

# Care Quality Commission

## Inspection Evidence Table

### Parkside Medical Centre (1-551046954)

Inspection date: 29 September 2022

Date of data download: 16 September 2022

## Overall rating: Requires Improvement

At our previous inspection, we rated Parkside Medical Centre as good overall.

At this inspection, we have rated the practice as requires improvement overall. This is because:

Systems and processes to manage risks and keep patients safe and protected from avoidable harm were not always effective. For example in relation to sepsis awareness and safeguarding training, fire procedures, acting on safety alerts and making sure in-date emergency equipment was available.

There were repeat breaches of the regulations from the last inspection. For example, there continued to be gaps in the required monitoring for patients prescribed high-risk medicines and reviews of patients with long-term conditions, and further improvements were needed in the monitoring of staff immunisations.

The practice had met the minimum targets and exceeded some national targets for giving childhood immunisations.

However, patients did not always receive effective care and treatment that met their needs and in a way that kept them safe and protected from avoidable harm. For example with regards to staff appraisals, records relating to do not attempt cardio pulmonary resuscitation (DNACPR) decisions and shared care, and uptake of cervical screening.

Feedback from patients was negative about the way staff treated people and involved them in decisions about their care. Results from the National GP Patient Survey were below the local and national averages and there was no clear plan to address these.

Although the practice supported patients to live healthier lives, systems for identifying and supporting carers required strengthening.

Governance and performance monitoring systems required strengthening. For example about the practice's plans to manage backlogs of activity, and the practice's engagement with patients and the public to find out their views and act on this to make improvements.

There was compassionate leadership and a supportive culture in the practice.

# Safe

## Rating: Requires Improvement

At our previous inspection in September 2021, we rated the practice as requires improvement for providing safe services. This was because we identified a lack of systems and processes to reduce risks to patients and staff. These included ongoing checks to make sure that clinical staff were registered and oversight of staff immunisations. Not all patients prescribed high-risk medicines had had the monitoring required and there were delays in medicines reviews.

We have continued to rate the practice as requires improvement for providing safe services. This is because the practice had taken steps to reduce risks to patients and staff however some risks remained and some new risks were identified. For example:

- oversight of staff immunisations required further strengthening
- there continued to be gaps in the required monitoring for patients prescribed high-risk medicines
- the practice had not always responded to safety alerts to protect all patients from harm
- not all staff were up-to-date with the practice's training requirements, such as in sepsis awareness and safeguarding
- not all staff had a clear understanding of the procedure if there is a fire.

### Safety systems and processes

**The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial <sup>1</sup>
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes <sup>2</sup>
Explanation of any answers and additional evidence:	
There was a lead for safeguarding in the practice and staff were clear who this was.	
The practice's policies and procedures for raising safeguarding concerns were kept up-to-date.	
Clinical staff we spoke with described recent safeguarding concerns and how they had responded to them appropriately.	
<sup>1</sup> Training records provided for this inspection showed that, out of the 25 members of staff at the practice:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• training in safeguarding adults for 1 member of clinical staff had recently expired</li> <li>• training in safeguarding children for 2 clinical staff was overdue</li> <li>• 2 new members of staff had not completed safeguarding training.</li> </ul> <p>The practice was aware of this and were waiting for training to become available. All other staff had been trained to an appropriate level in both safeguarding children and in safeguarding adults.</p> <p>In addition, the practice requested all staff to complete training in preventing radicalisation. Radicalisation is when a person starts to believe or support extreme views and can sometimes lead to participation in terrorist groups or acts of terrorism. All staff had done this training, except for 1 new member of staff.</p> <p>The practice regularly reviewed and updated the register they held for their most vulnerable patients, which included children and adults where safeguarding concerns had been identified.</p> <p><sup>2</sup> The practice discussed patients on the register at a multidisciplinary team meeting held every 3 months. These meetings allowed staff to share information to protect patients from abuse.</p> <p>The practice had identified challenges in getting information from other services, for example social services, and the meetings were attended mostly by staff from the practice. However, health visitors were invited to the meetings and the practice had recently extended the invitation to palliative care nurses from a local hospice.</p> <p>The practice liaised with other services when needed to support safe care for patients.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes <sup>1</sup>
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p>We looked at the staff files for 3 members of staff.</p> <p><sup>1</sup> Two of these members of staff had started working at the practice since our last inspection. Recruitment checks had been completed in line with regulations to ensure that these 2 members of staff were suitable for their roles.</p> <p>Disclosure and Barring Service (DBS) checks had been carried out for all 3 members of staff. DBS checks identify whether a person has a criminal record or is on an official list of people who should not work in roles where they may have contact with children or adults who may be vulnerable. These checks help to protect other staff and people who use the service from abuse.</p> <p><sup>2</sup> At our last inspection in 2021, we found that the records for some members of staff did not show that the staff member had had all vaccinations recommended by the UK Health and Security Agency (UKHSA).</p>	

