access to a service. This could lead to more complex foot problems and have a negative on patient's mobility. The practice offered a room for private podiatrist to use enabling those patients, who wanted, access to foot care without the need to travel and in surroundings they were familiar with.
- Information for patients about the services available was easy to understand and accessible.
- We saw many examples of how practice staff treated patients with kindness and respect and maintained patient and information confidentiality.

- The practice looked after patients in various care homes including those with complex needs. Regular visits were undertaken to ensure proactive as well as reactive care was provided.
- The practice had identified 166 patients as carers (2% of the practice list).
- The GPs ensured continuity of care for patients who were at the end of their lives or in complex situations, this included making their personal contact numbers available to the out of hours service. The practice team were aware of carers and their time constraints. The practice told us that they ensured sufficient stocks of medicines and continence supplies were available in the dispensary to avoid carers making multi trips to the practice. Appointments were made at times convenient for them, either for their own needs or for those they cared for.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. Whilst we found the provider had maintained some of this good practise, the threshold to achieve an outstanding rating had not been reached.

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 both positive and negative 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

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)	93.0%	86.4%	84.7%	Tending towards variation (positive)
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)	92.1%	85.8%	83.5%	No statistical variation

The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	96.3%	94.5%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	87.4%	75.7%	72.4%	Tending towards variation (positive)

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

Any additional evidence

The practice had not undertaken their own patient survey but had reviewed the data from the national GP patient survey. They had compared the results to the year before and identified where any results were lower. They told us they used information gathered from feedback and complaints from patients and also from staff about lower patient satisfaction with access. In particular the higher number of patients with lower satisfaction in relation to difficulties with accessing face to face appointments with clinical staff.

Following the reviews, the practice had increased the number of face-to-face appointments and looked in the delays in answering the telephones. The practice was in the process of changing telephone systems and increasing staffing levels to address some of the issues.

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Patients from whom we received feedback.	During the period of 30 May 2023 and 8 June 2023 we received 345 comments from patients. We undertook detailed analysis of a sample of 60 these and the comments received were aligned, where possible to the National GP Patient survey questions. From this sample we found

NHS.uk website (formerly NHS Choices)	<p>50% patients report a wholly good experience. 17% patients report a wholly bad experience. 33% reported both good and bad experience.</p> <p>Many of the comments we reviewed stated they found staff including nurses, reception and dispensary staff were friendly and caring. Negative comments related to patients finding staff less caring when trying to access appointments. Some patients reported hearing staff members speaking about other people rudely. Comments reflected the poor satisfaction of patient since the introduction of the new clinical system.</p> <p>There are 2 comments on NHS choices, 1 rating the practice 5 stars and 1 rating the practice 1 star. One comment relates to unhelpful staff.</p>
Healthwatch Norfolk	<p>Since June 2022 there have been 14 comments posted on Healthwatch Norfolk site. The ratings given to the practice vary and there are mixed positive and negative comments. Nine comments rated the practice 5 stars, 1, 2, and 4 stars received one comment each and 3 stars received 2 comments. Comments included that staff were helpful and access was good, other comments reflected unhelpful staff and poor access.</p>
Representatives from care homes	<p>Representatives from care homes we received feedback from, told us that they always received caring services from the practice and staff.</p>

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who 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)	95.1%	92.0%	89.9%	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
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Carers	Narrative
Percentage and number of carers identified.	The practice had 242 (2.6%) patients registered as carers. Of these 5 were young carers.
How the practice supported carers (including young carers).	The practice had information easily available to support carers, including leaflets and links on their website.
How the practice supported recently bereaved patients.	The practice sent cards to bereaved patients and GPs contacted and saw any patients to support them through this difficult time.

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

Responsive

Rating: Requires improvement.

At our last inspection published January 2017 we rated the practice as outstanding for providing responsive services because.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice referred patients to Clinks Care Farm, an initiative that patients diagnosed with mild to moderate mental health problems can attend.
- The practice worked closely with the farm to ensure that information was shared, and GPs maximised the opportunity of learning from this project and regularly attended with GP trainees and medical students. Patients said they were able make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice ensured that the out of hours providers held the GP home contact numbers and could contact them if needed for patients at the end of their lives or in a crisis.
- Data from the National GP Patient Survey published in July 2016 showed that 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever vaccination centre.
- Additional services such as anticoagulation (INR) monitoring were undertaken at the practice, ensuring that patients received easy access for safe monitoring of their high-risk medicine.

