

# Care Quality Commission

## Inspection Evidence Table

### Lakeside Healthcare at New Queen Street and Stanground surgeries (1-8383308397)

Inspection date: 25 May 2022

Date of data download: 17 May 2022

## Overall rating: Requires improvement

We previously inspected Lakeside Healthcare at The New Queen Street Surgery in May 2017 and the practice was rated good overall. The practice has changed name and inherited the regulated history and ratings of the previous location, and is now called Lakeside Healthcare at New Queen Street and Stanground surgeries.

Following our inspection, the practice has been rated as Requires Improvement overall.

## Safe

## Rating: Requires improvement

At this inspection the practice was rated as requires improvement for providing safe services because:

- The practice was not able to evidence that those who had been coded as having a medication review had received a structured and comprehensive medicines review. We found examples of patients on many long term repeat medications whose medicines were not linked to specific diagnoses or problems.
- We found neither the local management nor central team had full oversight of vaccination history held in staff records to ensure that staff and patients were protected.
- We found the practice systems and processes to ensure infection and prevention was to an appropriate standard was not wholly effective.
- The practice had ineffective systems for ensuring emergency equipment and medicines were safe to use.
- The process for recording near misses and incidents in the dispensary did not ensure there was sufficient detail of the events recorded. Reviews of near misses and incidents were not conducted in a timely way to ensure learning was shared and changes were made to prevent reoccurrences.

## 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
We saw evidence of regular multidisciplinary team (MDT) meetings with health visitors where safeguarding was discussed, and case studies presented for shared learning. The Organisation had input from the established Lakeside Safeguarding Team to provide a service for both children and adult safeguarding ensuring referrals were actioned and relevant reports completed. We found staff were trained to the appropriate levels for their role and were aware of the safeguarding process and the lead within the practice.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial <sup>1</sup>
Explanation of any answers and additional evidence:	
1. In May 2022 as part of the inspection preparation, the practice reviewed their records, system and process in place to ensure the vaccination status of staff was complete. They recognised there was confusion between the responsibility of the central Lakeside Human Resource (HR) function and the practice and that neither held complete and comprehensive records. On the day of the inspection the practice told us they had started to collate all staff members vaccination status to record on their management system. However, this was not complete and did not have clear evidence that staff and patients were protected. The practice told us improvements were being implemented to ensure the roles and responsibilities between the central HR function and the practice management team were clear.	

Safety systems and records	Y/N/Partial
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Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: New Queen Street 17/02/2022 Stanground 17/02/2022	Yes <sup>1</sup>
There was a fire procedure.	Yes
Date of fire risk assessment: New Queen Street 12/05/2022 Stanground 18/06/2021 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: 1. The practice had developed and was working through their action plan. We found all actions that had been identified as high risk had been actioned immediately, other risks identified as medium were in progress, the practice was aware of the low risks they had not currently actioned.	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: April 2022 both sites	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial <sup>1</sup>
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: 1. We saw the infection prevention and control (IPC) audit had identified some rooms in the practice that had carpet flooring. The practice had a risk assessment in place for these rooms to manage the risks associated with this type of flooring. The rooms identified were used for telephone triage and not face to face consultations with patients. The practice identified the carpets had not been deep cleaned and told us this would be taking place in June 2022. The audit also identified some fabric covered chairs which had been moved into the consulting rooms and to mitigate the risk, disposable covers were in use. These were changed each session or more often if visibly soiled. On the day of inspection the practice was unable to share cleaning logs in line with current guidance for the privacy curtains they used when seeing patients. Staff told us the curtains were cleaned when visibly soiled or once a month and they recorded the date on the curtains.	