For this inspection, the practice acknowledged that there were gaps in knowing the immunisation status for some staff who had worked at the practice for some time. As a precaution, staff had been given appropriate guidance to protect both themselves and people using the service. The staff files for the 2 new members of staff both contained records of their vaccinations.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2022	Yes
There was a fire procedure. Date of fire risk assessment: 31 August 2021	Yes
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence:	
The practice's fire risk assessment stated that it should be reviewed each year. The risk assessment was due to be reviewed in August 2022. The practice had booked an external company to review the risk assessment in October 2022.	
There was regular testing and servicing of fire safety equipment.	
The practice had carried out 3 fire drills since our last inspection. The most recent was in September 2022. Leaders had identified learning and areas for improvement. These were to be shared with staff at the next practice meeting in October 2022.	
Records we reviewed showed that 4 out of the 25 staff at the practice had either not completed fire safety training or the training was overdue.	
A variety of staff told us that there were fire wardens and marshals for the practice. However, we found that they were not aware who held the various roles.	
There were systems to ensure that electrical equipment was regularly tested and medical equipment regularly calibrated. It is important that equipment is calibrated to ensure that it provides correct readings to ensure patients receive appropriate treatment.	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

There was an infection prevention and control (IPC) lead for the practice.

They carried out a thorough programme of IPC audits each year. Each audit focused on a different aspect of IPC. The practice also did a spot check of a clinical room each week.

The practice responded to issues identified by the audits, such as:

- All staff, apart from 1 new member of staff, had completed training in hand hygiene.
- The IPC lead made a training video showing staff what to do if there is a spillage of a clinical specimen.
- The practice were planning for all staff to do additional training about sepsis awareness. Sepsis, sometimes called blood poisoning, happens when your body overreacts to an infection and starts to damage itself. Symptoms can be difficult to spot and sepsis can be life-threatening. Therefore, it is important that staff can recognise and act on symptoms. At the time of our inspection, some staff told us that they had not yet had this training.

During our site visit we saw the practice was clean and tidy.

The practice were planning to work with the external company who cleaned all areas of the practice to make sure that cleaning records were completed fully, accurately and consistently.

Staff from the practice and from the cleaning company used a message book to share information. Staff initialed when messages had been read and when any actions had been taken. Staff from the cleaning company were also involved in the practice's IPC audits.

A risk assessment for Legionnaire's disease had been completed and there were arrangements for regular testing for Legionella bacteria. Legionella bacteria can be found in water systems. If these bacteria are breathed in, it can lead to Legionnaire's disease. This is a serious type of lung infection which can be fatal.

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence:	

Staff told us it was helpful having a 'Duty Doctor' working in the reception area each morning. Benefits included:

- easier for reception staff to discuss more complex queries from patients
- teamworking across all parts of the practice
- a better understanding of each other's roles and the challenges staff encountered.

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

### The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation.

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.56	0.81	0.82	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	8.3%	8.8%	8.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.44	5.52	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	115.2‰	99.7‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.34	0.71	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	6.8‰	6.9‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial <sup>1</sup>
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A



Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes <sup>2</sup>
<p data-bbox="57 674 1535 730">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 752 1535 898"><sup>1</sup> At our last inspection in August 2021, we found that not all patients had received the necessary monitoring to ensure that it was safe to continue to prescribe specific medicines for them and that the dose prescribed was suitable. This included patients prescribed high-risk medicines where specific and frequent monitoring is required.</p> <p data-bbox="57 931 1535 1043">For this inspection, we ran searches of the clinical system to identify patients prescribed various high-risk medicines. There was not always evidence that the prescriber had checked that the required monitoring was up-to-date before issuing prescriptions. For example:</p> <ul data-bbox="105 1043 1535 1637" style="list-style-type: none"> <li data-bbox="105 1043 1535 1335">• 56 patients were prescribed disease modifying antirheumatic drugs (DMARDs). These are medicines used to calm and control the body's immune system to stop or slow the disease process in inflammatory types of arthritis such as rheumatoid arthritis. We looked at the records for 12 of these patients. For 7 patients there was no evidence that the prescriber had checked the required monitoring was up-to-date before issuing prescriptions. The monitoring for 1 of the patients and some of the monitoring for another patient was overdue. There was a recall system in place. The practice planned to contact the 2 patients whose monitoring was overdue in response to our feedback.</li> <li data-bbox="105 1335 1535 1637">• 50 of the 247 patients registered at the practice who were prescribed a direct acting oral anticoagulant (DOAC) medicine had not had the recommended monitoring to ensure that it was safe to continue to prescribe the medicine and that the dose prescribed was suitable. These medicines are used to help prevent blood clots forming in people who are at high risk of developing them. Blood clots can lead to serious conditions such as strokes and heart attacks. We looked at the records for 5 of these patients. There was no evidence that the prescriber had checked the monitoring was up-to-date before issuing the prescription for all 5 patients. The monitoring for 3 of the patients was overdue.</li> </ul> <p data-bbox="57 1671 1535 1816"><sup>2</sup> Some medicines, for example vaccines, need to be stored in a fridge to make sure they remain safe and effective to use. The practice recorded the temperatures of the fridges used to store medicines twice each working day. At least 1 of these checks was done by a registered clinical member of staff. This was to make sure that the 'cold chain' was not broken and the medicines were stored correctly.</p> <p data-bbox="57 1850 1535 2004">However, we saw that vaccines filled the space in the fridge and the packets were not kept away from the sides and back wall of the fridge, in line with guidance from Public Health England. This is so that air can circulate inside the fridge and stop the vaccines from freezing, which would make them inactive and unusable. The practice told us that this was because they had had an unexpected delivery of vaccines</p>	



Medicines management	Y/N/Partial
<p>on the day of our inspection. The practice had also recently started to use an additional smaller fridge, knowing that more space was needed to store vaccines at this time of the year.</p> <p>Records showed checks of the emergency medicines and equipment, including oxygen and the defibrillator, were carried out every working day.</p> <p>However, the systems the practice had to ensure that the medicines and equipment were safe and available for use when needed was not effective. We found although the emergency medicines were all in date, the disposable syringes used to give the medicines had gone past their expiry dates.</p>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>Clinicians discussed complex cases and queries, including significant events and learning events, informally during daily coffee breaks.</p>	

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

Event	Specific action taken
<p>Ongoing challenges with ensuring patients who are housebound or live in a care setting had blood tests when they were needed.</p> <p>These included blood tests to check the correct dose of blood thinning medicine was prescribed.</p>	<p>Staff at the practice discussed the incident informally, at a clinical meeting and at a practice meeting.</p> <p>The practice attempted to contact the district nursing team to discuss how they could work together to make sure this group of patients have blood tests when they are needed.</p> <p>Reception staff at the practice were involved with discussions about how the processes involved could be made better.</p>

	<p>A new protocol was agreed and a flow chart was created to help staff to follow the new process.</p> <p>The relevant clinical and non-clinical staff at the practice were trained in using the new system.</p> <p>The practice had not yet evaluated the new system.</p>
Repeat prescriptions needing a review by a GP had been issued before a GP had reviewed them.	<p>The learning event was discussed at a clinical meeting and was shared with staff through the practice's staff newsletter.</p> <p>Staff identified that:</p> <p>It was easy to miss that the prescription had not been through the practice's checking processes.</p> <p>The system that prevented prescriptions from being issued worked when prescription requests were received electronically but not when requests were received verbally.</p> <p>The delay in GPs reviewing letters from other services, because of high workloads, had resulted in more patients contacting the practice to ask about their prescriptions.</p> <p>The practice planned to try a different process using a 'dummy' patient on the clinical system.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a system for recording and acting on safety alerts. However, the practice had not always responded to safety alerts given by the Medicines and Healthcare Products Regulatory Agency (MHRA) to protect patients affected by them.</p> <p>MHRA issued a safety alert in 2014 about the risk of heart complications in patients aged over 65 who took higher doses of Citalopram. Citalopram is a medicine used to treat low mood, depression or anxiety. MHRA advised that these patients should not have more than 20mg of Citalopram a day.</p> <p>We identified 4 patients over the age of 65 who were prescribed 40mg of Citalopram a day. Although 2 of these patients had just turned 65, there was no evidence in the records for 2 of the patients that the risk had been identified. There was no evidence in the records for 3 of the patients that the risk had been discussed with them.</p>	

The practice planned to run their own searches of the clinical system to identify patients who may be at risk.

