

Care Quality Commission

Inspection Evidence Table

Buckshaw Village Surgery (1-893516295)

Inspection date: 25 and 26 July 2022

Date of data download: 01 August 2022

Overall rating: Good

At the previous inspection in December 2021, the practice was rated requires improvement overall. At this most recent inspection the practice had implemented a programme of improvements to address issues found at the previous inspection. There were no identified breaches of regulation and so the overall rating has moved from requires improvement to good.

Safe

Rating: Good

At the previous inspection in December 2021 the practice was rated inadequate for providing safe services. We identified gaps in the management of patients prescribed medicines that required regular monitoring as well as some gaps in risk management, for example with risks associated with staff recruitment.

At this most recent inspection we found the practice had implemented a series of initiatives, processes and procedures to improve the issues identified at the previous inspection. There were no identified breaches of regulation 12 around safety therefore the rating has moved from inadequate to good.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff understood their responsibilities around safeguarding vulnerable adults and children. They could give a description of how they would escalate a safeguarding concern and provided examples of when safeguarding issues had been raised. Staff were trained to the appropriate level and were up to date with mandatory safeguarding training for both vulnerable adults and children and young persons. A training needs analysis had been completed to determine which levels were required depending on staff roles. This enabled the right level of training to be provided. Patients' records were 'flagged' with an alert on their online patient record which popped up when the record was accessed to highlight concerns around safeguarding. The practice engaged in multidisciplinary team meetings with local community healthcare groups around safeguarding concerns. The practice had a flow chart of how to escalate concerns and had a list of key contacts with whom they should call. Key contact numbers were reviewed and checked regularly to ensure they were current. Guidance around safeguarding was available and accessible to staff. The practice had devised a new DBS policy, they undertook risk assessments and analysis of staff roles and followed guidance to determine the level of DBS check required. Whilst new staff waited for their DBS checks to come through, there was evidence that these staff had restricted duties. The practice had considered safeguarding issues within the nursing homes they were involved with, whilst this started with the administration of Covid-19 vaccines, they developed this to cover the health care and treatment needs of patients more generally to protect their safeguarding needs. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The previous inspection found some issues with recruitment checks for staff. However, we checked a sample of recruitment records, including recently recruited staff members and found all appropriate checks had been completed, recorded and available to satisfy the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records were kept of all appropriate checks and supported with documentary evidence. The practice had implemented additional risk assessments, policies and documentary evidence recording to clearly identify and demonstrate the steps taken to ensure compliance with the regulations. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 November 2021	Y
There was a fire procedure. Date of fire risk assessment: 1 May 2022	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Fire safety was reviewed regularly with equipment and environment checks in place. • Health and safety risk assessments and manual handling policies were in place. • The practice had undertaken a review and risk assessment on the blinds used in the clinical areas. This determined there was no ligature risk due to blinds having cords which would snap, and therefore negate any ligature risk. This had been identified as an omission during the previous inspection but had since been put in place. • We reviewed the most recent legionella risk assessment and found that actions were completed and closed. This was an improvement from the previous inspection. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: February 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Cleaning schedules were in place and the environment was cleaned in line with best practice guidance. • At the previous inspection we found issues with the oversight of cleaning provided by a contractor. During this inspection we saw that environmental checklists had been implemented which were completed daily. Any observations regarding cleaning and environmental issues were noted by staff and communicated to the cleaning contractor to correct. This was in turn signed off by the cleaning contractor once rectified. • The last infection prevention and control audit was completed in February 2022. Issues identified were rectified. • Appropriate arrangements were in place for the disposal, storage and collection of waste, a private contractor was employed to remove waste weekly. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• Staff could describe what they would do in an emergency and were able to give examples of how they responded to previous incidents.• Receptionists had a system for prioritising patient appointments. Children and vulnerable patients were booked for face to face appointments and offered these in the morning where possible.• We saw evidence of comprehensive induction pathways, where staff received input and support, ensuring an effective induction into their new posts. Staff we spoke with stated these equipped them well for their roles and they felt confident they had the right information.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had introduced a quality improvement initiative which had improved the incidence of scanning issues they experienced with patient notes. Audits of scanned items showed there had been a clear reduction in the occurrence of scanning issues and the practice was able to demonstrate the control measures had been successful. • Since the previous inspection, the practice had implemented safety mechanisms in place to ensure time critical referrals to secondary care were submitted, received and allocated in a timely way. Staff were responsible for ensuring referrals were correctly completed and received by the onward service, so that the patient could be allocated a suitable appointment or diagnostic tests. A new search was in place which flagged up any urgent referral that had not been responded to or actioned appropriately. • A system was established to ensure all patient information including documents, laboratory test results and cytology reports were reviewed and actioned in a timely manner. • The practice had a system in place to complete the review and coding of the daily work flow of incoming patient information to ensure all referrals, test results and patient letters were actioned quickly and appropriately. All incoming clinical information was reviewed by the relevant GPs and actioned accordingly. • The searches of the clinical systems and patient records we undertook as part of the inspection showed there had been an improvement in the monitoring of patients. For example blood tests and this informed the safe prescribing of medicines and supported the management of long term conditions. 	