## Risks to patients

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

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

### Information to deliver safe care and treatment

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

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

### Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.98	0.80	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	11.2%	11.2%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	5.13	5.18	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	159.2‰	119.7‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.51	0.64	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	4.6‰	5.8‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial <sup>1</sup>
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes <sup>2</sup>
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial <sup>3</sup>
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. As part of our inspection and with the consent of the practice, we used a suite of clinical searches and reviewed some patient medical records. We found that the process in place for medicine reviews and coding of diagnosis of treatments was not always effective. Some patient records we looked at had been coded as medicine review completed but lacked sufficient detail of a full structured review, therefore not ensuring all medicines the patient was taking had been considered. The practice staff did not always code consistently to ensure medical diagnoses were linked with care and treatment. Therefore, other clinical staff or health professionals would not always be able to access clear and accurate information about the patients for them to consider as part of their clinical care.</li> <li>2. We conducted two searches on high-risk medications known as Disease Modifying Antirheumatic Drugs and found that all 77 patients receiving Methotrexate had the required monitoring and all 28 patients receiving Azathioprine had the required monitoring. A review of patients in receipt of Direct Oral Anticoagulants ( DOACS) found that the creatinine clearance calculation needed to ensure correct dosing of these blood thinners and correct renal function monitoring was not always being driven by current patient data. The surgery was informed and took immediate actions to rectify the issue.</li> <li>3. On the day of inspection at Stanground site, we found the emergency oxygen cylinder located with the emergency equipment was being checked daily, however, we found an additional three cylinders in the same room that there was no evidence of being checked, one of these cylinders was empty. The practice took immediate action and removed the empty cylinder. At both sites we found oxygen cylinder checks were carried out daily, however, the system was ineffective as we did not see evidence that expiry dates were checked or documented .</li> </ol>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
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.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
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.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
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.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Partial <sup>1</sup>
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes <sup>2</sup>
<p>Explanation of any answers and other comments on dispensary services:</p> <ol style="list-style-type: none"> <li>1. The dispensary staff recorded incidents and near misses, they told us these were discussed with staff at the time of the incident to identify any learning and make changes. The documentation shown to us of their incident reporting and annual reviews lacked sufficient detail to give assurance that all learning had been identified and that any changes made had been monitored to ensure they were effective.</li> <li>2. Staff told us they would complete Dispensing Review Use of Medications (DRUMs) at the dispensary reception area if the patient was happy with this, the practice also had a private interview room within the reception area should patients wish to gain more privacy.</li> </ol>	



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

The practice learned and made improvements when things went wrong however, they did not always review incidences or near misses within the dispensary in a timely way.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	29
Number of events that required action:	29
Explanation of any answers and additional evidence: We reviewed the practice records for recording events and outcomes for significant events. We found the practice had a system to ensure events and learning from the practice were shared with all team members and this was evidenced in meeting minutes.	

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

Event	Specific action taken
Delay in non-urgent referral	Case and referral process discussed in staff meeting.
Letter scanned on incorrect patient	Staff meeting to discuss case, to ensure all tasks are completed on a patient file before opening another and to take extra care checking patient details.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice including the dispensary, evidenced an effective system for acting upon patient and medicine safety alerts. The practice received the alerts via the electronic system and then cascaded and acted by the responsible person. Alerts were discussed and shared by the clinical team.  As part of the inspection we used clinical searches to review the practice system to ensure action on safety alerts. We reviewed one alert and found: <ul style="list-style-type: none"> <li>A historical alert relating to a combination of medicines which reduces their effectiveness. We found 18 patients taking this combination of medicines. We reviewed four of the records and found the practice had had discussed the risk with the patients and they were managed appropriately.</li> </ul>	



## 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 not always assessed, and care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial <sup>1</sup>
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial <sup>2</sup>
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: 1&2. Our clinical searches found that not all patients with more than one long term condition (LTC) were being reviewed effectively to ensure all conditions were addressed and that treatment remained appropriate. The recall system had recently changed to patient's birth month and long term condition review clinics were now in place. The surgery was implementing LTC clinician leads. Often a medication review was coded despite not all conditions being reviewed and the surgery are now going to address this going forwards.	

