

Inspection Evidence Table

Bakersfield Medical Centre

(1-547331315)

Inspection Date: 25 January 2023

Date of data download: 04/01/2023

Overall rating: Good

At our previous inspection in June 2022 we rated the practice as requires improvement. The safe key question was rated as inadequate, effective, response and well-led were rated as requires improvement and caring was rated as good. We completed a focussed inspection on 11 October 2022 to review compliance with warning notices which were issued from the previous inspection. This inspection was not rated. Actions had been taken to address most of the areas of the breaches identified in the warning notices and it was evident improvements had been made. However, some required actions were not fully completed or embedded. The ratings from June 2022 still applied and were reviewed at this inspection.

We have rated the practice as Good overall.

Safe

Rating: Good

At the inspection in June 2022, we found areas of concern that impacted on patient safety. This key question was rated as Inadequate and this was due to :-

- Risks associated with repeat prescribing.
- Poor management of care information and task management issues.
- Insufficient assurance around training and vaccination status of staff.
- Poor oversight of the property and maintenance including fire, legionella and infection control.

The inspection in October 2022 was not rated and therefore the rating of inadequate from our inspection in June 2022 remained unchanged.

- Appropriate standards of cleanliness and hygiene were met. However, some improvements were still required.

- Further improvements were required in relation to the monitoring and assessment of patients' health in correspondence received from secondary care.
- Clear and effective process for governance and managing risks, issues and performance need further work.

At this inspection in January 2023 we rated the practice as Good for the safe key question because:-

- Improvements had been seen and evidenced in relation to repeat prescribing, management of health and safety, infection prevention and control and records in relation to staff vaccinations.
- The practice had implemented systems that supported the appropriate and safe use of medicines.
- Practices had processes were in place to keep people safe and safeguarded from abuse.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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: <ul style="list-style-type: none"> • At our inspection in June 2022, we found that children who had not attended for an appointment had not been reviewed and contacted or coded following a missed appointment with secondary services. At the inspection in October 2022 we conducted searches on the patient clinical record system regarding children who did not attend for an appointment. We looked at four records and found documentation that all four records had been reviewed, discussions had been held with a responsible adult and the appropriate coding was in place. 	

- The practice demonstrated an effective process in place which ensured safeguarding was a key part of patient care. Staff demonstrated clear awareness of their responsibilities around reporting incidents if they suspected a concern.
- Child safeguarding meetings were held every 6 to 8 weeks. Vulnerable adults were reviewed at the bi-monthly practice multi-disciplinary meeting.
- The practice policies in relation to safeguarding had been updated to include current guidance on county lines, trafficking and female genital mutilation.

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.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At our inspection in June 2022 we found not all staff had received an appropriate induction or training relevant to their role. At the inspection in October 2022, we reviewed four recruitment files and the practice were able to evidence that they had received appropriate training relevant to their role. A member of staff had recently commenced the care certificate standards course and was being supported by the practice to complete this qualification. Indemnity insurance was in place for the GPs who worked at the practice. Evidence was provided for staff vaccinations which included Hepatitis B and a full record of routine immunisations required, for example tetanus, diphtheria, polio and MMR. • At this inspection we reviewed three new recruit staff files. All the required documents were in place. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: various and ongoing	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 27 July 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At our inspection in June 2022, we found that the practice did not have an external risk assessment for legionella. They had completed an internal risk assessment and we were not assured the person who completed the risk assessment had the necessary knowledge and training to undertake this assessment. We also found that not all areas of risk had been identified. At the inspection in October 2022, we found that the person responsible for completing the internal risk assessment had completed some legionnaires disease training on 29 May 2022. Water temperature monitoring continued and they had commenced legionella water flushing monitoring for showers and low use taps. 	

At this inspection we saw there were a range of infection prevention and control policies available for reference including Legionella management. There was a documented record of regular checks to assess for Legionella.

- At our inspection in June 2022, the practice did not provide us with adequate assurances in regard to fire safety. At the inspection in October 2022, we found the practice had further reviewed the internal fire risk assessment on 27 July 2022. The fire safety policy had been updated to include the names of fire wardens and schedules for fire alarms and emergency lighting.