Appropriate and safe use of medicines

The practice had 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.94	0.91	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	7.7%	9.0%	8.8%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	5.46	4.68	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	93.7‰	148.2‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.50	0.47	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	5.3‰	5.6‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had implemented a formalised and recorded clinical supervision process whereby non-medical prescribers and clinicians had random samples of their consultations and prescriptions checked by a senior GP. Support and advice was fed back to staff to enable them to improve. This process provided assurance that staff were acting within their sphere of competence and were consistent with practice ethos and best practice recommendations. • Staff we spoke with described the support they received on a day to day or ad-hoc basis when they had concerns, questions or needed guidance. The duty doctor was available to offer direction or a second opinion on the best course of action. This was seen as a valuable source of support and reassurance by staff we spoke with. • As part of the inspection we undertook searches of the practice clinical records and looked at the practice's electronic patient records system. This revealed an improvement since the previous inspection. We found that appropriate monitoring, such as blood tests or blood pressure monitoring was in place in line with MHRA and NICE guidance. Where monitoring had not been done there was evidence that attempts to request patients attend the practice to get checked were in place. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We found that patients had appropriate reviews of their conditions in line with recommendations. We saw that pharmacy teams, GPs and clinicians undertook long term condition reviews and medicines reviews as and when appropriate. Emergency medicines and equipment were available, accessible and stored appropriately. Supplies of recommended emergency medicines were kept and where not available were risk assessed as not needed or relevant according to the nature of the care being delivered. We undertook a review of a sample of medicines and vaccines held by the practice and found these to be stored securely and in line with manufacturers guidelines. Following the previous inspection the practice had implemented a new system to ensure the integrity of medicines that required cold storage was preserved. We saw that refrigerators used to store medicines and vaccination were maintained and monitored appropriately to ensure that medicines remained fit for use. A robust and comprehensive range of failsafe systems were in place should the refrigerator fail and staff knew what they should do in the event that temperatures went out of range. Data loggers were in place and there was evidence of daily monitoring and oversight. During our inspection we reviewed the practice patient group directions documentation and found this to be in order. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	29
Number of events that required action:	29
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had effective incident reporting and significant event reporting system in place. A detailed spreadsheet was used to record all incidents and these were cross referenced with further detailed information such as chronology, ownership, review dates and investigations made. Outcomes and actions were also recorded until completion and closure. An incident and complaints meeting took place every week where key staff members discussed and analysed events. Minutes of this meeting were recorded, stored and accessible to staff. Key issues and information regarding significant events were shared in team meetings, emails and one to one where necessary. This was cascaded to other governance teams and meetings as appropriate. Staff said when things went wrong at the practice there was a culture of openness and support. Significant events were a standing agenda item at staff meetings and all staff were invited to attend meetings when significant events were discussed. 	

- Themes and trends were analysed dynamically and formally annually to determine if further intervention was necessary.
- Risk assessments we reviewed led to meaningful actions and outcomes. We reviewed the infection prevention and control risk assessment and the legionella risk assessment and found these to have been followed up, actioned and closed satisfactorily.

