

Inspection Evidence Table

The New Springwells Practice

(1-565461213)

Inspection Date: 23 and 25 October 2023

Date of data download: 28/09/2023

Overall rating: Good

At this inspection, we found that responsive and well led key questions previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice overall, is therefore now rated good.

Context

The practice is situated within a rural setting as part of the Lincolnshire Integrated Care Board and delivers General Medical Services (GMS) to a patient population of about 6,200 which are spread over 80 villages and hamlets.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the seventh decile (7 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 99% White, 0.6% Mixed, 0.3% Black, and 0.4% Asian.

The age distribution of the practice population shows a higher proportion of older patients when compared with the local and national averages. There are more female patients registered at the practice compared to males.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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>Staff we spoke with and those who completed the CQC staff questionnaire could identify the safeguarding lead and told us they were easily contactable, in person, via telephone or by creating a task on the clinical record system.</p> <p>Practice staff had received training in safeguarding at the correct level of training required as per the Intercollegiate Document "Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019". Staff employed by the Primary Care Network (PCN), in Additional Role Reimbursement Scheme (ARRS) roles delivered care to the providers patients working alongside practice staff. The provider did not have evidence of an agreement with the PCN to confirm the level of safeguarding training staff in ARRS roles had completed.</p> <p>The safeguarding co-ordinator gathered relevant information from various sources by having direct links with Local Authority, Health Visiting teams, Midwives, School Nurses, Social services, and the Police. They then linked together family members in order to risk stratify each case.</p> <p>During our inspection we found safeguarding systems and processes were effective in their delivery. Staff members told us they felt confident that any potential safeguarding concern identified could be escalated to the safeguarding lead in the knowledge that there would be oversight, a thorough investigation by liaising with multi agencies, collation of information and follow up.</p>	

All safeguarding concerns were discussed within practice meetings on a 4 to 6 weekly basis, health visitors and midwives were invited and attended when available.

There were systems to identify vulnerable patients. Patient records had specific read codes that were current with alerts, icons, information regarding parental responsibility and family contacts. Staff at the practice were able to identify and discuss vulnerable patients registered with them, they demonstrated awareness of the history and circumstances relating to concerns.

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.	Partial
<p>We reviewed 5 randomly selected permanent staff files. These were well organised, up to date with an index to ensure consistency of information held. Recruitment checks had been carried out in line with regulations in all cases.</p> <p>Recruitment information relating to ARRS staff was held by the PCN as the employing limited company. The provider had received a check list relating to the recruitment checks undertaken for each of the ARRS staff working in the practice from the PCN. A memorandum of understanding (MOU) to highlight responsibilities of the PCN and the provider in relation to ARRS staff was in place. The check list confirmed the PCN had undertaken assurance relating to the safe recruitment of staff in ARRS roles.</p> <p>The provider had a record that all ARRS staff had completed a local induction and had a signed confidentiality agreement in place in relation to the practice patients.</p> <p>Information held by the provider in relation to staff vaccination, identified as required by the UK Health and Security Agency (UKHSA) guidance was not complete and did not cover all recommended vaccinations advised.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: April 2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: April 2023	Y
Actions from fire risk assessment were identified and completed.	Y
Date of Legionella Risk Assessment: March 2023. Last review of risk for Legionella by external company: April 2023.	Y
<p>The provider had undertaken a variety of local risk assessments (RA) covering a wide range of risks. These included slips, trips and falls, body fluid spillage, working at height and wheelchairs used within the practice. We saw evidence of actions taken in accordance with the completed RA. For example, all wheelchairs were</p>	

cleaned and checked for any safety issues on a weekly basis, and we saw documented evidence this had been completed consistently.

The provider had systems in place to ensure all RA were reviewed annually. We reviewed a random selection of 5 and all had been updated in the previous 12 months.

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: August 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>We observed good standards of infection prevention and control across the whole practice. Housekeeping services were provided via a service level agreement by an external provider. Communication with the housekeeping team was undertaken on a daily basis as they attended the practice in the late afternoon while the practice was open. Any concerns, issues or changes were discussed by the practice manager and the external provider by telephone or on an arranged visit. The premises were clean, tidy and clutter free.</p> <p>Records we reviewed demonstrated that staff had received up to date training. The practice had an identified infection control lead who was described as visible and approachable by staff we spoke with.</p> <p>Cleaning schedules were in place in each clinical room which identified daily, weekly and monthly tasks, these were supported by daily cleaning checklists which were completed consistently by staff.</p>	