## Effective

## Rating: Requires Improvement

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

At our previous inspection in September 2021, we rated the provider as good for providing effective services. However, we rated the population group 'people with long-term conditions' as requires improvement.

At this inspection, we have rated the practice as requiring improvement for providing effective care and treatment. This is because patients did not always receive effective care and treatment that met their needs in a way that kept them safe and protected from avoidable harm. For example:

- not all patients with long-term conditions had received appropriate reviews
- not all staff had had an appraisal in line with the practice's policy
- records relating to do not attempt cardio pulmonary resuscitation (DNACPR) decisions did not always contain adequate information
- cervical screening uptake was below the national target
- shared care documentation required strengthening.

However, the practice had met the minimum targets and exceeded some national targets for giving childhood immunisations, and the practice helped patients to live healthier lives.

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing	Partial <sup>1</sup>
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated	Partial <sup>2</sup>
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

The practice prioritised care for their most clinically vulnerable patients.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><sup>1</sup> We looked at the records for 4 patients who had been prescribed a high number of benzodiazepine medicines or 'Z drugs'. These are medicines used to help sleep or lower anxiety. They need to be used carefully because a person's body can change to tolerate them, creating a dependency on the medicine. All 4 patients had had a medicine review in the last year in line with national guidance.</p> <p>At our last inspection, the practice had not identified all patients with commonly undiagnosed conditions, for example diabetes and high blood pressure. We looked at the records for 5 patients who had a possible diagnosis of diabetes. The practice had not followed-up any of these patients.</p> <p>For this inspection, we identified:</p> <ul style="list-style-type: none"> <li>• 2 patients who had possibly undiagnosed diabetes. These patients had not had the diagnosis of diabetes added to their records correctly. There was no evidence that either patient had had the appropriate monitoring and reviews. The practice ran a search of the clinical system every year to identify patients who may have possibly undiagnosed diabetes.</li> <li>• 3 patients who may have advanced chronic kidney disease. For 2 of the patients, the blood tests used to make the diagnosis had been taken 3 to 4 years ago. However, the practice had added the diagnosis to these patients' records in September 2022. There was no evidence that any of the 3 patients had been informed about the diagnosis nor had received further investigations. However, all 3 patients were prescribed appropriate treatment. There was no record that 2 of the patients had received a review in line with national guidance.</li> </ul> <p><sup>2</sup> At our last inspection, reviews for patients taking medicines given on repeat prescriptions were overdue. The practice told us that they were working to complete these medicines reviews.</p> <p>For this inspection, we looked at records for 5 patients. The practice had completed medicines reviews for all 5 patients within the last 3 months. However, there was no evidence that the person completing the medicines review for 4 of the patients had checked that the patient had received the necessary monitoring in line with national guidance. The monitoring for 2 of the 4 patients was overdue. The practice told us that they had prioritised medicines reviews for patients at higher risk and the clinical pharmacist had time to do the more complex reviews.</p>	

## Effective care for the practice population

### Findings

The practice held a register of patients living in circumstances which may make them vulnerable. This included:

- those with no fixed abode, such as homeless people and Travellers
- carers
- people with mental health needs
- those who were having treatment from other services, for example the substance misuse team
- people with a learning disability.

A GP at the practice worked with others to provide services for homeless people.

The practice assessed and monitored the physical health needs of patients with mental ill-health.

The practice had returned to offering patients with a learning disability an annual health check with a GP. The practice adjusted how they provided services to meet the needs of patients with a learning disability. For example:

- offering appointments at times when the practice was less busy or at a time to suit the patient
- providing the option of waiting in a quiet room away from the main waiting area
- offering easy-read information to support patients to understand information given.

Alerts could be added to patients' records to let staff know and suggest ways to help the person, for example if a home visit was needed.

Clinicians had the flexibility to provide appointments with enough time to address the patient's needs.

When needed, staff offered patients longer appointments with access to a translation service.

## Management of people with long term conditions

### Findings

16% of patients registered with the practice had 1 or more long-term conditions, such as asthma, diabetes, hypothyroidism and chronic kidney disease.

At our last inspection, not all patients with long-term conditions had had monitoring and reviews to check their health and medicines needs were being met.