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

Event	Specific action taken
Missed priority referral to secondary care.	The practice devised their own search of clinical electronic records which picked up all cases where the referral was documented. Those responsible had an extra safety net to ensure that such referrals were actively identified, before any delay had occurred.
Document scanned onto incorrect patient record.	The practice adopted increased quality control steps to reduce likelihood of error. Audits were implemented to quality check completed scanning. Analysis of incidents showed improvement and no scanning error for several months.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw examples of actions taken on recent alerts for example, regarding sodium valproate. • Alerts were disseminated by the practice manager and pharmacy team leader to GPs and clinical staff. We saw evidence of actions taken in response to alerts. • The practice utilised a suite of clinical searches to ensure safety alerts such as the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were actioned. Legacy and historical searches were also actioned and acted upon. 	

Effective

Rating: Good

At the previous inspection in December 2021 we rated the practice as requires improvement for providing effective services. At this most recent inspection the provider had implemented improvements to their processes since the last inspection and no breach of regulations was identified, therefore we rated the service good in the effective key question.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had implemented regular searches of electronic patient records to identify patients on high risk medicines and medicines subject to The Medicines and Healthcare products Regulatory Agency (MHRA) alerts to inform them of areas of potential risk, to enable them to intervene as appropriate. The searches at the previous inspection identified lapses in monitoring of such patients, however at this inspection we found that in the majority of cases such patients had been reviewed appropriately.Furthermore, those patients who had asthma, whose inhaler use was greater than recommended levels or those who suffered exacerbations requiring more potent medicines were identified and measures implemented to review their treatment and to offer them support in other ways.	

Effective care for the practice population

Findings

- The provider 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.
- The provider had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The provider had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The provider demonstrated that they had a system to identify people who misused substances.
- The provider assessed and monitored the physical health of people with mental illness and personality disorder.
- Patients living with poor mental health, including dementia, were referred to appropriate services. The practice had access to a psychological care practitioner available to support patients.

Management of people with long term conditions

Findings

- Whereas at the previous inspection we identified some lapses in the management of long term conditions; on this inspection we found the situation was much improved and those with asthma and hypothyroidism were managed in accordance with best practice and those with results that indicated diabetes had received appropriate diagnosis.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and clinical oversight of those staff was now in place.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. Searches of electronic patient records conducted for this inspection did not identify an issue with coding as was previously found.
- Patients with long-term conditions including asthma were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

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)	185	195	94.9%	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) (NHS England and Improvement)	198	201	98.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	198	201	98.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	198	201	98.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	242	253	95.7%	Met 95% WHO based target

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

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had established effective systems to identify, invite in and facilitate baby immunisation clinics and had achieved above the World Health Organisation (WHO) target in all five areas.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	76.6%	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)	71.4%	60.0%	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)	56.0%	62.0%	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)	47.8%	56.6%	55.4%	No statistical variation

Any additional evidence or comments

- The provider described the difficulties they were experiencing in cancer screening uptake due initially to the Covid-19 pandemic which have been intensified by the impact of a greatly reduced diagnostic cytology and pathology laboratory testing provision within the local healthcare system. At the time of inspection this was resolving and it was anticipated that greater compliance would be achieved with as the situation continued to improve.

Monitoring care and treatment

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

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

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

- The practice cold chain processes had been improved and strengthened. The new process had multiple inbuilt safety nets and back up processes to ensure that medicines that required cold storage remained fit for use.
- The organisation attempted several iterations of a walk in GP appointment service and continuously reviewed its success. They eventually found a location and system that ironed out the issues they had identified along the way such as the service being overwhelmed and unmanageable and the service being utilised by patients who did not warrant on the day, immediate appointments. The service was as a result both manageable and utilised by patients who needed it most, the reason why it was established and intended.
- The use of search tools for electronic patient records had enabled a better oversight of patients, particularly on high risk medicines, who require regular monitoring, those with long term conditions requiring regular review and for identifying patients on urgent referrals to secondary care.
- The practice had implemented audits of electronic scanning processes to ensure issues and mistakes with scanning had been rectified.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y