Risks to patients

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

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

There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
<p>Arrangements were in place for managing staff absences and busy periods. Staff we spoke with told us they had enough staff and would work flexibly to accommodate changes in demand. An on-call GP was available every day to assist all staff with any patient queries, concerns or issues.</p> <p>All staff, including receptionists had undertaken training to identify a deteriorating or acutely unwell patient. Staff we spoke with could tell us the appropriate actions required and confirmed that they knew how to access the emergency button to summon assistance and the emergency medicines should they need to do so.</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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>We found that individual care records were written and managed securely in line with legislation. All historic patient paper records had been summarised, with a process in place to complete records of new patients to the practice. The practice stored patients' historic paper records in a secure locked room on open shelves.</p> <p>As part of the inspection clinical record searches were undertaken by a CQC GP Specialist Advisor without visiting the practice. These searches were visible to the practice.</p> <p>There was a documented approach to the management of test results, although the policy in place did not include a timescale to identify the provider's expectations when results should be actioned. Clinical searches identified 17 abnormal blood test results which had been awaiting action for up to 5 working days. Following escalation to the provider, the 17 abnormal blood tests were dealt with appropriately and we received updated policies which now included a target timescale for staff to work to.</p> <p>The searches showed 215 documents remained open on the clinical system, 211 of the documents had been received within the month of our inspection and were in process. Four documents had been open longer with the earliest dating from January 2023, on review of the 4 documents they had been actioned but not completed appropriately so continued to show as open on the clinical system.</p>	

Appropriate and safe use of medicines

The practice had 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) (01/07/2022 to 30/06/2023) (NHSBSA)	1.21	1.16	0.91	Tending towards variation (negative)
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). (01/07/2022 to 30/06/2023) (NHSBSA)	7.9%	11.1%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pimeclone 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.57	5.35	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	274.9‰	222.4‰	129.6‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.34	0.75	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	5.8‰	8.5‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y

The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (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>Data available showed that the practice had a slightly higher rate of prescribing antibacterial and Pregabalin or Gabapentin than the local and national average. The practice had systems in place to review the appropriateness of the prescribing of these medicines.</p> <ul style="list-style-type: none"> • An ongoing monthly audit of all antibacterial prescribing was undertaken, trends analysed, and issues were discussed at the monthly clinical meeting. It was evidenced this was carried out consistently in clinical meeting minutes. • Pregabalin or Gabapentin prescriptions were on repeat order for 3 issues. After that, further requests for the medicines needed to be reviewed by a doctor for approval. Due to the addictive nature of these medicines, actions were taken by the doctor to manage use if required. For example, the provider had worked with patients and entered into agreed contracts to reduce medicine usage for individuals, this had been successful in some instances. <p>On the day of the inspection, we found staff had the appropriate authorisations to administer medicines. We reviewed 5 randomly sampled Patient Group Directions (PGDs), and all were completed in line with legislation.</p> <p>The practice had a formalised audit in place to assess the prescribing competence of non-medical prescribers, this was alongside the daily support offered by the GPs and annual appraisal.</p> <p>At our inspection we found that the management of the medicine refrigerators, in relation to the recording and monitoring of the temperatures, was effective.</p> <p>As part of the inspection clinical record searches were undertaken by a CQC GP Specialist Advisor without visiting the practice.</p>	

The records of patients prescribed certain medicines that require monitoring were checked to ensure the required monitoring was taking place. These searches were visible to the practice. The records we examined provided evidence that patients prescribed medicines that require monitoring had not all been monitored appropriately.

The clinical searches identified a total of 238 patients taking Direct Oral Anticoagulants (DOACs) (a type of medicine to prevent blood clots). Of these, 92 patients were identified who may not have received the full range of appropriate monitoring. We reviewed a random sample of 5 records out of the 92 and found no evidence of potential harm for 4 patients. One patient did not have an up to date weight to allow safe calculation of medicine dosage in line with recommended guidance. We saw evidence the issues identified were related to an individual member of staff's work practice and not an indication of a practice wide issue. The provider took action to review the 92 identified patients and the issue was primarily related to a coding inaccuracy which was rectified. There was no identified harm to any of the patients. Actions were taken to ensure all clinicians were aware and a monthly check was put in place to prevent reoccurrence.

The clinical searches identified 171 patients taking a Gabapentoid, (a group of medicines used to manage neuropathic pain). From these we identified 18 patients had potentially not been reviewed in line with national guidance. We reviewed a random sample of 5 patient records out of the 18 identified. We found 4 patients had not received a timely medicine and dosage review. We saw evidence the issues identified were related to an individual member of staff's work practice and not an indication of a practice wide issue. The provider took action and reviewed all 18 patients' records and medicine reviews were carried out or booked to be carried out during our inspection. Systems and processes were amended and implemented to prevent reoccurrence.

The clinical searches identified a total of 17 patients taking Disease Modifying Anti-Rheumatic Drugs (DMARD's) such as azathioprine (a type of medicine that helps reduce inflammation). Of these we sampled 5 patient records and found they were being appropriately monitored.

Remote clinical searches identified 894 medicine reviews had been conducted in the 3 months prior to our inspection. We reviewed a random sample of 5 completed reviews, 4 of which were appropriately completed, the remaining record lacked enough documented information to identify if there were any risks to the patient.

Of those where monitoring was overdue, we saw the plan in place to arrange the required checks for patients. The practice had a system in place to note the prescriptions of patients prescribed medicines that require monitoring to highlight they must have blood tests at the required intervals and repeat prescriptions would be limited to a weeks' supply of medicine until required tests had taken place.