For this inspection, more people were diagnosed with diabetes since the COVID-19 pandemic. The practice had completed reviews for patients whose diabetes was less well controlled, and therefore more likely to lead to serious complications such as sight loss.

However, 305 patients registered at the practice had hypothyroidism. 14% of these had not had the required monitoring and reviews. We looked at the records for 4 of these patients. Monitoring was overdue for all 4 patients. For 2 of the patients, the most recent test results were not within the ranges expected. The practice acknowledged that the monitoring and reviews for patients with hypothyroidism were overdue.

Patients with advanced chronic kidney disease had not always had the necessary reviews and monitoring to ensure they were offered the most appropriate treatments in line with national guidance.

We looked at records for 5 patients diagnosed with asthma who had been given 2 or more courses of rescue steroids in the last year. Rescue steroids are medicines used to treat flare ups of asthma.

Repeated use can indicate that the patient's asthma could be better controlled. We saw:

- only 1 of the patients had been followed-up in line with national guidance to ensure they received appropriate care and best management of their asthma
- 3 of the patients had not had a review of their asthma in the last year
- 2 of the patients had not been adequately assessed at the time the rescue medicines were prescribed. The medicines had been issued on a repeat prescription.



Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	119	122	97.5%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	129	136	94.9%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	131	136	96.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	132	136	97.1%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	138	149	92.6%	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	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	74.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.3%	62.5%	61.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.7%	64.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	55.4%	57.3%	55.4%	No statistical variation

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

### Any additional evidence or comments

Cervical screening (a smear test) is one of the best ways to help protect against and prevent cervical cancer by early detection.

Information from the UKHSA showed that the number of patients at the practice who had had this test had increased between March 2021 and March 2022.

Although the numbers of patients being tested was below the target, the practice had taken actions to reduce the number of patients eligible for the test who did not go to their appointment. These included:

- sending reminders to eligible patients written on pink paper
- offering appointments at any time to suit the patient, including in the early morning and later evening
- telephoning patients the day before their appointment
- sending a reminder to the patient on the day of their appointment
- contacting patients who did not go to their appointment the next day to explore and address any worries the patient may have, offer them advice and reassurance and book another appointment if needed.

The practice shared with us data that they had collected up to the day of our inspection. These showed:

- the numbers of patients having the test were continuing to increase
- fewer patients aged between 25 and 49 were missing their appointments for the test.

However, these numbers cannot be verified by CQC.

### Monitoring care and treatment

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

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

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

<p>The practice identified patients who had had a surgical procedure to remove their spleen.</p> <p>A person's spleen helps them to fight infection and remove waste material from their blood. Therefore, people without a spleen are more likely to get a serious or life-threatening infection and may find it harder to recover from an illness or injury.</p> <p>The practice checked that all of these patients had:</p> <ul style="list-style-type: none"> <li>• had the recommended vaccines and preventative antibiotics to reduce the risk of infection</li> <li>• an alert card. This helped healthcare staff ensure that the patient had appropriate treatment if they became unwell.</li> </ul>
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## 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they welcomed the recent return of monthly protected learning time, which had been paused because of the COVID-19 pandemic.</p> <p>Staff told us that the practice supported their learning and development. For example, 1 member of staff had recently completed training to become a non-medical prescriber, and staff told us that support was available when it was needed.</p> <p>However, not all staff had allocated time to complete learning or meet the requirements of their professional revalidation. Staff who completed mandatory training at home were supported to do so.</p>	

At our last inspection in 2021, more staff had received an appraisal than when we inspected the service in June 2019. However, records for this inspection showed that 8 out of the 25 members of staff had not had an appraisal in the last year, in line with the practice's quality assurance and improvement policy. The practice had identified that some appraisals were overdue. However, there was no clear plan of when the appraisals would be done.

A variety of staff who had recently joined the practice had had an induction when they started working there.

The practice held monthly individual review meetings with staff when they started working at the practice. However, there were no arrangements for regular one-to-one meetings to identify and address any concerns after the induction period, apart from the yearly appraisals.

The practice manager and deputy practice manager networked with other practice managers for support and information, including going to monthly meetings with other practice managers in Milton Keynes.

Nursing staff had joined a virtual group with other practice nurses in the area, where they could share information and get support.