At this inspection we saw Fire safety policies and a completed fire risk assessment were in place. All staff had completed fire safety training, and fire marshals had undertaken additional training for the role. Systems were in place for the regular checks of fire alarms, extinguishers and fire evacuation procedures. We saw a fire drill had been completed and recorded in February 2022, and at that time no learning points were identified as a result of this.

- We saw certificates to evidence that medical equipment was calibrated annually, and portable appliance testing of electrical items was completed on a yearly basis. These had last been completed in March and April 2022.
- Comprehensive safety checks and testing were in place to ensure the safety of the building. This included a Gas safety inspection in May 2022.
- An Asbestos risk assessment had been completed in May 2022 where no asbestos was found.
- An Electrical Installation Condition Report (EICR) was completed in January 2022.
- The practice had assessments in place for the safe control of hazardous substances (COSHH)

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.	Yes
Date of last infection prevention and control audit: 26 October 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • At our inspection in June 2022, we found clinical oversight for infection prevention and control was not in place whilst the inspection in October 2022 found improvements had been made further work was required. An external quality visit for infection prevention and control took place on 26 October 2022, actions were identified and most were completed. We were therefore assured that measures to monitor infection prevention and control had improved. The practice have reviewed and updated their infection control policy. A further external quality visit was planned for February 2023. • In addition to the infection control audit, we were provided with a separate audit pertaining to hand hygiene. When an issue was identified for improvement, actions were taken, staff were made aware, and this was kept under review at subsequent audits. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: The previous inspection highlighted that the practice had been in the process of recruitment for at 12 months. At this inspection, we found that staffing levels were more stable, three new members of staff were in place but they still required a permanent practice nurse.	

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 ¹
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 ²
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes ³
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes ³
Explanation of any answers and additional evidence: At our previous inspection in June 2022 we found examples where individual care records were not written in line with current guidance. At the inspection in October 2022 we found that improvements had been made but further work and oversight was required in relation to staff responding to secondary care correspondence.	

At this inspection the practice had reviewed and updated the policy and guidelines in place to support staff who deal with secondary care correspondence and from records reviewed we were assured that care records were being written and completed in line with current guidance. For example :-

1. During the remote access of the clinical system we reviewed a random sample of patients records. These searches indicated that systems were in place to review and act upon information received by the practice, including test results in a timely manner.
2. The practice had a system in place to ensure that test results and information relating to patients were acted upon in an appropriate and timely manner.
3. During the remote access of the clinical system we reviewed a random sample of patient records and found referrals and test results had been acted upon promptly and in accordance with best practice guidance.

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.64	0.82	0.82	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). (01/10/2021 to 30/09/2022) (NHSBSA)	4.0%	7.8%	8.5%	Variation (positive)
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 (01/04/2022 to 30/09/2022) (NHSBSA)	4.52	4.59	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	91.4‰	132.3‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.63	0.49	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	3.0‰	6.2‰	6.7‰	Variation (positive)

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 ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes – Patient Specific Directions
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 effective medicines reviews for patients on repeat medicines.	Yes ²
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 ³
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 ⁴
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
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 ⁵
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes ⁶

1. Blank prescriptions were stored securely and since this inspection the practice had completed an audit to ensure that the serial numbers left in the box match with the usage. They plan to carry out audits every three months.
2. As part of the inspection we conducted searches on patients where there had been 2 or more courses of rescue steroids. We reviewed 5 sets of patient records and observed that 1 out of the 5 had not had a review in the last 12 months. The management team told us they would review this patient after the inspection.

As part of the inspection we conducted searches on patients where there was an indication of high prescribing of short acting relieving inhalers. We reviewed 5 sets of patient records and observed that all 5 had had a review in the last 12 months.

As part of the inspection we conducted searches for patients with a long-term condition. We found that 28 patients with diabetes who experienced retinopathy and had a HbA1c of more than 74 had all been reviewed.