### Effective care for the practice population

#### Findings

- The practice improved digital access by introducing a digital platform which allows 24/7 access to clinical and non-clinical staff.
- Children requiring urgent appointments are seen on the day. Receptionists are aware of this requirement and will book these children with the duty GP as an emergency.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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. The practice had paused NHS checks during COVID-19 and but had an action plan with priorities identified to restart this.
- All 94 patients with a learning disability were offered an annual health check, the practice had completed 85 in the last 12 months.
- 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 supported patients facing the end of life and their carers by holding monthly palliative and supportive care meetings to ensure they were fully supported by the most appropriate health professionals. These had been held remotely throughout the COVID-19 pandemic. These meetings were attended by the practice palliative care lead, Macmillan Nurse, Community Nurses and other representatives.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had registers of patients with poor mental health, including dementia.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice offered health promotion, smoking cessation and signposting to exercise and weight loss programs.

## Management of people with long term conditions

### Findings

- Patients with long-term conditions were offered an annual review, however due to ineffective, inconsistent clinical coding of medical records and recent change to the recall system we could not be assured their health and medicines needs were being fully met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice uses the national UCLP risk stratification searches to identify the patients who require the most clinical input. These searches also ensure that if a patient has one or more chronic disease, the practice will take a holistic approach.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	229	238	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	218	235	92.8%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	218	235	92.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	218	235	92.8%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	272	290	93.8%	Met 90% minimum

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	74.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	70.5%	55.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	70.0%	68.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	59.3%	61.2%	55.4%	No statistical variation

#### Any additional evidence or comments

The practice was aware of the figures in respect of cervical screening, from January 2022, they had allocated members of reception team to monitor missed appointments and the recalls. They analysed clinical time needed to exceed the 80% target and opened pre bookable clinics to accommodate this. Clinics were made available to book online which started in February 2022, until new data is published, we are unable to assess whether their action plan has improved uptake.

#### 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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes <sup>1</sup>
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

1. The practice conducted quality improvement projects and audits. Some of these were two cycle with improvements being demonstrated in patient care after the re-audit. These audits were discussed in monthly clinical meetings.

The practice shared their audits with us, for example a two-cycle audit to check if guidance was adhered to when prescribing a dose of Denosumab, guidance states that patients should have their bloods checked (ideally 2 weeks prior to their injection) for calcium, Vitamin D, PTH, and U+Es prior to receiving a dose of Denosumab. This audit was in response to practice figures showing that their monitoring system was not effective.

The first cycle in May 2021 identified nine patients to have been prescribed Denosumab on a regular basis, five patients had no monitoring prior to their injection, four patients had partial monitoring.

Second cycle in November 2021 identified seven patients were still taking Denosumab with all patients having had complete monitoring.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial <sup>1</sup>
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. The practice had implemented a clinical supervision process where a GP had dedicated time allocated to review random cases for non-medical prescribers, salaried GPs and locum GPs each week and feedback any learning identified. The rotas included time for supervision and debrief slots for nurses provided by the on-call GP. We found and the practice told us appraisals had not been conducted within the last 12 months, the practice had a plan in place to start appraisals from July 2022 and to be conducted by month</li> </ol>	

of birth. Staff told us the practice were supportive and they had learning and development opportunities.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: The practice had implemented regular meetings which they held such as, weekly clinical meeting, palliative care and care home meetings held once a month and health visitors involved in safeguarding meetings	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Partial <sup>1</sup>
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: 1. The practice had paused NHS health checks during the pandemic to prioritise workload and had not restarted. The practice had placed the delivery of NHS health checks on their risk register and continued to monitor priorities.	

## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
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Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes



## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Healthwatch	We found mixed feedback in respect of compassion shown by staff.
NHS choices	We found positive comment around the helpfulness and kindness of staff.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	84.8%	89.5%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	83.9%	88.2%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	94.5%	95.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	71.0%	83.0%	83.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of their GP practice (01/01/2021 to 31/03/2021)				

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

Any additional evidence
<p>The practice told us they had not initiated any patient feedback exercises but told us of a plan to start to do this. They intended to include results from the Friends and Family Test (FFT), and to write a newsletter by end of May 2022, to further gather feedback and a QR code will be sent via text and email, placed on the practice website and on posters in the practice linking to a patient survey form.</p> <p>The practice had analysed the feedback from patients via their clinical system which showed a total of 7,420 contacts between November 2021 and May 2022, from these contacts of those who responded there was a 92.4% satisfaction rating.</p>

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

#### National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	85.9%	93.3%	92.9%	Tending towards variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	The practice has identified 277 (1.4%) patients as carers on their practice system.
How the practice supported carers (including young carers).	The practice was proactive in identifying carers, through new registrations and opportunistically through consultations and reviews, they had posters and leaflets in the practice to support and identify carers. They supported and signposted carers to local services for assessments so they could have the correct level of support
How the practice supported recently bereaved patients.	Bereaved patients were contacted by the practice who provided additional support and if appropriate arranged a convenient appointment. This normally took the form of a phone call followed by a letter with further information in the practicalities of dealing with a death as well as further physical and emotional support. The practice also had leaflets available in the waiting room for bereavement support in Cambridgeshire and Peterborough.

## Privacy and dignity

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

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: Reception staff ensured distance between the patient at the desk and the queuing patients with a privacy pod to retain confidentiality. Reception staff offered patients a private room if they wished to discuss sensitive information.	

## Responsive

## Rating: Requires improvement

At this inspection the practice was rated as requires improvement for providing responsive services because:

- GP patient survey data was below CCG and national averages, and the practice had not conducted patient feedback exercises to evidence that changes implemented have impacted patient access.

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs, although they continued to adapt services in order to improve.**

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

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

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"><li>• Patients had a named GP who supported them in whatever setting they lived.</li><li>• 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.</li><li>• The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li></ul>

- Additional nurse appointments were available for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8.15pm on a Monday and 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 Saturday and Sunday 10am until 1pm at the practice.
- The practice supported patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice had leaflets available in multiple languages both in practice and on their website.

## Access to the service

### On the whole people were able to access care and treatment in a timely way.

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Partial <sup>1</sup>
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: The practice shared their complaints log which identified a number of complaints in respect of the appointment system, this showed patients called at 8am each morning to gain an appointment, if there were no routine appointments left, depending on their needs would then be advised to call again the next morning. The practice had implemented an online consultation platform which patients with internet	

access could use. Pre bookable appointments were offered for long term conditions, cervical screening, dressings and other nurse appointments. Patients could be seen by the duty doctor to address their clinical needs. Clinicians assessed requests for on the day appointments and if clinically indicated arranged face to face appointments. The practice had a display board which indicated the number of incoming calls, the maximum waiting time and the average wait time, this allowed the practice to allocate staff resources to manage the demand.

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	43.2%	N/A	67.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	52.0%	72.6%	70.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	38.7%	68.6%	67.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	79.1%	83.6%	81.7%	No statistical variation

## Any additional evidence or comments

In January 2021 the practice had recognised they needed to improve their telephone system. They identified their phone system couldn't monitor the number of calls and had limited spaces in the queue, the practice engaged with Patient Participation Group (PPG) and Lakeside Healthcare group for feedback. Changes were made in August 2021 to allow call backs for patients to prevent them redialing and extended the phone queues, the practice had positive feedback from patients. In September 2021 the practice increased functionality to allow the practice to monitor call data which indicated the number of incoming calls, the maximum waiting time and the average wait time, this allowed the practice to manage staff to accommodate the demand. To further increase accessibility the practice introduced an online consultation platform in November 2021. The practice had analysed their data which showed a total of 7,420 contacts between November 2021 and May 2022 giving a 92.4% satisfaction rating.

The practice was aware of the data and told us they had not conducted any patient feedback exercises but showed evidence of a plan to start which included, Friends and Family Test (FFT), Newsletter to be published end of May 2022, QR code to be sent via text and email, and placed on the practice website and on poster form in the practice which linked to a patient survey.