Staff who were responsible for reviews of patients with long-term conditions had had specific training, for example in asthma and diabetes. These staff also worked closely with specialist nurses to support patients and help to keep up-to-date with guidelines.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Partial
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a document which contained information about arrangements for shared care, for example when a patient's care was shared with other services.</p> <p>This document gave general information. However, the arrangements for each individual patient were not fully recorded in the records of patients for whom this was appropriate, to make sure that their care was coordinated in a way that meant it was safe and effective.</p> <p>Following our feedback, the practice planned to add a link to the relevant arrangements in patients' records when their care was shared with other services.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence:	
The practice offered a service to help people to give up smoking.	
The practice was supported by an integrated care nurse, and staff at the practice could refer patients to a social prescriber. A social prescriber works with other professionals to connect people to a variety of services to meet their social, emotional and practical needs. A social prescriber can support a patient to access the right services to help with issues which are affecting their health and wellbeing, for example stress, unemployment, education, debt, loneliness and housing issues.	

## Consent to care and treatment

### The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Partial
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
Explanation of any answers and additional evidence:	
The practice used Planning Ahead for Care and Treatment (PACT) forms to record a patient's wishes about what treatment they would and would not like if they became unwell. This included decisions about cardiopulmonary resuscitation (CPR).	
Not all of the records we reviewed contained enough detail to show the reasons for the decision about CPR, the discussions that had informed the decision, and when and how the decision had been made.	

This included recording a patient's mental capacity to make the decision, in line with the Mental Capacity Act (2005).



## Caring

## Rating: Requires Improvement

At this inspection, we have rated the practice as requiring improvement for the caring key question. This is because:

- feedback from patients was negative about the way staff treated people and involved them in decisions about their care
- results from the National GP Patient Survey were below the local and national average and there was no clear plan to address these
- there was limited engagement with patients to seek their views about the service
- the practice did not always use the feedback available to make improvements
- systems for identifying and supporting carers required strengthening.

### Kindness, respect and compassion

#### Feedback from patients was negative about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
NHS website reviews Feedback from people who use the service	Feedback about the practice included a lack of sympathy, care, compassion and support from practice staff at the time of bereavement.

### National GP Patient Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	69.1%	80.5%	84.7%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	70.3%	78.5%	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)	80.7%	91.3%	93.1%	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%	64.0%	72.4%	Tending towards variation (negative)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>Although the practice worked with the practice's patient participation group, they did not engage with patients and the public in other ways to find out their views.</p> <p>The provider had not carried out any patient surveys of their own.</p> <p>Patients could provide feedback using the NHS Friends and Family Test. Although the practice had only recently restarted this because of the COVID-19 pandemic, the practice had not reviewed the results of this survey to celebrate or improve services. The NHS Friends and Family Test is a quick and anonymous way for people to give their views about the care or treatment they have received.</p> <p>There were 5 reviews about Parkside Medical Centre. No other feedback, positive or negative, about the practice was available at the time of this inspection.</p> <p>The practice had not responded to either of the reviews on the NHS website.</p> <p>The practice were aware the results from the latest GP Patient Survey were poorer than for previous years. However, there was no clear plan about how they planned to improve these.</p>

## Involvement in decisions about care and treatment

### Patients were not always involved in decisions about care and treatment.

	Y/N/Partial
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Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Feedback from people who use the service	<p>Long-term pain relief had been stopped without this being explained to the patient, leaving them in pain.</p> <p>A patient had lost trust in the doctors at the practice following a misdiagnosis because their condition had not been fully assessed.</p>

### National GP Patient Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	80.4%	87.5%	89.9%	Tending towards variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	<p>A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health needs or drug or alcohol problem and cannot cope without their support. The care they give is unpaid.</p> <p>75 patients registered with the practice had been identified as being a carer. This included 'young carers', meaning those under the age of 18. This was 0.7% of the practice population.</p>

How the practice supported carers (including young carers).	Information about organisations offering local and national support for carers was available in the practice and on the practice's website.
How the practice supported recently bereaved patients.	The practice signposted those who were recently bereaved to support services. Information about local organisations offering support, including support specifically for children, was available on the practice website.

## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
The practice identified that providing continuity of care was still a challenge. However, the practice made sure that patients who were most in need of continuity could book a follow-up appointment with the same clinician when possible.	
The practice building was accessible for those with mobility problems.	
The practice had bought chairs and plinths which were safe for larger patients to use.	
A member of staff was a British Sign Language user and could help deaf people.	