As part of the inspection we conducted searches on patients who have received more than 12 Short Acting Beta Agonist inhalers in the preceding 12 months. We found 309 patients had received more than 12 inhalers and from the 5 randomly selected patients all had been reviewed.

As part of the inspection we conducted searches for Non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulant or antiplatelet which were prescribed to patient's over 70 with no proton pump inhibitor (PPI). We randomly selected 5 patients and found that one patient on NSAIDs had a PPI prescribed whilst the other 4, of which 1 was on anticoagulant, 2 where on NSAIDs and 1 on antiplatelet were not prescribed a PPI. Our clinical view was that the omission of the PPI did not risk any major harm to these patients.

As part of the inspection we conducted searches on patients who took teratogenic drugs and were of childbearing age and reviewed 5 sets of patient records. All 5 patients had been reviewed and had had a conversation with their GP about contraception.

3. At our inspection in June 2022 we conducted clinical searches on the patient record system and found not all patients had been coded as having received a medication review. We also found that prescription request dates were set beyond their review date. Correspondence received from secondary care was not managed effectively. At the inspection in October 2022 we conducted clinical searches on the patient record system and reviewed 10 care records. We found they had received a medication review, were appropriately coded and no issues were found. We were therefore assured that correspondence was being managed appropriately and clinical oversight was now in place.
As part of this inspection we conducted searches on the clinical system of patients who had been recorded with a code as having a medication review. We observed that changes had been implemented and the overall processes in place for medicines management was improved in relation to the appropriate and safe use of medicines.
4. As part of this inspection we conducted searches on patients taking Disease-modifying anti-rheumatic drugs (DMARDs) and reviewed 5 sets of patient records. All 5 patients were found to be completely under secondary care for their monitoring. Patients were having blood tests arranged via the hospital but the provider was not routinely recording that these indicated it was safe to continue prescribing the medicines.

As part of the inspection we conducted searches on patients taking DOACs (direct oral anticoagulant drugs) and reviewed 5 sets of patient records. All 5 patients had been reviewed and had their dose adjusted based on the calculation of creatinine clearance (CrCl). The creatinine clearance test helps provide information about how well the kidneys are working.

5. We observed that the practice had good antibiotic prescribing and the rate of prescribing broad spectrum antibiotics from information provided at the inspection demonstrated that the best out of the 7 practices in their Primary Care Network (PCN). The practice informed us that they usually waited for the type of infection to be confirmed prior to prescribing antibiotics to ensure the medicines prescribed were appropriate for the condition.
6. At our inspection in June 2022 we saw logs of regular fridge temperature checks, however, on the day of inspection, we viewed the temperatures of the fridge and found that it showed the vaccines were not stored at the appropriate level in line with the UKHSA guidance and the data logger was not working. At the inspection in October 2022 we reviewed the processes and procedures in place in relation to the management of vaccines. Daily recordings of the external displayed temperatures had been completed and data loggers were in place in both refrigerators. Whilst we found they had a control mechanism in place it needed strengthening as we were told the data logger information was only downloaded on a weekly basis but we were not assured the readings were checked.

At this inspection we were told and we found that the temperature monitoring for vaccines was overseen daily. Temperatures were recorded and visual checks were carried out. Data loggers were in place inside each of the two fridges and were downloaded daily to check the internal temperature. Information we reviewed demonstrated that these were reviewed and temperatures were within the recommended limits.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	4 since inspection in October 2022
Number of events that required action:	4 since inspection in October 2022

Explanation of any answers and additional evidence:

At our inspection in June 2022 we found examples of complex significant events where there was not an in-depth analysis and therefore learning opportunities were missed. At the inspection in October 2022 we found a significant event had been raised in relation to this potential safeguarding concern and investigated. Guidance had been sought from external partners and learning and actions had been shared with staff. At this inspection we found:-

- The practice had a procedure for recording significant events, acting and sharing information and learning outcomes as a team.
- There was an open culture in which all safety concerns raised were discussed and learning was used to make improvements. All staff were encouraged to report incidents.
- The practice had a system in place to ensure learning from incidents was shared through various meetings, both informal and formal and general cascade of information via email.