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.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
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.	Y

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.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
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>There was a GP partner responsible for dispensary services. We were told that they were visible and visited the dispensary daily. The dispensary appeared well organised, clean and well managed.</p> <p>The dispensary provided medicines to approximately 90% of the practice's registered patients (those who resided more than 1 mile from a pharmacy) and dispensed approximately 240,000 items a year. Turnaround times for dispensing medicines had consistently been at 48 hours, both during and after the Covid pandemic.</p> <p>All members of the dispensary team had completed NVQ Level 2 training. All dispensers received annual competency checks.</p> <p>The practice was signed up to Dispensary Services Quality Scheme (DSQS). The scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients. As part of the scheme, the practice undertook an annual Dispensing Review Use of Medications (DRUMs) to review an aspect of dispensing; these were carried out by the clinical team.</p> <p>We saw that the practice provided medicines in monitored dosage systems to 200 patients. The dispensary team had a separate room where these were completed on a weekly basis.</p> <p>The dispensary monitored room temperatures on a daily basis to ensure medicines were kept at the appropriate temperature to maintain efficacy. Air conditioning was in place in the main dispensary with fans in the monitored drug dosage system preparation room to manage temperatures in hot weather.</p> <p>The dispensary had 2 refrigerators to store medicines which were monitored and managed in line with manufacturer's guidelines.</p> <p>The practice had a dispensary delivery service 5 days a week. The delivery service had been risk assessed and reviewed annually to ensure management of the vehicle and staff was in line with legislation.</p> <p>Security arrangements were in place to control access into the dispensary, which was part of the practice building. Security grills were in place on all downstairs windows with roll down security doors on all external access points. A burglar alarm was in use which was serviced annually, this was monitored by an external security firm who attended the site if activated.</p> <p>The dispensary team recorded significant events and near misses. These had been reviewed at the monthly dispensary team meetings and the wider practice meeting where learning was identified and shared.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: 11	Y
Number of events that required action: 11	Y
Staff we spoke with or those who had completed the CQC staff questionnaires told us they felt able to raise and discuss concerns in an open, non-judgemental environment. All staff came together formally and informally to discuss concerns.	
There was evidence in meeting minutes that learning, and dissemination of information took place.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect information was given by a member of staff.	A patient attended hospital following the incorrect information, this was not appropriate. No harm was noted, and the patient recovered well. The patient was contacted by the practice and an apology was given. This was discussed with the individual staff member, training needs were identified, and the outcome shared in practice meetings with the wider team for learning.
Incorrect person on telephone appointment.	An apology was given to the patient and their home telephone number was removed from the patient's record following discussion. A flag was added to the patient's record to use the mobile number only. This was discussed with the individual staff member and at practice meetings.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
The provider was able to demonstrate that all relevant safety alerts had been responded to. The practice manager reviewed all medicine safety alerts and disseminated them to the appropriate clinicians via the	

internal IT systems. We saw examples of actions taken on recent alerts, for example, regarding a medicine used in the treatment of epilepsy and bipolar disorder.

Effective

Rating: Good

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

Effective needs assessment, care and treatment

Patients' needs were mostly assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Systems were in place to review patients' treatment regularly, whilst this was effective in most areas it was not in others. For example, patients were not always reviewed in line with guidance following an exacerbation of asthma.	

Effective care for the practice population

Findings

- Those identified received a full assessment of their physical, mental and social needs.
- The provider had a dedicated telephone number for health professionals and care homes to contact the practice easily.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice demonstrated that they had a system to identify patients who misused substances.
- The practice assessed and monitored the physical health of patients with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Medication was delivered to all patients identified as vulnerable and to patients who live more than a mile from a pharmacy.
- The practice ran dedicated wound management and clinics to measure blood results for patients on a particular drug to thin the blood on a weekly basis. If required extra appointments are available throughout the week.
- Appointments related to gynaecology concerns could be booked specifically to ensure a clinician with appropriate knowledge and experience is available.
- Appointments could be booked up to 4 weeks in advance with both urgent appointments and home visits bookable on the day.
- Appointment times and lengths were adjusted to support carers, elderly, and vulnerable patients.
- Patients who had made a decision to begin gender transition were supported by an administration lead who worked alongside the GPs to manage the amendments to the patients' records and information.
- Clinical searches identified 25 patients with blood tests indicating they potentially had not been appropriately diagnosed with chronic kidney disease. We reviewed a random sample of 5 of the 25 patient records identified, this showed concerns relating to 2 patients. The provider reviewed all 25 records and instigated further tests for all appropriate patients during our inspection.

Management of people with long term conditions

Findings

Patients with long term conditions were not always reviewed to ensure their treatment was optimised in line with national guidance.

1. Patients requiring high dose oral steroid treatment for exacerbations of asthma were not always followed up in line with national guidance to ensure they received appropriate care. A random sample of 5 patients records from the 52 who had received 2 or more courses of rescue steroids in the last 12 months was reviewed and all 5 records had issues regarding care:
 - One of the 5 patients was overdue an annual asthma review.