The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider was able to close one afternoon a month to provide Professional Educational Training (PET) sessions for their staff. Staff we spoke with found these valuable. • There was evidence of completed inductions for clinical and non-clinical staff. Staff we spoke with confirmed they had comprehensive induction packages to support their orientation into the role and support them to undertake their roles effectively. • We saw evidence that all staff had regular appraisals of their performance, with good support for development as appropriate. • The practice had implemented a formalised and auditable system of clinical supervision with clinical staff including locum GPs, non-medical prescribers and clinicians. This was achieved through random sampling of their prescribing and consultation notes by a senior GP. • All staff had access to the duty GP whenever they were on duty. They were able to seek support, advice and guidance from the duty GP if they were engaged in visits outside of the practice or when working in the practice itself. Staff described how they found this reassuring knowing that support was readily available. • Oversight of teams within the organisation was evident for clinical staff, the nurse lead for nursing staff and the medicines co-ordination manager for pharmacy and other health professionals. 	

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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had employed care coordinators to ensure that patients were signposted to the most appropriate professionals when calling the practice for an appointment. 	

- The social prescriber worked with other community sources of support to find opportunities for patients at the practice to seek alternative support such as financial, legal and lifestyle.
- Multidisciplinary working with others such as district nurses, residential homes and social services was regularly undertaken, particularly where cases were complex.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients had good access to healthy lives and lifestyle advice. • Topics around wellbeing and healthier choices were provided in the practice newsletter, online and through the practice's social media outlets. • A social prescriber was employed by the organisation full time and was available to advise and signpost patients with options to increase their activity and participation in active hobbies and sports. • The provider had specialist diabetic and respiratory nurses on staff to ensure that patients received care from the most appropriate professional where necessary. 	

Consent to care and treatment

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

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

- During our inspection we examined a sample of DNACPRs that were in place for patients. We found these were appropriate, up to date and subject to regular review. We discussed the rationale for review and indefinite documents and found the systems in place were effective.
- We saw examples where DNACPRs were reviewed and rescinded when appropriate.
- Staff in the practice understood issues around consent and informed consent. Staff dealing with young people were able to articulate the fundamental issues around Gillick and Fraser competencies.
- Staff received training in mental capacity and understood how this may impact on patients' consent to treatment. When reviewing online clinical records we noted that for some patients who were recorded as lacking capacity, a mental capacity assessment was not always documented within the notes and there was limited information about best interests' decisions. The practice manager was aware of this and steps had already been taken to tighten the documentation in this area and was a work in progress.

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patient feedback indicated that staff were kind and caring and demonstrated empathy towards their patients.• We overheard staff speaking very kindly to patients and callers to the practice. They demonstrated an empathetic and sensitive approach and listened to those they came into contact with.	

Patient feedback	
Source	Feedback
Practice patient survey responses.	Positive – pleasant and friendly communication with staff.
Practice patient survey responses.	Negative – Had appointment but was not seen on time.
NHS Choices Feedback	Positive – Feedback about appointment with GP
NHS Choices Feedback	Negative – Poor customer services by reception staff during visit to surgery.

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 (01/01/2022 to 30/04/2022)	78.1%	88.4%	84.7%	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 (01/01/2022 to 30/04/2022)	78.2%	87.2%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	89.8%	94.2%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	54.0%	72.2%	72.4%	Tending towards variation (negative)

Any additional evidence or comments

- The national patient survey results collected data from a sample of 98 patients, who may or may not have used the service in the 12 months before the inspection. This painted a less than satisfactory picture of satisfaction with the practice. The practice's own patient survey results from a sample of 218 patient who had used the services more recently were more positive and found that 80% reported positive experience.
- The practice had undertaken a series of quality improvement strategies to try and improve the perception of the practice. They wanted to show the community which the practice serviced that they were listening and make themselves more transparent.
- The organisation had employed both a patient liaison manager and a communications manager. They had also implemented various initiatives to improve patient engagement and perception.
- Analysis of complaints showed a reduction in numbers particularly about access to appointments and telephone issues.