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

Event	Specific action taken
Medicine Management – acute and repeat prescription issue.	Reception error. Missed an acute medicine added to a repeat prescription. As soon as error was found it was rectified. Apology given to patient. Actions for staff to be more vigilant when working on repeat prescriptions. Staff we spoke with were able to tell us about this significant event and actions and learning taken. Staff meeting minutes we reviewed demonstrated that significant events were a standing agenda item and were reviewed and discussed as required.

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:

- We saw that the practice had a process in place for a clinician to review safety alerts and evidence that all relevant safety alerts had been acted upon and responded to.
- In April 2022, the MHRA highlighted findings from a study on the risks of a medicine used during pregnancy. It can be used to treat epilepsy, anxiety and nerve pain. As part of the inspection we conducted searches on patients who took teratogenic drugs and were of childbearing age and reviewed 5 sets of patient records. All 5 patients had been reviewed and had had a conversation with their GP about contraception.
- The practice also confirmed that they were in the process of putting in place a process to check historic safety alerts. They had contacted the medicines management team at the integrated care board and at the time of the inspection were waiting for a response.

Effective

Rating: Good

At our inspection in June 2022 we rated the practice as requires improvement for the effective domain because:

- Patients treatment was not always reviewed and updated.
- Patients were not given information for further help if their condition deteriorated in other language formats.
- Cervical screening rates were below target.
- Childhood vaccination rates were below target.
- Clinical audits did not identify the extent of concerns.
- There was a lack of competency, knowledge and training checks of staff. Consent was not always obtained in referrals to other services.

The inspection in October 2022 it was not rated and therefore the rating of requires improvement from our inspection in June 2022 remained unchanged.

At this inspection in January 2023 we saw improvements had been made and there was evidence that these were supported by managerial oversight. Cervical Screening rates continued to be below target but the management team were aware and had further plans to improve patient attendance for screening. The practice was rated as Good for providing effective services.

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes ¹
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes ²
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes ³

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
The practice prioritised care for their most clinically vulnerable patients	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our inspection in June 2022 we conducted searches on the practice patient clinical record system regarding prescribing of controlled drugs. We found examples of patients receiving frequent issues of drugs which were not in line with evidence-based guidance. We also found examples where patients treatment was not appropriately reviewed and updated. At the inspection in October 2022 we conducted clinical searches on the patient record system and reviewed 10 records for patients on controlled drugs prescribed predominantly for pain relief. These had been monitored in line with national guidance. We did not look at any records in relation to this medicine at this inspection. <p>1. At this inspection, remote searches of the clinical record system showed that appropriate monitoring was in place for patients with long term conditions. For example, the remote searches centred around patients who experienced asthma, chronic kidney disease, hypothyroidism and diabetes retinopathy.</p> <p>We found 309 patients on the asthma register. The searches identified 9 patients who had been prescribed two or more courses of rescue steroids in the last 12 months. We reviewed a random sample of 5 patient records and found all had been reviewed in a timely manner but there was no future recall date added to the patient record.</p> <p>We found 82 patients on the chronic kidney disease register. We reviewed a random sample of 5 patient records and found 1 patients had not had their renal function monitored.</p> <p>We found 221 patients on the hypothyroidism register. We reviewed a random sample of 5 patient records and found all had been reviewed in a timely manner.</p> <p>We found 391 patients on the diabetes register, 28 of whom had diabetic retinopathy. We reviewed the list and found that all 28 had been reviewed in a timely manner.</p>	

Effective care for the practice population

Findings

- 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. At the time of this inspection the practice had 312 patients eligible for a health check, 110 had been invited and only 45 had been completed due to winter pressures and Covid but had plans to recommence these health checks in February 2023.
- All patients with a learning disability were offered an annual health check. The practice provided data to show 83% of patients had received their 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offer sexual health screening and contraception services.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- All staff have had training in dementia and the practice is dementia friendly. They offer longer appointments if the patient wishes, for those with dementia, carers or those who are frail and vulnerable.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Patients with poor mental health were given longer appointments if necessary and referred to the community mental health team located at the premises for assessments and reviews.