- One patient had been issued high dose steroids as a repeat prescription on 2 occasions with no review of the patient's condition at point of issue to allow a clinical baseline to assess effect and ensure safety.
 - None of the patients had been reviewed following exacerbation of asthma in line with guidance. The provider had a process in place to manage patients' health who had experienced an exacerbation of asthma, but these were not always effective. Systems were amended to improve care in line with guidance during our inspection, the changes were discussed with all staff at a clinical meeting and instigated immediately.
2. Clinical searches identified 18 patients with diabetes who already had a complication associated with this condition, also had significantly poor blood glucose control when last tested. A random review of 5 of the 18 patients showed effective follow up and treatments had been implemented in discussion with patients for 4 of the cases. The fifth was slightly overdue an annual review as this had been cancelled by the patient, the review had been rebooked.
 3. Clinical searches identified that 315 patients were living with hypothyroidism. Our clinical searches showed all patients had undergone thyroid function test monitoring in the previous 18 months.
 4. We saw there were 41 patients with chronic kidney disease stages 4 or 5, the searches identified that all patients had undergone blood test in the previous 9 months carried out by the provider, the hospital or had declined.

Patients with long-term conditions were mostly offered an annual review to check their health and medicines needs were being met.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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 influenzae 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)	36	37	97.3%	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)	39	39	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	39	39	100.0%	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)	39	39	100.0%	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)	42	44	95.5%	Met 95% WHO based target

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

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)	16.7%	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)	78.8%	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). (3/31/2023 to 3/31/2023) (UKHSA)	82.6%	N/A	80.0%	Met 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	71.2%	58.1%	54.9%	No statistical variation

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice had an ongoing programme of both national and local audits which included both clinical and non-clinical subjects. The audits were used to monitor quality and make improvement when actions were identified. A summary of audits from August 2021 to 2023 was in place and repeat audits had been completed in some areas. For example, 2 week wait referral conversion, cervical screening, prescribing and medicine authorisation. We saw evidence of improvements made following the repeat audits. A retrospective notes audit was undertaken in 2023, this consisted of 9 questions and reviewed 10 records of consultations by each of the 6 clinicians. Results were shared with clinicians and actions required to improve were highlighted. A reaudit was planned in 12 months.	
Any additional evidence or comments	
We saw evidence that clinical staff carried out case reviews and knowledge checks in the case of unfamiliar diagnosis and disease progression.	

Effective staffing

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

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

The provider had a schedule of training in place for essential and specialist training for specific roles. This was set by the practice in line with legislation and regulatory requirements, training completion was monitored by the practice manager.

A training policy and training matrix was in place to support the process. The training matrix was used to identify individual staff training requirements and when it was next due to be completed. The identified schedule for some training differed in the training policy and the training matrix. For example, fire safety training was required to be undertaken annually in the training policy with the training matrix saying every 2 years, the schedule of requirement for Tier 1 Autism and Learning Difficulties and Sepsis also differed between the 2 documents. During our inspection the training matrix and policy were amended to reflect updated and consistent requirements.

Once a month the practice had protected time for clinical meetings, governance requirements, education and training. This ensured staff were aware of issues relating to the practice and updated to allow effective and safe care delivery.

The practice told us they were assured of the competence of staff employed in advanced clinical practice, including staff in Additional Roles Reimbursement Scheme (ARRS) roles. Assurance was supported by a formal audit process for all staff alongside an informal open door policy and availability of an on call GP at all times for advice.

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
Practice staff described excellent relationships with teams and services that would be involved in delivering coordinated care. Meetings were in place to ensure patients with complex needs were reviewed and discussed by the multi-disciplinary team (MDT) involved. For example, monthly MDT palliative care meetings were undertaken, and safeguarding was discussed at clinical meetings which included the MDT. This allowed individual care to be discussed and coordinated appropriately when they moved between teams.	

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
<p>The practice supported national and local priorities to improve patients' health. Information was readily available in the practice and on the provider's website to allow patient to access a range of national health initiatives.</p> <p>The provider took part in initiatives supported by the Primary Care Network (PCN) and local businesses to improve patient care at a local level. For example, a patient led walk with practice staff to meet and get to know each other and potentially identify concerns in a relaxed environment was planned.</p> <p>Staff at the practice demonstrated a dedicated, consistent and proactive approach to patients and carers registered at the practice. Due to the rurality, size and nature of the practice, staff demonstrated awareness of and could readily discuss patients and carers, their circumstance, care needs and actions taken.</p>	

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
<p>Explanation of any answers and additional evidence, including from clinical searches:</p> <p>Our clinical review of notes where a DNACPR decision had been recorded identified, where possible, the patient's views had been sought and respected. We saw that information had been shared with relevant agencies. The documentation of patient choice in 1 record was not completed but other areas showed discussions had been undertaken and the reasons for the decision.</p>	

Caring

Rating: Outstanding

We rated the practice as outstanding for providing caring services because:

- People were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by the service provided.
- Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. People thought staff went the extra mile, and their care and support exceeded their expectations.
- Patient survey results were consistently positive and were higher than local and national averages.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.
- Practice staff regularly and routinely took part in fund raising events to support both the purchase of equipment for the practice and national and local charities to support causes that had impacted on both patients and staff.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- We found numerous examples of how the practice had gone to significant efforts to support vulnerable individuals to access health and social care, and how they had worked pro-actively and innovatively with other organisations to support patients.
- Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service

Kindness, respect and compassion

Staff treated with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>During our inspection we saw that staff members displayed a kind and caring approach towards patients. We received patient feedback to support the way staff treated patients registered at the practice</p> <p>There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people’s dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. The feedback we reviewed, both from patients and staff, indicated that these relationships were highly valued by staff and promoted by leaders.</p> <p>Patient’s emotional and social needs were seen as being as important as their physical needs. We saw evidence that staff supported patients who were socially isolated or vulnerable at all times, particularly during the pandemic. Support was given by staff both in and outside working hours.</p>	

During the COVID-19 pandemic the provider delivered medicines to all patients registered at the practice with all staff taking part in the process. Staff also used this opportunity to carry out health and well-being checks, improving social isolation and if required went shopping for patients and carried out errands.