- Health promotion was a priority for the practice, a health trainer regularly attended the practice to encourage and motivate patients to improve their lifestyle. The practice worked with the local community gym to encourage patients to increase their physical activities.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. Whilst we found the provider had maintained some of this good practise, the threshold to achieve an outstanding rating had not been reached. During this inspection we identified other areas of concern, and the practice is now rated as requires improvement for responsive services.

Responding to and meeting people’s needs
Services did not always meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	P1
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	P2
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: 1&2 We found the practice had undertaken a review of their services and the demands of patients. The practice told us they had been challenged with a shortfall in clinical staff and had been challenged to offer the range of appointments and times required. Over recent months they had increased the clinical staffing and had introduced more face-to-face appointments both for the GPs and the nursing team. The installation of the new computer system had affected this, but the practice was confident once the system was fully implemented, they would be providing a better range of appointments for patients to access the practice easily.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm

Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available at various times throughout the day and depending on clinical assessment.	

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Nurse appointments were flexible and available for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day either telephone or face to face appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were not always 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.	P ¹
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	P ²
Patients were able to make appointments in a way which met their needs.	P ³
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).	P ⁴
Explanation of any answers and additional evidence: 1,2,3&4	

The results of the GP patient survey data showed a higher percentage of patients than the national average were satisfied with the access to the practice.

During the period of 30 May 2023 and 8 June 2023 we received 345 comments from patients. We undertook detailed analysis of a sample of 60 of these and the comments received were aligned, where possible to the National GP Patient survey questions. From this sample we found a mixed response to access. Some patients reported they gained easy access to the right appointment whilst others reflected, they would have preferred a face-to-face appointment but received a telephone consultation instead. There was a mixed reflection on booking follow up and on-going appointments. Some patients found they were able to book in advance whilst others reported that staff were not always helpful in helping them achieve this. A higher proportion of patients reflected long waits on the telephone and frustration once they did get through with no appointments being available.

We spoke with the practice and staff who told us they had recognised that patient satisfaction was low, and they had recently reviewed and amended the provision of appointments including face to face appointments for annual reviews and follow ups. Whilst these changes were in place, the installation of the new computer system had caused difficulties for patients to book online appointments and had therefore increased the pressure on the telephone system.

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)	85.4%	N/A	52.7%	Significant variation (positive)
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)	72.6%	61.7%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	67.3%	59.8%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	81.1%	77.0%	71.9%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There are 2 comments on NHS choices, 1 rating the practice 5 stars and 1 rating the practice 1 star.
Health Watch Norfolk	Since June 2022 there have been 14 comments posted on Healthwatch Norfolk site. The ratings given to the practice vary and there are mixed positive and negative comments. Nine comments rated the practice 5 stars, 1, 2, and 4 stars received one comment each and 3 stars received 2 comments. Comments included that staff were helpful and access was good, other comments reflected unhelpful staff and poor access.
Feedback from care home representatives	We spoke with representative from care home that the practice provided services to, they all reflected good responsive service from the staff including that for end-of-life care.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	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.	P ¹
<p>Explanation of any answers and additional evidence.</p> <p>1 Whilst we saw the practice had a documented approach to some complaints, we found the practice did not record verbal complaints or feedback. Staff told us they would speak with patients and resolve any concerns at the time but did not document these. We found the minutes from meetings where complaints were discussed did not contain sufficient detail to be assured that all staff who were not present at the meeting would benefit from the shared learning. We noted that the practice had improved their complaints procedure and learning on their action plan but had not, at the time of the inspection, started the improvements as this was deemed a lower risk than some of the other risks identified. The practice was aware of the increase in poor patient satisfaction as a result of the new computer system and telephone wait times.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient thought was seeing a GP but saw another clinical team member instead.	Patient was spoken with, and apology given that the team had not been clear on the clinician that had been booked.
Patient complaint re telephone system	Patient given apology and practice explained there had been a fault which had now been resolved.

Well-led

Rating: Requires improvement

At our last inspection we rated the practice as outstanding because

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff had been engaged in the development of and were clear about the vision and their responsibilities in relation to it. The practice staff had written a motto which reflected their aims and ethos; this was displayed on the staff notice boards.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by management. When designing their premises, the partners were forward thinking and demonstrated innovation for the provision of health in the future.
- Services such as microsuction had been available in the practice for many years and now available to other practices.
- Robust clinically and management led governance arrangements had been embedded, proactively reviewed and took account of current models of best practice.
- The development of additional service provision was actively managed, enabling patients' easy access to services not usually provided in primary care.
- The GPs within the practice maximised the specialist skills and interest to the benefit of the patients. The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action and learning took place.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice actively engaged with the patient participation group (PPG) to promote healthcare for the practice and wider population. The practice responded to suggestions made by the PPG and implemented improvements accordingly.
- There was a strong focus on continuous learning and improvement at all levels.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. Whilst we found the provider had maintained some of this good practice, the threshold to achieve an outstanding rating had not been reached. During this inspection we identified areas of concern, and the practice is therefore now rated

requires improvement for providing caring services because.