### Practice Opening Times

The practice is open from 7.30am until 7pm on Mondays to Fridays, apart from bank holidays.
Appointments between 7.30am and 8am and between 6.30pm and 7pm are reserved for patients who have a pre-booked appointment.
The practice is one of the 5 'GP Hubs' in Milton Keynes. These 'hubs' offer extended access for anyone in Milton Keynes.
When the practice is closed, patients can access support, treatment and advice from the NHS 111 service.

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

Leaders were aware that all of the clinical staff at the practice were female. Although any patient could have a chaperone, male patients who wished to see a male clinician were also offered appointments at one of the other practices in the Milton Keynes 'hub'.

Staff who acted as a chaperone had had training.

Parents or guardians calling the practice with concerns about a child were offered a same day appointment either with the practice or the local Children's Primary Care Team.

Some staff at the practice had expertise in helping people who have served in the armed forces. The practice was a 'Veteran Friendly' practice. Other local GP practices were aware of this expertise and staff told us how this had been used to support patients.

People in vulnerable circumstances could register with the practice, including those with no fixed abode such as homeless people and Travellers. The practice supported these patients by providing an address for correspondence and regular contact. One of the GPs at the practice had a particular interest in supporting homeless people.

### 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 minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
Patients could book an appointment with a GP or nurse online, by telephoning or visiting the practice.	
Patients with more urgent needs were contacted on the same day.	
'On the day' appointments for minor illnesses were available with a nurse.	
The practice offered a variety of appointments, including:	
<ul style="list-style-type: none"> <li>• face to face</li> <li>• telephone consultations</li> </ul>	



- home visits for patients who could not go to the practice.

Patients could get advice for non-urgent medical or administrative matters using an online consultation form. The practice's website stated that this service was available at all times, however, the service was only available in the mornings so that the practice could manage the demand.

Reception staff were trained to ask appropriate questions to help to make sure that patients were offered an appointment with the most appropriate person, in the most appropriate setting and at the most appropriate time for their problems.

The practice regularly reviewed a list of their most vulnerable patients, including those at the end of life or with significant mental health needs. These patients were highlighted on the computer system. Calls relating to these patients could be put through to a clinician straight away or a clinician would contact the patient as soon as possible on the same day.

### National GP Patient Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	42.0%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	38.7%	45.9%	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)	43.0%	45.9%	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)	50.4%	65.6%	71.9%	Variation (negative)

Source	Feedback
NHS website reviews	<p>There were no appointments, including emergency appointments, available for 2 weeks, leaving the patient in pain.</p> <p>People were forced to book appointments online but the online consultation service had not been available in the early afternoon.</p>

## 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.	17
Number of complaints we examined.	17
Number of complaints we examined that were satisfactorily handled in a timely way.	17
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:  Information about how to complain, including the practice's complaints policy and procedure, was available on the practice's website.  Patients could provide feedback through an online form on the practice's website.	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Delayed diagnosis of small bowel cancer.	Clinical staff were involved in the response to the patient.  The case details and learning were shared at a clinical meeting.  Recorded as a learning event.

## Well-led

## Rating: Requires Improvement

At our last inspection in September 2021, we rated the practice as good for providing well-led services.

At this inspection, we have rated the provider as requiring improvement for providing well-led services. This is because:

- The practice had limited engagement with patients and the public to find out their views.
- The practice's plans about how they would manage backlogs of activity lacked detail.
- The systems and processes to reduce risks to patients and staff were not always effective, for example to ensure that emergency equipment was safe and available for use when needed.
- Governance and performance monitoring systems required strengthening.

There was compassionate leadership and a supportive culture in the practice.

### Leadership capacity and capability

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

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

### Vision and strategy

**The practice had a vision and strategy.**

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:  Most staff told us that the practice supported their ideas.  However, most staff were not aware of the practice's vision, had not been involved in the development of it, or knew their role in achieving it.	

## Culture

### The practice had a culture which encouraged high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<p>Although staff told us that others working at the practice were approachable and they felt they could raise concerns, staff also knew who the practice's Freedom to Speak Up Guardian was and how to contact them. Freedom to Speak Up Guardians are available to offer support to staff to raise concerns or speak up when they feel that they cannot in other ways.</p> <p>A variety of staff told us that the practice supported their safety and well-being. Examples included:</p> <ul style="list-style-type: none"> <li>• equipment to minimise injuries from repeated movements or being in certain positions for a period of time</li> <li>• emotional support and counselling, for example following bereavement</li> <li>• professional support for newer members of staff</li> <li>• social events.</li> </ul>	