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

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Easy read and pictorial materials were available.• The social prescribing practitioner facilitated self help and other alternative sources of support for patients to take control of their own wellbeing and treatment.• Open days with representatives of local charities and community groups assisted patients to make contact with services that could assist them in other areas of their life not solely in medical or clinical ways.	

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 (01/01/2022 to 30/04/2022)	81.4%	90.9%	89.9%	No statistical variation

Any additional evidence or comments

- The results of the GP patient survey were only released shortly before our inspection. The practice had already completed an analysis of the findings and compared their results to previous surveys and those in the locale. Whilst disappointed the practice believed the initiatives implemented and planned which involved communication strategies and engagement with patients would improve perceptions of the practice. They were confident that the next round of surveys would show improvements.

	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

Carers	Narrative
Percentage and number of carers identified.	The practice had 234 carers on their register for Buckshaw Village Surgery. This equated to 2.3% of the practice population.
How the practice supported carers (including young carers).	The practice offered health checks to carers and prioritised them for vaccines and immunisations. There was a carers' information board with key information and useful numbers. Carers were referred to the social prescribing practitioner for support. A flag was placed on the electronic patient record to identify carers.
How the practice supported recently bereaved patients.	The practice would offer a face to face appointment if bereaved patients wished to see a practitioner. They could be referred to the psychological wellbeing advisors and the social prescriber could direct them to alternative sources of community 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 the previous inspection in December 2021 the provider was rated requires improvement due to poor patient feedback around their ability to access the service. At this inspection, despite ongoing poor satisfaction around access, the provider could demonstrate a range of actions taken to respond and improve access and no breach of regulations were identified, therefore the rating moved from requires improvement to good.

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00 am – 8.00 pm
Tuesday	8.00 am – 8.00 pm
Wednesday	8.00 am – 8.00 pm
Thursday	8.00 am – 8.00 pm
Friday	8.00 am – 8.00 pm
Appointments available:	
Monday	8.00 am – 7.50 pm
Tuesday	8.00 am – 7.50 pm
Wednesday	8.00 am – 7.50 pm
Thursday	8.00 am – 7.50 pm
Friday	8.00 am – 7.50 pm
Saturday	8:00 am – 12.00 am
Sunday	8.00 am – 11.00 am
'Out of hours' services provided by external provider.	

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

- 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. Paramedics were employed whose main responsibility was home visits for housebound patients and those at the end of life. This offered continuity of care for the most vulnerable patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Out of core hours appointments were available for working age and those in education.
- A variety of appointment types were available to meet the needs of a range of patients with different circumstances. Pre-bookable, on the day and telephone appointments were available. appointments were also available to all patients at the other branches in the local area within the organisation. Appointments were available Saturday and Sunday 10am until 1pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travelers, veterans and those with a learning disability. Their patient records alerted staff to their particular needs.
- Long term condition reviews and medication reviews were undertaken annually.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people, travelers and refugees.
- The practice offered a post holding service for patients with no fixed address so they could come and collect documentation easily.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The provider had undertaken a project around population health management involving 74 patients of working age to understand the wider determinants of health and this patient group. The project was ongoing and the practice had begun to extend this to other patient groups and had started with respiratory patients.
- Those patients living with mental health issues and dementia were supported with initiatives such as focused care with an individualised care plan, multidisciplinary team input, direct referrals into MIND Matters, access to psychological wellbeing practitioners, and a focus on depression management following first time reviews.
- A social prescribing practitioner was available to signpost patients to alternative sources of support and assistance, including wellbeing and self help opportunities.

Access to the service

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 minimise the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Paramedics were employed who undertook home visits for those who were vulnerable and who had difficulties getting to the practice for appointments.• Clinical staff visited patients in nursing and care homes. They undertook ward rounds and supported staff in those homes to ensure patients' needs were met.• Patients calling for appointments were offered a choice of appointment, urgent on the day, routine pre-bookable, face to face and telephone appointments. The organisation could offer patients appointments at their other branch sites, if there were appointments there available.	