Management of people with long term conditions

Findings

- The practice told us and we saw that they had effective recall systems in place for patients who experienced long term conditions.
- Patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with guidance to optimise their care. As part of this inspection we conducted searches on patients where there had been 2 or more courses of rescue steroids. We reviewed 5 sets of patient records and observed that 1 out of the 5 had not had a review in the last 12 months.
- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met.
- The practice had a high prevalence of diabetes within their patient population They continue to try and develop ways in which to improve their diabetes data and pre diabetes management. They had taken a proactive approach to identifying those who are prediabetic and having prevention conversations or referring to prevention programmes, The practice hold diabetic clinics with the specialist diabetes nurse for our patients so that they can engage with patients with diabetes jointly.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.

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))(UKHSA COVER team)	31	34	91.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021))(UKHSA COVER team)	42	46	91.3%	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))(UKHSA COVER team)	41	46	89.1%	Below 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) _(UKHSA COVER team)	42	46	91.3%	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) _(UKHSA COVER team)	54	63	85.7%	Below 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>

Any additional evidence or comments
<p>At the inspection the management team shared with CQC unverified data for July to September 2022 which indicated that they had achieved:-</p> <p>100% 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)</p> <p>100% of children aged 2 who have received their booster immunisation for Pneumococcal infection</p> <p>90% 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)</p> <p>100% of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)</p> <p>The management team told they actively aim to call those patients that Do Not Attend (DNA) immunisation appointments and administer immunisations opportunistically. They take part in the 'Small steps big changes' initiative to target childhood immunisation education and promotion in different languages. This includes face to face meetings where mums are invited to "learn" about childhood immunisations. For example they planned to invite Urdu speaking parents whose children needed immunisations now or in the future to educate them about childhood immunisations. Both doctors could speak Asian languages and so were able to educate parents from this community.</p>

Cancer Indicators	Practice	SICBL average	England	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). (30/06/2022 to 30/06/2022) _(UKHSA)	67.3%	N/A	80.0%	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) _(UKHSA)	35.4%	64.5%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) _(UKHSA)	65.9%	67.7%	66.8%	N/A

Any additional evidence or comments
At the inspection the management team shared with CQC unverified data for cervical screening for January 2023 which indicated that they had achieved 70% for those aged 25 to 49 years of age and 79% for those aged 50-64 years of age. The practice was trying to encourage attendance for cervical screening. Appointments were available during the week and on a Saturday as part of the PCN's extended access service. In order to continue to improve the screening uptake, the practice will be promoting the Cervical Screening Awareness Week 19th – 24th June 2023 by putting new information on their website.
At the inspection the management team shared with CQC unverified data for quarter three 2022 which indicated that they had achieved 71% for bowel screening uptake in the 60-74 years of age compared to the ICB average of 66%.

Monitoring care and treatment

The practice had a 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
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: <ul style="list-style-type: none"> The practice had a programme of scheduled audits covering a wide range of internal processes, oversight of clinical performance, and clinical effectiveness. We were provided with examples of recently completed audits. This included two cycle audits on patients with diabetes and no statin prescribed and gestational diabetes and the need for a Hba1c blood test. These highlighted that long term conditions and associated medicines were appropriate and being regularly monitored. 	

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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the inspection in June 2022 we reviewed staff training. Whilst we received evidence post inspection of training that had been completed we found there was a lack of oversight of staff knowledge, training and competency checks. The practice had not considered the training, skills and competency standards in line with the requirements within the Care Certificate for appropriate staff. At the inspection in October 2022 we found a member of staff had commenced the Care Certificate and was being supported by the practice to gain the required skills and competency standards. We also saw the management team had spoken to their clinical staff and with external partners to put in place an audit programme. This would enable them to be able to demonstrate the competence of staff who work at the practice. <p>At this inspection we found from records we reviewed and staff we spoke with that they had received training, knowledge and experience relevant to their role. One member of staff told us that they would be commencing training for a new role as a nursing associate from March 2023.</p> <p>We reviewed files for three new members of staff and found that they had all received an induction when they started at the practice. Training was ongoing in order to gain more knowledge and experience of their roles.</p>	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