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

Source	Feedback
<p>Questionnaires sent to all staff at the practice by CQC</p> <p>Discussions with staff working at the practice</p>	<p>Staff told us:</p> <ul style="list-style-type: none"> <li>• there was a lovely, friendly and comfortable atmosphere</li> <li>• staff were caring towards each other</li> <li>• they felt valued, looked after and everyone treated fairly</li> <li>• staff were supportive and approachable</li> <li>• leaders and managers were sympathetic and took an interest in their wellbeing</li> <li>• they felt there was respect for all staff and of the different roles within the practice</li> <li>• everyone worked well as a team</li> <li>• staff trusted each other, including through the recent challenging times for the practice</li> <li>• everyone always made an effort to offer the best they could for patients and that patients were their priority</li> </ul>

	<ul style="list-style-type: none"> <li>the practice was a good and enjoyable place to work</li> <li>they felt happy and lucky to work there.</li> </ul>
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## Governance arrangements

**There were not always 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.	Partial <sup>1</sup>
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Partial <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p><sup>1</sup> The practice held meetings for all staff to attend every 3 months. Clinical staff and leaders had additional meetings. However, some non-clinical staff felt that communication with them could be better to ensure information was shared effectively.</p> <p>The practice also shared information with groups of staff using an encrypted messaging service and had introduced a staff newsletter.</p> <p>Staff were clear about their roles and responsibilities and those of other staff in the practice. Staff had time allocated to carry out any additional roles, such as checking equipment, attending clinical meetings and for infection prevention and control.</p> <p><sup>2</sup> The practice's business plan acknowledged there were backlogs of activity, such as completing medicine reviews, reviews for patients with long-term conditions and the processing of test results. However, the plan did not say how the practice was addressing, or going to address, the issues, how this would be sustained and how the practice would monitor progress.</p>	

## Managing risks, issues and performance

**The practice did not have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial <sup>1</sup>
A major incident plan was in place.	Yes <sup>2</sup>

Staff were trained in preparation for major incidents.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p><sup>1</sup> The systems and processes the practice had for managing risks were not always effective, for example those to ensure:</p> <ul style="list-style-type: none"> <li>• medicines and equipment needed if there was an emergency were safe and available for use</li> <li>• all staff were clear about roles and responsibilities if there was a fire</li> <li>• staff completed all mandatory training in line with the practice's requirements</li> <li>• staff had the individual support and yearly appraisals to raise concerns, discuss performance and identify opportunities for development.</li> </ul> <p><sup>2</sup> The practice had a business continuity plan. This outlined:</p> <ul style="list-style-type: none"> <li>• what staff should do in the event of a loss of telecommunications, electricity, gas or water, disruption to supplies and staff shortages</li> <li>• who would be responsible</li> <li>• the relevant contact details needed for each situation</li> <li>• which services the practice offered should be prioritised</li> <li>• how the practice would tell patients if there was a disruption to the service.</li> </ul> <p>The practice had an arrangement with another local GP practice to support each other.</p> <p>However, the plan could be improved to include when and how it is necessary to tell other agencies, such as CQC and the local Integrated Care Board.</p>	

## Appropriate and accurate information

### The practice used data and information to support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes



The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

### Engagement with patients, the public, staff and external partners

**The practice did not always involve the public to improve services and culture. The practice involved staff and external partners to plan and deliver high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial <sup>1</sup>
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes <sup>2</sup>
Explanation of any answers and additional evidence:	
<p><sup>1</sup> Although the practice worked with the practice's patient participation group (PPG), they did not engage with patients and the public in other ways to find out their views.</p> <p>The PPG had recently restarted, having stopped meeting and writing their newsletter during the COVID-19 pandemic.</p> <p>Representatives from the practice, including GPs, went to meetings of the PPG. This gave opportunity for the practice to hear patients' feedback and respond, for example about the appointments system.</p> <p>The PPG were encouraging new members to join, particularly from groups of people not well represented, for example new parents.</p> <p>Patients could provide feedback using the NHS Friends and Family Test. However, the practice had not reviewed the results of this survey to celebrate or improve services.</p> <p>The provider had not carried out any patient surveys of their own.</p>	
<p><sup>2</sup> The practice was a member of a wider network of GP practices known as the South West Primary Care Network (PCN). The PCN included 4 providers of GP services. These services worked together to address local priorities in patient care.</p>	

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

## Examples of continuous learning and improvement

The practice supported medical students and was in the process of becoming a training practice for GPs.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- $\%$  = per thousand.