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 (01/01/2022 to 30/04/2022)	18.9%	N/A	52.7%	Significant Variation (negative)
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)	32.2%	53.9%	56.2%	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 (01/01/2022 to 30/04/2022)	35.5%	51.5%	55.2%	Tending towards variation (negative)
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)	51.8%	69.3%	71.9%	Variation (negative)

Any additional evidence or comments

- The practice had undertaken an analysis of the latest patient survey and had implemented a further action plan to further improve the patient experience.
- The national patient survey results collected data from a sample of 98 patients, who may or may not have used the service in the 12 months before the inspection. This indicated patient satisfaction around access to the practice was lower than local and national levels.
- It was noted that the other practice within the organisation which used the same telephone service, same call handlers and appointments system a Buckshaw Village Surgery received a much better patient survey result despite the exact same service being received. Managers determined this was due to the particular demographics of the practice patients and their differing expectations of the service.
- The practice had undertaken their own patient survey of patients with recent contact with the practice and found the responses to be significantly better than the NHS survey. The practice's own patient survey showed that during the period February 2022 to July 2022 using a sample of 218 responses from patients, who had recently used the service. 80.3% of people reported their overall experience was good, 4.6% said it was neutral and 15.1% said it was poor.
- The practice had invested in a new telephone system. This advised the caller where they were in the queue, what the estimated waiting time they might expect and also gave them the chance to keep their place in the queue and be called back when their place was reached. This identified how long callers remained in the queue and enabled more resources to be directed into call handling if times increased.
- The provider had undertaken an analysis of call waiting times, abandoned calls and repeat callers. They determined that call waiting times had significantly reduced. The provider reported

that wait times had reduced from 18 minutes to seven minutes on average. Abandoned calls had reduced from 50% to 27% and repeat callers had dropped by 83%.

- The provider had increased the number of appointments on offer and had created capacity by offering a walk in service, where no appointment was necessary two days per week for Buckshaw Village patients at their Croston Branch. This service had been trialed and had evolved based on patient feedback and ability to manage the service, ensuring it increased accessibility for the patients who needed it most. A survey of the current way of delivering the service had been undertaken and patient feedback was 100% positive from 28 respondents with 79% describing they were extremely satisfied.
- The improved access to the practice by telephone and had resulted in fewer complaints regarding difficulties getting through to the practice. During the 12 months of 2021, the provider received 24 complaints regarding telephone access and eight complaints regarding appointments. In the six months year to date January 2022 to June 2022, the provider had received three complaints regarding telephone access and two complaints regarding appointments. This indicated patient were more satisfied with the telephone and appointments system. .
- They had employed a patient liaison manager to lead engagement with patients. They had arranged a series of focus groups to ascertain the issues patients' experienced. Some of these had taken place already and others were planned. They also led an initiative to improve patient satisfaction and had implemented a series of measures to help improve patients' perceptions.
- The practice had initiated engagement with patients and the local community through communications on social media, online and notice boards to help them understand what the practice and the wider organisation was doing in response to issues raised. "You said, we did" information was publicised such as showing the capabilities and functionality of the new telephone system, and how the number of appointments had increased.
- The organisation held an open day available to practice patients but held at another branch, they promoted the various services available across the various locations and had guest attendees such as welfare advisors, financial help, help for carers, health checks and social prescribing signposting. Feedback from this event was very positive.
- The provider had relaunched the patient participation group, led by the patient liaison manager. The manager had set up a series of focus groups to understand the needs and views of the community and had already undertook some initial online meetings to outline the details.
- The practice offered evening and weekend appointment, these could be pre-booked or arranged on the day where available.

Source	Feedback
Practice Friends and Family Survey	Positive feedback on the helpful and understanding care by staff.
Practice Friends and Family Survey	Delays experienced, waiting beyond the appointment time.

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.	77
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Explanation of any answers and additional evidence:

- Complaints were logged on a comprehensive spreadsheet, this detailed the nature of the complaint and the general category it related to for example medication or treatment. Acknowledgement letters and responses were monitored, outcomes, learning and closure was recorded.
- Meetings to discuss complaints took place every week and the nature of the investigation or follow up was recorded. Themes and trends from complaints were analysed to check for areas of improvement.
- Outcome letters offered a detailed response, an apology and what to do if still not satisfied, copies were retained for reference.
- Learning and further information about complaints were discussed at various meetings and shared with staff.
- Persons who complained were invited to attend the practice to discuss further and were also invited to become Patient Participation Group (PPG) members.
- We saw that the number of complaints around telephony had reduced month on month since the last inspection and since the installation of the new telephony system. We saw that such complaints were not at the time of this inspection the primary subject of complaints as they previously were.