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Source	Feedback
Healthwatch	Feedback received was mixed in respect of accessing the practice. Some patients told us they were happy with the triage system the practice had in place and their accessibility to their GP. Other patients feedback stated they had struggled to use the telephone system in place.
NHS Choices	Feedback was mixed in respect of accessibility of appointments.

### 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.	50
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Triage process	Phone triaged conducted but patient requested face to face. Process explained and patient offered face to face appointment after triage.
Practice contact with patient	Patient received a text message in response to a medicine query. Process reviewed to seek assurance from patient in how they would like to be contacted.



## Well-led

## Rating: Requires improvement

At this inspection the practice was rated as requires improvement for providing well-led services because:

- We found reviews of governance structures and systems were ineffective.
- We found arrangements for identifying, managing and mitigating risks were not wholly effective as we found gaps in cleaning logs, medical equipment expiry checks and appraisals that hadn't been completed annually.
- We could not be assured that data was used to improve performance as we found inconsistency with coding of medical records, linking clinical diagnosis with treatment, and documented structured medicines reviews were not always carried out.
- Patient views were not always acted on to improve services and culture.

### Leadership capacity and capability

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

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

### Vision and strategy

**The practice was working towards 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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial <sup>1</sup>
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:  1. Staff we spoke with and feedback we received demonstrated that staff were unaware of Lakeside's vision or values. However, staff held their own values which supported high quality care. Staff had been involved in a Lakeside survey which was conducted in November 2021 and results shared but strategies were yet to be embedded.	

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
Staff questionnaires and interviews	On the whole staff feedback was positive, staff told us they felt supported, that there was a good culture and there were development opportunities. However, some staff told us the communication between the two sites could be improved.

## Governance arrangements

**The responsibilities, roles and systems of accountability were not always clear to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial <sup>1</sup>
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: 1. We found work was required to improve systems and processes, for example, within the dispensary, medication reviews, infection prevention and control and emergency medicines. We spoke with leaders and staff around some of these concerns who had started to work towards changes on the day of inspection.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial <sup>1</sup>
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: 1. On the day of inspection we found gaps in cleaning logs, medical equipment expiry checks and appraisals that hadn't been completed annually, so we could not be assured that there was an effective system for identifying and managing risks.	

### **The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic**

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

### **Appropriate and accurate information**

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

	Y/N/Partial
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Staff used data to monitor and improve performance.	Partial <sup>1</sup>
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: 1. We could not be assured that data was used to improve performance as we found inconsistency with coding of medical records, linking clinical diagnosis with treatment, and documented structured medicines reviews were not always carried out.	

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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

**The practice did not always involve 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.	Partial <sup>1</sup>
The practice had an active Patient Participation Group.	Yes <sup>2</sup>
Staff views were reflected in the planning and delivery of services.	Yes <sup>3</sup>
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: 1. Although the practice hadn't completed patient feedback exercises, they had engaged with the Patient Participation Group (PPG) and findings of complaints and adapted their telephone system.	

2. The Patient Participation Group (PPG) had between 30 to 40 members who met monthly as a group with the practice manager and a GP where possible. The PPG have been involved in feedback regarding the appointment system and changes to the website.
3. Staff surveys were conducted across Lakeside as an organisation and findings were shared, but further actions hadn't been taken.

Feedback from Patient Participation Group.

### Feedback

The PPG were very positive about the practice's engagement and the openness and honesty of the staff attending the meetings. They believed the management were aware of issues and were improving the service to meet the needs of the population.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice continued to develop their staff through learning opportunities, staff told us of additional courses they had attended and qualifications gained with the support from the practice.</p> <p>The practice took opportunities to learn and improve the services offered, sharing information through learning events, meetings and updates through the central system.</p> <p>The practice was a training practice for medical students and GP trainees.</p>	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3

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

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

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

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

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

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

#### Glossary of terms used in the data.

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