Practice staff regularly and routinely took part in fund raising events to support both the purchase of equipment for the practice and national and local charities to support causes that had impacted on both patients and staff.

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 (01/01/2023 to 30/04/2023)	97.3%	84.1%	85.0%	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 (01/01/2023 to 30/04/2023)	99.5%	83.8%	83.8%	Significant variation (positive)
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 (01/01/2023 to 30/04/2023)	99.5%	93.3%	93.0%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	90.4%	71.0%	71.3%	Tending towards variation (positive)

Any additional evidence or comments

Indicators showed that the practice had achieved exceptionally high satisfaction figures in the latest national GP patient survey and were rated well above the local and England average for the latest published figures. The care and treatment we saw during the visit reflected these figures.

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

Any additional evidence

The practice completed a patient survey in July 2022 which related to the GP Partners. This covered politeness, putting patients at ease, communication, care given, trustworthiness, confidentiality and if a patient would be happy to see the GP again. The information was wholly positive and when results were benchmarked against the local area it showed the GP Partners scored in the upper range for all questions.

We received 16 sets of patient feedback from patients received after we had announced our inspection, all feedback was overwhelmingly positive: For example: the care given was described as excellent, accessible, supportive, caring and patient focused for all patients including the vulnerable with multiple health and care issues. Patients told us staff were helpful, respectful, very thoughtful, showed understanding and sympathy, kind.

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
<p>Patients and those close to them told us that they were active partners in care and treatment received. Staff were fully committed to working in partnership with patients and their families to ensure they received a holistic approach.</p> <p>The practice displayed information about local services and available support. The practice kept regular contact with patients, listened to what was needed and adjusted services accordingly. This included choice of appointment type that met the patient’s needs, including throughout the pandemic.</p> <p>The provider and local community services and businesses worked closely together to ensure patients could access community services.</p> <p>The provider became aware that some patients were experiencing food and fuel poverty which would impact on general health and outcomes. This led to the practice working closely with the church run local food bank which could also provide fuel for heating. The practice became a designated food delivery point for any donations and practice staff donated both produce and cash to buy both food and hygiene products. Confidential patient referrals were made to the food bank by the provider over the telephone to reassure patients that no paper trail existed due to perceived stigma.</p> <p>The provider was made aware of a patient living in particularly vulnerable circumstances and had tried to locate them to offer practical assistance by way of food and clothing. They were unable to locate the patient and following further enquiries found that other agencies within the local community had provided assistance needed to support health and wellbeing.</p> <p>Staff regularly delivered medicines, aside from the delivery service in place, to the vulnerable in the area and supported them along with local businesses if concerns were raised. Staff had purchased food and household items for patients at particular risk of hunger which would impact on health.</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 (01/01/2023 to 30/04/2023)	94.8%	90.2%	90.3%	No statistical variation

Any additional evidence or comments

Indicators showed that the practice had scored higher than local and national averages in the latest national GP patient survey supporting patients who had felt involved as much as they wanted to be regarding decisions about their care and treatment.

	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	152 carers = 2.45% of patients registered at the practice.
How the practice supported carers (including young carers).	<p>The provider had a carers policy and an identified carer's champion in place. Information was readily available within the practice and a dedicated carer's notice board was in place, this included details of support organisations and adult care services. The providers website included a variety of links to a wide range of support which included a specific link for young carers.</p> <p>The practices new patient registration form included a question to identify carers and the cared for.</p> <p>A message was attached to repeat prescriptions requesting patients to contact reception for information on how to register as a carer.</p> <p>When the practice wrote to a patient (e.g., during the flu vaccination campaign), the communication incorporated a section on carers. Information was included</p>

	<p>on how to contact the carer's team for assessment for carers who had not been assessed.</p> <p>Once a carer or cared for patient was identified the practice updated patient records to alert staff to prioritise booking appointments where necessary</p>
How the practice supported recently bereaved patients.	<p>The practice had a bereavement policy in place.</p> <p>A bereaved patient would be contacted by the practice and a face to face appointment offered as required to support pastoral welfare.</p>

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
<p>Consideration of people's privacy and dignity was embedded in everything staff do. Feedback received by us from patients and staff supported that patients were always treated with dignity by all those involved in their care and treatment, this included awareness of any specific needs as these were recorded and communicated.</p> <p>People who used services, those close to them and staff all understood the expectations of the service around privacy and dignity.</p> <p>Staff find innovative ways to enable people to manage their own health and care when they can and to maintain independence as much as possible. This included the supply of blood pressure monitors for those who needed them.</p> <p>The chairs in the waiting areas were situated away from the reception desk to maintain confidentiality and a privacy screen was in place.</p>	

Responsive

Rating: Good

At the last inspection in February 2016 we rated the practice as outstanding for providing responsive services because:

- Services were delivered in an individual, flexible way which allowed patient choice and continuity of care. The practice was innovative in the way they delivered care to patients and responded well to feedback; appointments were accessible to all patients. Facilities were good and the practice was well equipped to treat patients. Information on how complain was available and easy to understand, and the practice responded quickly when issues whilst learning from concerns raised.