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay on phone when calling for repeat prescription on a Monday morning.	Education of patient, advised that Monday was the busiest day and it is better to call on other days if possible. Message placed on social media and practice newsletter explaining the same to educate other patients that it is better to telephone with routine requests later in the week.
Attitude of locum GP	Shared with locum agency, a reflection by locum GP and letter of apology sent to patient.

Well-led

Rating: Good

At the previous inspection in December 2021 a number of concerns and issues had been identified across a range of areas. On this inspection those issues had been rectified and effective improvement and initiatives had been implemented. No breach of regulations were identified, therefore the rating moved to good.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Leaders demonstrated an aptitude to understand areas for improvement and quickly instigate a solution to bring about the required changes. They displayed a passion and commitment to provide the best care possible to their patient groups which was patient focused, accessible and effective service for the local community.• The practice leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting their patient population and the local area population and promoted patient involvement in developing and shaping the services.• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all staff groups teams and a common focus on improving the quality of care and people's experiences.• Managers sought to achieve a happy and harmonious staff group and took steps to improve morale and celebrate achievements. They were also not afraid to make tough decisions where and when necessary and particularly when this would bring about a better service for patients and the community.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

- The organisation had a corporate 'vision and values' strategy and posters depicting this were displayed around the practice.
- Staff were aware of the vision and values.
- "Working Together for your Healthcare" was the tagline for the organization.
- A set of values was in place which included respect, openness and accountability, professionalism, teamwork, learning and financial probity.
- The organisation had a business plan and business strategy of what it wanted to achieve over the coming years. This was detailed and well considered and offered a blueprint of ambitions and intentions for the future.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us they were happy in their roles and felt respected, supported and valued. • They said they felt confident and able to raise concerns and had confidence that these would be welcomed and acted upon. • There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. • Staff reported a positive culture and supportive relationships between team members. They found managers to be approachable and available when needed. • The practice had implemented a staff wellbeing initiative which staff were able to access on smart phones and electronic devices. This provided services such as wellbeing and occupational health advice, retail discounts, incentives and rewards, the recognition of staff achievements. Staff were able to nominate an 'unsung hero' for which awards were made monthly. Staff found this facility very positive. • Staff engaged in various team activities such as charity and fund raising events, staff social and team building events. 	

- Staff felt able to seek support both clinical and psychological from managers and team members alike, they felt this had been invaluable during the difficulties of living and working through the unprecedented times of recent years.

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

Source	Feedback
Staff feedback	Staff told us there was a positive culture in the workplace, that managers were accessible and supportive and that they were given the time, information, training and equipment to do their work effectively.
Team Meeting Minutes	Minutes from meetings showed that regular practice team meetings took place, and these included standing agenda items and provided opportunities for staff to feedback their experiences and suggest ideas.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Issues identified at the previous inspection had been improved and governance processes had been strengthened. Effective structures, processes and systems were in place and regular review was evident to support ongoing improvement. For example, fridge temperature checking was now formalised and standardised across the organisation and responsibilities were clear and the issues around monitoring and blood tests was greatly improved since the last inspection. • A clinical governance framework had been developed and this included a wide range of different clinical areas subject to regular monitoring including drugs monitoring, medicine reviews, MHRA alerts and searches, clinical audit cycles and case review audits. • Regular clinical and team meetings were undertaken with relevant fixed agenda items to ensure a comprehensive review of all activity within the practice. Minutes and action logs were recorded following each meeting and progress monitored against each action. • Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness. • Governance arrangements were subject to regular review and these reflected best practice. Clinical leadership and operational responsibilities were continually developed and refined to reflect the skills, abilities and preferences of the staff team. • The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had introduced additional safeguards and checks within their processes to ensure that any identified actions from audits, reviews and risk assessments were actioned and evidenced. Cleaning audits now included additional steps to ensure issues were escalated to the cleaning contractor and evidenced to be rectified. Cold chain safeguards were robust and included multiple failsafe mechanisms to ensure medicines remained fit for use. Legionella risk assessments were now actioned and closed as completed. 	