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.	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. 1	Yes ¹
<p>Explanation of any answers and additional evidence:-</p> <ol style="list-style-type: none"> As part of our inspection, we reviewed a sample of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions made within the last 12 months. We found that all records were detailed in line with relevant legislation. We contacted two care homes who told us that the practice had a GP for the home and involved patients and their families in the decision making and would review Respect/ DNACPR decisions at regular periods. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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
Explanation of any answers and additional evidence:	

Patient feedback	
Source	Feedback
NHS UK	Since the last inspection in October 2022 there had been 3 reviews posted on the NHS website. 2 were positive about the care and treatment received. One negative related to staff attitude.
On-line reviews	We saw the practice scored 1.8 out of a maximum 5 star rating based on 44 reviews on an internet review site. Comments were mixed, some patients highlighting good care whilst many were negative in relation to staff attitude.
Observations	We heard a receptionist providing information and advice to a patient who was asking to speak to the practice manager. They spoke with empathy and understanding to the request made.
Representatives from care homes	As part of our inspection we contacted representatives of two care homes. The care homes were complimentary of the care from the practice team including reception and the care home staff and residents felt supported by the practice. We were told that the GP practice would call weekly and conduct face to face visits when required and was easy to get through via the telephone. During emergencies or out of hours the lead GP had given a separate telephone line to contact.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
-----------	----------	---------------	---------	--------------------

The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	71.2%	85.0%	84.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	64.9%	83.9%	83.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	79.5%	92.7%	93.1%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	68.9%	74.8%	72.4%	No statistical variation

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

Any additional evidence
A patient survey was planned for early 2023. This would build on the areas of lower performance identified in the national 2022 GP patient survey to review how changes were impacting upon patient experience.

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
The practice were able to refer to social prescribers. Social prescribers help patients to improve health, wellbeing and social welfare by connecting them to community services such as wellbeing, weight loss and befriending groups. The practice reception area had posters for local community groups displayed.	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	76.7%	90.5%	89.9%	Tending towards variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	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.	3% - total of 172 carers identified
How the practice supported carers (including young carers).	The practice had alerts on the patient record system for carers and those cared for. They have information available for patients relating to support groups and local social services team.
How the practice supported recently bereaved patients.	The practice send out condolence cards with support information including counselling support.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

At our previous inspection in June 2022 we rated the practice as requires improvement for the providing responsive services because:

- Changes were required to the complaints literature available to patients to ensure this was accurate and up to date.
- Complaints that were responded to by the practice did not provide details of the Ombudsman if the complainant was unhappy with the practice response.

The inspection in October 2022 was not rated and therefore the rating of Requires Improvement from our inspection in June 2022 remained unchanged.

At this inspection in January 2023 we saw improvements had been made and there was evidence that these were supported by managerial oversight. The practice is now rated Good for providing effective 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.	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 ¹
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 ²
Explanation of any answers and additional evidence:	
1. At the inspection in June 2022 we found that the premises and facilities were appropriate to the services being delivered but there were outstanding building repairs required. At the inspection in October 2022 we found that the repairs identified at the last inspection had been completed. At this inspection the practice had a building improvement plan as there was still areas of the	

building that required improvement.

Evidence to demonstrate compliance with the Accessible Information Standard included:

- New patient health screen form – requests for any special requirement needs by the patients.
- A hearing loop was available for patients who were hard of hearing.
- A wheelchair ramp was sited at the front of the practice building.
- Translators or British Sign language support could be booked to attend face to face appointments with patients. Language line was offered to patients via telephone.
- Alerts were placed on records for any patients that need accessible information, for example, if a required larger print or was hard of hearing and therefore needed to be collected from the waiting area by the clinician.
- Information sent to learning disability patients was available in easy-read format.

Practice Opening Times

Day	Time
Opening times and Appointments:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Extended access is provided on a Monday until 8:30pm and a Friday morning from 7am where prebookable appointments with the GP are available.	
The practice is also part of the Nottingham City General Practice Alliance (NCGPA) and further appointments can be accessed by patients registered at Bakersfield Medical Centre during the week and on a Saturday.	