At this inspection, in October 2023 we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached.

The practice is therefore now rated good for providing responsive services.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>The facilities and premises were appropriate for the services being delivered and reasonable adjustments had been made when patients found it hard to access services. The practice had facilities in place to allow access for wheelchair users, accessible toilets, alarms in place to summon urgent assistance if required, a hearing loop was available for people living with hearing impairment, information was available in large print and arrangements were in place for people who required translation services.</p> <p>The provider had taken into account the rural nature of the practice and its patient population they had developed services with flexibility to amend as required. This included, home visits, ability to change appointments to suit needs at the time, staff flexibility to respond to changing needs and if needed to collect patients to attend for care.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30pm
Tuesday	8am – 8:15pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	7am – 6:30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The provider had 3 residential homes where patients who were registered with them lived.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound and vulnerable patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available until 7.40pm on a Tuesday 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 appointment when necessary.
- The practice was open until 8.15pm on a Tuesday and appointments were available from 7am on a Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP Federation. Appointments were available from 6.30pm to 8pm Monday to Friday and Saturday and Sunday 9 am until midday.
- 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 held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was accessible to people using wheelchairs with ramps in place at the surgery and dispensary access points. Dedicated parking spaces and appropriate toilet facilities were available. An external intercom linked to the practice reception was in place so any patient could request assistance if needed.
- The practice had wheelchairs available in a variety of sizes for patient use whilst on site.
- During the COVID-19 pandemic the provider delivered medicines to all patients registered at the practice, all staff were involved. Staff also used this opportunity to carry out well-being checks on patients to review health and wellbeing. If a patient was unable to get support, staff would shop and carry out errands as required to ensure vulnerable patients had access to items fundamental to basic needs.
- The practice had a holistic approach which took into account individual and groups of patient needs including medical, social and practical requirements. For example, staff had exercised patient pets and picked up shopping if a patient was unable to do so due to illness to ease stress and support wellbeing.
- Staff delivered life support sessions twice a year to a local village and monitored the heart defibrillation machines in place to ensure they were fit for purpose.
- The provider had a higher than average proportion of older patients registered, and it was identified many were unable to attend the practice for vaccinations and lived alone. Whilst home visits were offered to all who needed them, this was not always effective to deliver care to a large amount of people and did not provide an opportunity for social interaction with others. A clinic was set up in partnership with a local church to deliver flu and covid vaccinations, alongside this the church opened a community cafe to allow attendees to rest, meet others and access any support needed. Patients with transport and mobility issues were collected by the practice staff who had appropriate car insurance in place.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>The practice offered a clinical led triage system which aimed to ensure all patients received care and treatment or were signposted to other healthcare providers appropriately. The practice provided flexibility in their offered appointments which included: online booking, electronic consultation, in-person booking at the reception desk, and telephone appointments at a time that best suited the patient.</p> <p>The practice had a range of appointments available, and patients could access these in a way and at a time that suited them. Technology was used to ensure people had timely access to treatment, support and care. This could be through text messaging and telephone conferencing. The demographic makeup of patients at the practice meant that face to face appointments were often the appointment of choice. During our inspection we saw appointments available for that day and the following days, these were managed in a flexible way and could be amended to be delivered face to face or by telephone if a patient wished and this was clinically appropriate.</p> <p>If all appointment slots are filled the clinicians' reviewed patients at the end of a clinical session if an on the day appointment had been indicated, staff worked were paid overtime to ensure this happened. Patient feedback we received confirmed this, and highlighted there were no problems with access to care.</p> <p>Follow up appointments, if requested by a clinician were booked by patients in advance. This meant patients were assured of appropriate follow up and they did not have to ring up on the day to arrange an appointment.</p> <p>Extended hours clinics were available Monday to Thursday 6.30pm to 8pm for routine appointments on Saturday mornings from 9am to 12 midday.</p> <p>Longer appointments were available with the practice nurse and GPs if required. These helped patients who were on multiple disease registers to have a holistic review. Patients and carers found this convenient as it reduced the need to have multiple appointments.</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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	95.5%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	78.3%	57.5%	54.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	76.8%	55.0%	52.8%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	80.8%	76.1%	72.0%	No statistical variation

Any additional evidence or comments

Indicators showed that the practice had achieved high overall satisfaction figures in the latest national GP patient survey and were rated well above the local and England average for the latest published figures for appointments and telephone access. However, the provider recognised, with the post Covid increased demand the scores relating to access had reduced slightly from previous surveys. Thus, they identified actions to improve. These included patients being able to self-book for vaccinations after a text message had been sent and creation of clinical templates to increase online availability.