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

Explanation of any answers and additional evidence:

- The provider had ensured that they had continued seeing patients face to face during the pandemic. Their multi-site model enabled one site to be used to see vulnerable patients, one site for patients with possible Covid-19 symptoms and a third site used for routine and urgent conditions.
- Patients were offered telephone appointments and were triaged and seen face to face if necessary. Patients were also offered appointments with a range of allied health professionals employed by the provider, including paramedics, pharmacists and nurses. Care coordinators were in place to manage this signposting. Paramedics also undertook home visits for vulnerable patients who were unable to attend the practice.
- The practice had completed a recovery programme to ensure they returned a business as usual footing following the easing of restrictions.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had implemented formalised regular searches of clinical electronic records to maintain oversight and safety of high risk medicine prescribing, long term condition monitoring and a series of other parameters to maintain oversight of clinical risk and to inform their decision making. 	

Governance and oversight of remote services

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

Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The provider had developed a comprehensive and wide-ranging system to ensure compliance with information governance and information sharing protocols. They demonstrated that this had been running for a number of years and had dealt with extensive data requests from patients and external parties. We saw that these had been dealt with in line with legislation and guidance. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice employed a patient liaison manager to ensure the views of patients were heard. They led the patient participation group and other initiatives to engage with and seek the views of people who used the service. A communication manager was also in post who ensured information was communicated to patients and the local community in an open, clear and pro-active way. They used various methods to reach all members of the community. As well as seeking views they wanted to improve the patient experience of the practice as surveys had produced disappointing results. They believed better communication and enabling patient to understand them more would improve the relationship. The development of patient liaison and communication manager posts were seen as means to improve these aims. Patient open days had taken place to engage with patients and the community. The open days provided information on services offered, healthy living advice, disease awareness, debt and financial support and health checks. They were well received by the attendees and feedback gathered was very positive. The practice benchmarked themselves against neighbouring practices and other practices in the area to assess how they were performing in relation to others. For example, in the patient survey results. The practice consulted with patients regarding their experience of interaction with the practice. They were sent a survey by electronic message to ask for feedback on their experience. The practice produced a newsletter with updates on practice news, health promotion and staff changes. 	

- Staff feedback highlighted they were being consulted and included in decisions regarding the practice and the services delivered. They were well informed of issues and plans.
- The practice produced a 'you said we did' feedback system and publicised these through their website, social media outlets, notice boards and newsletters.
- Staff said the leadership team asked for and acted upon their feedback through soliciting suggestions about the way the service might be improved.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • An annual audit programme was in place to monitor performance and quality of service provided. The practice also adopted ad-hoc reviews and look backs to inform quality improvement initiatives. • Regular clinical meetings provided opportunities to share clinical learning and development. • Patient feedback and satisfaction was seen as key to providing a safe and effective service that supported the practice's vision and mission statement. Feedback from various sources was used to seek improvement. • Leaders had good insight and understanding of the challenges they faced and had created an organisational business and improvement plan to determine their strategy for the future. 	

Examples of continuous learning and improvement

- The practice had implemented various initiatives to address the concerns of the previous inspection. This demonstrated an effective commitment to learning and improvement. For example they created Disclosure and Barring Service (DBS) risk assessment and needs analysis spreadsheet to establish the correct level of DBS check needed for the different staff roles within the organisation to ensure they were complying fully with regulations in this area.
- The provider conducted exit interviews with patients to try to ascertain why they decided to leave the practice with a view to improving the experience for other patients.
- The practice identified an issue with mental capacity, consent and best interests decision making for patients in residential and nursing homes when delivering the vaccine programme. They implemented a system of establishing and recording details in a comprehensive and detailed spreadsheet for each resident to make it clearly apparent the situation on such issues in relation to the vaccine administration, however this was later expanded to include all areas of their care and treatment.

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 ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

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

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

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

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

Glossary of terms used in the data.

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