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice was responsive to the needs of older patients during the pandemic and offered Covid-19 vaccinations in their own homes.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- If requested the practice will offer telephone appointments for patients who can't get to the surgery due to work commitments and or face to face appointments at the surgery if needed.
- Additional GP appointments were available until 8:30pm on a Monday and 7am on a Friday for school age children so that they did not need to miss school.
- Additional GP appointments were available until 8:30pm on a Monday and 7am on a Friday to support the working age population.
- All parents or guardians calling with concerns about a child were offered a face to face same day appointment when necessary.
- 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. Late evening and weekend appointments were able to be booked by the practice through the Nottingham City GP Alliance.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
We looked at the practice's appointment system and saw that there were a range of appointments provided to offer flexibility. Patients could arrange an appointment in person, by telephone, or online. The practice monitored their appointment demand on a daily basis and where possible tried to make adjustments to ensure that there was adequate access to meet that demand. All children under five were always given a face to face appointment on the day. Where appropriate the GP would signpost patients to	

alternative services offered at the practice. For example, social prescribers and first contact physiotherapists

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	73.2%	N/A	52.7%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	66.1%	59.5%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	67.6%	58.5%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	62.9%	74.5%	71.9%	No statistical variation

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.	2 since the inspection in October 2022
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
We saw that any complaints received were discussed at staff meetings. The practice complaints policy and leaflet was updated since the last CQC inspection	

Example(s) of learning from complaints.

Complaint	Specific action taken
Minor surgery	Relative tried to gain information in regard to a minor surgery procedure. Staff were vigilant and did not disclose any confidential information. Discussed at staff meeting in November 2022.

Well-led

Rating: Good

At our previous inspection in June 2022 we rated the practice as requires improvement for the Well-led domain because:

- Leaders could not demonstrate they had the skills to deliver high quality sustainable care.
- Governance processes were ineffective.
- Processes for managing risks were poor.
- There was not always a supportive and open culture.

The inspection in October 2022 was not rated and therefore the rating of requires improvement from our inspection in June 2022 remained unchanged.

Following this inspection in January 2023 the practice is now rated as Good for the Well-led key question.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• At the inspection in June 2022 we found that in some areas leaders had not identified and acted upon areas of risk such as health and safety, significant events. At the inspection in October 2022 we found the practice had put together two comprehensive action plans to address the concerns that were highlighted in the two warning notices served on the provider. We were informed, and we could see, staff had worked hard to achieve the required outcomes from the action plan within the timeframe set out by the Care Quality Commission (CQC). However, not all the areas identified at the previous inspection had been fully addressed as some processes needed further strengthening and embedding.• We found that leaders had been very proactive in their responses to the outcomes of the previous two inspections. GP partners, managers and staff have worked significantly hard to try and address all the concerns and issues raised.• The practice worked with other local practices as part of the Primary Care Network 6 (PCN).	

- The practice had engaged with their commissioner, Nottingham Integrated Care Board (NICB) to respond to the findings at both inspection. This included an external infection control audit carried out in October 2022.

Vision and strategy

The practice had a vision and 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.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • At the inspection in October 2022 we found the practice had worked in collaboration with patients, staff and external partners to address the concerns raised in the last inspection. • Feedback from staff questionnaires and staff interviews told us that staff felt very involved in the present and future development of the practice. 	