- Whilst the practice had recognised areas of concern and had an action plan with regular monitoring in place, most of the improvements had been newly implemented and needed further embedding to ensure they were safe, effective and sustained.
- We saw the clinical leadership had been improved and a new management structure was in place, however, not all staff who had responsibilities for service delivery or supporting staff had been engaged in the developments.
- The practice had implemented a new computer system and whilst we noted that the practice had been compromised by the shortfall in training delivered by the external company, staff reflected they did not feel fully supported by the management team.

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care. We noted this leadership had been improved since December 2022 following changes in the clinical management of the practice.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y ¹
They had identified the actions necessary to address these challenges.	Y ²
Staff reported that leaders were visible and approachable.	P ³
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence: 1,2&3 Following a change in the clinical and management team since December 2022 the practice had introduced a management team with a GP partner lead. All partners had lead areas and had developed new ways of working in the practice to identify areas that needed improving. In addition, following a significant event, the practice had developed a detailed action plan and gained support from the local Integrated Care Board to gain advice and support. Some staff members told us whilst they worked as a team to implement and make the changes, they found that sometimes they were not as involved in the development of the changes. Some staff told us they found it more difficult to speak to the leaders whilst others reported they felt able to share their ideas and concerns. We spoke with the leaders who reflected on the feedback. They told us they recognised that there had been many changes to make and had implemented quickly to mitigate risks to patients but accepted this may have excluded some staff involvement. They told us the installation of the clinical system had not been a positive experience and had been made less positive as the external trainers had failed to deliver the training that had been booked.</p>	

Vision and strategy

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

quality sustainable care however, many of the actions were newly implemented or still to be actioned.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	P ¹
Staff knew and understood the vision, values and strategy and their role in achieving them.	P ²
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: 1&2 Some staff told us they had not been as involved in developing the strategy and vision as they would have liked. All staff told us they enjoyed working at the practice and were working with the leaders to understand the new ways of working implemented to ensure safe and effective services were delivered to all patients.	

Culture

The practice culture had been improved to effectively support 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.	P ¹
There was a strong emphasis on the safety and well-being of staff.	P ²
There were systems to ensure compliance with the requirements of the duty of candour.	P ³
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	P ⁴
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: 1&2 Some staff told us they were able to raise concerns, but other staff reported they did not feel they would be listened to, or any action would be taken. Most staff reflected that the changes had impacted on their workloads and changes to staff roles had resulted in shortages in other areas such as reception. We discussed this with the leaders, they explained they were recruiting additional staff to address the shortfalls as they were keen for staff to work in an environment which was safe and effective for patients and staff.	

3 Where some significant events had been reported we found not all the patients involved had been made fully aware of the error.

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

Source	Feedback
Staff feedback	<p>Very proud of the team and the work and service we have delivered despite the COVID-19 pandemic, the increase of patient demand and the new computer system.</p> <p>Staff reported they were proud to work with their colleagues and recognised the pressures of management change and the new computer system had not always had a positive effect.</p>

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management had recently been developed.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	P ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1. Not all staff were clear about the newly implemented roles and responsibility. They told us the development of the detailed action plan and new management structure needed further embedding to be clear to all staff.</p>	

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

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

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
Explanation of any answers and additional evidence: Following a change in the clinical and management team since December 2022 the practice had introduced a management team with a GP partner lead. All partners had lead areas and had developed new ways of working in the practice to identify areas that needed improving. In addition, following a significant event, the practice had developed a detailed action plan and gained support from the local integrated Care Board (ICB) to gain advice and support. This action plan was regularly reviewed by joint meetings between the practice and the ICB.	

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
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
We spoke with members of the PPG who told us the practice had been active in re engaging and meeting with members to ensure patient feedback was obtained. The members told us the practice shared information and areas where they needed to improve. They also reflected that the practice listened to them. The PPG members told us that they knew some patients were struggling with access and reported patients had found the implementation of the new computer system had not gone well. They told us further meetings were booked and that management involvement was received from the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y ¹
Learning was shared effectively and used to make improvements.	P ²

Explanation of any answers and additional evidence:

There was evidence of continuous learning and staff told us they were supported in development and opportunities to undertake new roles. We noted that the practice was undergoing significant system and process changes to mitigate the risks identified through the new clinical leadership team and from the learning from a significant event.

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.