Source	Feedback
NHS.uk website (formerly NHS Choices)	<p>We reviewed NHS.uk website before the inspection and found the practice had received 3 comments from August 2022 to October 2023. Two of which were positive and 1 was negative. The 2 positive reviews had been responded to by the management team. The negative comment had not been responded to on the website, but the practice had dealt with this internally and met with the patient.</p> <p>The 2 positive comments were from patients who felt care and treatment was thorough, timely, staff were polite, helpful, professional, knowledgeable and friendly.</p>
Patient feedback received directly by CQC after inspection announced.	<p>We received 16 sets of patient feedback from patients received after we had announced our inspection, feedback was mostly overwhelmingly positive about access, choice of clinician, communication, efficiency and high standards. The website was described as out of date and difficult to use.</p>

Feedback from residential homes registered with the practice.	CQC spoke with 2 care homes. Feedback from both was extremely positive with high praise for the practice and staff. It was stated they were all extremely responsive and caring with good teamwork and a mutually respectful approach. Patients queries and visits were always responded to or occurred in a timely way. Nothing was too much trouble and the practice always delivered individualised compassionate care.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Examples of learning from complaints.

Complaint	Specific action taken
A patient was unhappy with a wait of 9 days for an appointment for a child and staff attitude.	The lead GP contacted the parents and saw the child that day. Staff member identified and recorded telephone call was retrieved and listened too. Individual training need identified, and staff member made aware of expected attitudes and responses.
A patient rang requesting an urgent appointment and was unhappy to be given a telephone appointment with a 7 day wait.	The practice manager contacted the patient and discussed the way appointments were reviewed to decide on clinical urgency. The patient was happy with the outcome and accepted the reasons for the scheduling of the appointment. This was discussed with the receptionist concerned and no training needs were identified. It was discussed at clinical meetings.
A child attended reception following a fall. They were told to go to the Urgent Care Centre. The guardian was unhappy with the process.	The practice manager rang the patient and apologised. The procedure was changed when directing patients to an urgent care centre. It was discussed at clinical meetings.

Well-led

Rating: Good

At the last inspection in February 2016 we rated the practice as outstanding for providing well-led services because:

- Leadership, governance and culture were used to drive and improve the delivery of high quality person centred care, a clear vision with quality and safety as its top priority with a strategy to monitor delivery was in place. High standards and effective communication were embraced by all staff, engagement with staff was of constructive and a high level of staff and patient satisfaction was reported. The culture was open and honest with a governance framework which supported the delivery of the good quality care, management of risk and 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. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached.

The practice is therefore now rated good for providing well led services.

Leadership capacity and capability

There was compassionate, inclusive leadership at all levels. Whilst this was mostly effective leaders were not aware of all the issues affecting care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	N
We observed proactive management and strong clinical leadership from the leadership team, all demonstrated high levels of experience.	
Leaders understood the challenges facing the practice and took action to manage and mitigate risks to quality and sustainability. For example, the provider had set up a staff group to prepare for changes in the methodology related to future regulation of GP practices.	
We were told by staff that there was an open culture within the practice where any issues could be raised with the leadership team at any point.	
The practice continually adjusted its plans and priorities according to need. All staff told us they would work flexibly to support changes in priority to deliver effective patient care.	
We saw evidence of a strong culture of learning and development where all staff were encouraged to develop thus enhancing services to patients. We were told that all leaders were visible and approachable.	

The practice was part of a wider network of GP practices, and we saw evidence they were an active member of K2 Healthcare Sleaford Primary Care Network.

The provider confirmed that there was not a succession plan in place currently. It was confirmed the leadership team was stable and they were actively looking at how to facilitate a plan for succession planning by recruitment of new staff.

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The vision, values and strategy were developed in collaboration with staff. Review of the vision, values and strategy had been undertaken annually with input from staff and the patient participation group (PPG). All staff we spoke with knew and understood the vision, values and strategy and their role in achieving them	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Leaders had an inspiring shared purpose and strove to deliver and motivate staff to deliver high quality sustainable care. The practice encouraged candour, openness and honesty from within the team and from patients and service users.	

Staff told us that they felt able to raise concerns with any of the leadership team. We were told that any concerns raised were acted on as soon as possible to maintain good working relationships in the team which improved the service to patients.

There were high levels of satisfaction across all staff, in relation to both professional and personal support. We saw evidence there was a strong organisational commitment and effective actions to ensure there was equality and inclusion across the workforce.

Twenty-one CQC staff questionnaires were completed and returned prior to the inspection; this was a return rate of 68%. Staff spoke of a culture that supported their wellbeing on both a personal and professional level. All staff told us they had good working relationships with the management team, they were visible, approachable and made time to listen. Staff told us that the management structure, both administration and clinical, promoted excellent care and treatment for their patients.

We were told that during the covid pandemic the practice ensured that staff members were kept informed at all times of updates relating to changes in national guidance with briefings advising them of the measures being taken to keep them safe.