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

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

Source	Feedback
Staff feedback and staff questionnaires	<p>We received 6 completed questionnaires from staff that were distributed three weeks before our inspection. We also held interviews with staff members two weeks before the inspection and also talked with members of the practice team on the day of the inspection. Themes from the feedback included:</p> <ul style="list-style-type: none"> • Staff were very proud of the work they did and enjoyed their roles despite the current work pressures. There was a strong sense of commitment both as individuals and as a team. The feedback also highlighted good quality care and managers were said to be supportive and approachable. • The vast majority of responses indicated that staff had completed training and had been supported to do so. They had received an appraisal. Staff knew how to report incidents and received feedback on any learning points • At previous inspections we were told that they felt more staff were needed. However, at this inspection staffing levels had improved and the workload was more manageable. A vacancy still existed for a practice nurse but they had secured a local locum practice nurse who was part of the Nottingham GP Alliance. We were aware that there were vacancies and the practice was trying to recruit into these roles. • There was an acknowledgement that staff morale was low at times due to the significant demands of work which had increased since the pandemic and continued throughout this winter. Patient expectations were very high and adverse feedback on external websites was upsetting to all concerned.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At our previous inspection in October 2022 we found the practice had improved the oversight of clinical and managerial systems along with governance arrangements. We were told and we saw at the inspection that systems and processes had been assessed and they continued to monitor the 	

service whilst they continued to make the required improvements. However, there were still some areas that needed further embedding. For example, oversight of correspondence from secondary care, infection prevention and control, and management of the cold chain.

At this inspection we saw that the management team had continued to monitor the service and strengthened the governance systems in place. Improvements had been seen and evidenced in relation to repeat prescribing, management of correspondence, oversight and management of health and safety, infection prevention and control and records in relation to staff vaccinations.

- The practice had implemented systems that supported the appropriate and safe use of medicines.
- Practices had processes were in place to keep people safe and safeguarded from abuse.
- The practice had a software package which enabled them to collate all their evidence for compliance in one place. This also helped set a reminder for reviews. Since the previous inspection, the use of this software had become more embedded and we observed this to be working well.
- The practice had a range of policies and procedures which were regularly reviewed and updated as appropriate. Staff knew how to access these.
- There was a programme of regular meetings held at the practice which covered all aspects of governance. Meetings were minuted so that staff could read them if they were unable to attend. We saw copies of recent meetings and saw that there was a set agenda, with items covered such as significant events, complaints and infection control.

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.	Yes
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: <ul style="list-style-type: none"> • At the previous inspection in October 2022 we were told and we found that the practice had focussed on addressing the issues raised in the two warning notices served following the inspection in June 2022. This had helped to improve the governance assurance systems and processes and the arrangements for managing risk. Some of the issues were longer term and therefore required time to be established. For example, health and safety, infection prevention and control, secondary care correspondence and management of the cold chain. • At this inspection the management team were able to demonstrate and evidence that the governance assurances systems had been further strengthened in relation to health and safety, infection prevention and control, secondary care correspondence and management of the cold chain. 	

- The practice had a business continuity plan in place. inspection. The business continuity plans was detailed but needed some minor additions such as a rag rating for each of the identified risks (high, medium and low).

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that the practice used data provided to review service delivery, for example, benchmarking data provided by their ICB to review their performance on a range of parameters against other local practices and the wider area. Where appropriate, the data was used to plan changes. For example, we saw that this practice was rated first out of the 7 practices in their primary care network for antibiotic prescribing. 	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

The practice 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.	Partial ¹
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: 1. The practice told us that before Covid 19 pandemic they had a patient participation group (PPG) in place, however since then the group had not formally met. Prior to the inspection the management team had met with the practice chairperson to discuss restarting the group and a further meeting was planned for 15 February 2023. Information about the PPG was available on the practice website and on practice notice boards. This included information on how new members could become involved. Regular staff meetings were held. Full team meetings were held at the monthly protected learning sessions as required.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The PPG told us that they used to meet with the practice prior to the pandemic on a quartile basis. There had been no meetings since 22 January 2020. The PPG chair explained they were in contact with the practice manager and due to arrange a meeting in February 2023. PPG meetings used to take place quarterly. Recruitment of new members to the PPG will be discussed and reception staff will also be asking if any patients are interested in joining.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- There was a strong commitment to learn and improve. We saw that the work undertaken by the practice to develop their own auto-consultation templates to improve patient safety would help deliver improved patient outcomes.
- Learning was applied from significant events and complaints to improve patient experience and outcomes.
- Audit was used to review compliance against standards and best practice, and improvements were made when shortfalls were identified.

The practice was aware of needing to develop communication with patients and to promote different ways of working.

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 SICBL 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 SICBL 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.