During the Covid-19 pandemic the provider's staff had worked alongside staff from other practices in the vaccination centres over the weekend and evenings in both a paid and a voluntary capacity. The provider had supplied and purchased food for all staff in the centre on a day when it was highlighted none of the staff had eaten. We were told this had led to staff from other areas applying for jobs at the practice.

We were told the management team had supported staff financially when it had been highlighted that specific difficulties had arose. For example, they would advance salary and had funded the purchase of essential shopping.

The provider recognised staff birthdays and other significant events. Birthday cards would be given to staff, on a significant birthday, flowers were also sent, and gifts were given for weddings or other significant life events.

There was a strong focus on community involvement to encourage familiarity and open and trusting relationships between the practice staff and the community. For example, staff had taken part in a village litter pick, been involved in the judging of local community competitions, attended local fayres and raised funds for local and national charities.

Practice staff had been locally and nationally recognised for the care delivered and charitable activities undertaken within the local healthcare community. Local recognition included attendance at an organised event for providers who had gone above and beyond, a patient left cakes at the practise every week and hand creams were donated to the staff.

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

Source	Feedback
Staff	The practice provided results on feedback relating to the GP Partners by 15 staff members from a survey carried out in May 2022. The survey included 15 questions related to clinical practice, team working, commitment to patients, teaching and communication. The information was wholly positive and when benchmarked against local and national outcomes the GP Partners scored in the upper range for all questions.

Patients	The practice provided results on feedback on the GP Partners by 73 patients from a survey carried out in July 2022. The survey included 11 questions related to politeness, putting patients at ease, communication, care given, trustworthiness, confidentiality and if the patient would be happy to see the GP again. The information was wholly positive and when benchmarked against the local area it showed the GP Partners scored in the upper range for all questions.
CQC staff questionnaires	Staff feedback identified the practice was a supportive, caring and professional organisation in which to work. They told us the management was focused was on staff and patient well-being with a flexible approach to allow for individual needs. Team working was said to support high standards of patient care with a strong leadership team which is respectful with an open and honest culture

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management that were mostly effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Governance arrangements in place were reviewed and systems and process to support were mostly effective. The governance arrangements relating to concerns identified during our inspection had failed to effectively mitigate all risks to patients. During our inspection the provider had responded to the concerns immediately, ensured patients were safe and amended the processes in place to prevent reoccurrence.</p> <p>A systematic approach was taken to working with other organisations to improve care outcomes. The practice used a clinical management tool called GP TeamNet. This was specifically for GP practices and provided them with a single management tool which staff could access and find information efficiently.</p> <p>There was a system in place for reporting and recording significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends.</p> <p>The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Meeting minutes were in place which included evidence regarding actions and learning.</p>	

Managing risks, issues and performance

There 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
<p>Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff we spoke with told us they had enough staff to manage in the event of unexpected increased demand.</p> <p>The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had access to policies in relation to patient medical emergencies and a duty doctor was available throughout each working day.</p>	

Appropriate and accurate information

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

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

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>The practice had an active Patient Participation Group (PPG) in place, the provider's website had information on the purpose of the PPG and how to join the group. The meeting minutes displayed were not up to date, the last set of minutes displayed were from January 2022 and the last annual general meeting notes were from 2019.</p> <p>Staff told us they were actively encouraged to comment and take part in the planning and delivery of services. They told us their views would be respected and acted upon if appropriate by management.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We were in contact with the chairperson on the PPG who told us that during Covid meetings ceased, but communication continued as required. Meetings had since recommenced every 2 to 3 months and the provider actively engaged with the group and a senior member of the management team always attended.</p> <p>The chairperson confirmed it was difficult to get more than a handful of people to come to PPG meetings due to the very high satisfaction rate of the service provided by the practice to patients and carers. They felt the practice responded well to any issues raised and provided the PPG with an annual report each year.</p> <p>The chairperson confirmed the practice was very involved in the community with patients and staff knowing each other well.</p> <p>A medical equipment fund set up in 1986 was run by the chairperson along with 5 trustees and volunteers. Monies raised went towards equipment to improve service provision for patients registered at the practice. Every year a Christmas Coffee Morning was held, the provider attended with the equipment purchased to allow patients to review and discuss the improvements this had brought to patient care</p>

Any additional evidence

The medical equipment fund had provided equipment to improve patient access to a tests and results within the practice. For example, they had purchased:

- equipment which allowed improved access to a specific type of ultrasound scan.
- equipment to improve the diagnosis and management of patients with a heart condition.

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
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

Whilst we did not see a formalised targeted improvement program, we saw evidence of quality improvements ongoing within the practice. We saw evidence of clinical audits undertaken with plans to reaudit within the practice which identified outcomes and improvement both completed and underway.

The provider understood the need to promote medicine as a career and to encourage young people into the profession. They hosted students from local 6th forms who were interested in following a career in Medicine. Some of which have gone on to become qualified doctors.

The practice continually looked forward and adjusted its plans and priorities. The practice aimed to provide all their patients with the highest quality care by a well-trained and motivated team. They recognised the special expertise of their staff members and were committed to passing on expertise in respect of training and education of GP registrars and other staff. The lead GP partner was an accredited GP trainer.

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 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 those aged 25 to 49, and within 5.5 years for those 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.