

Care Quality Commission

Inspection Evidence Table

Park Lane Practice (1-2027546756)

Inspection date: 20 December 2022

Date of data download: 17 November 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	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
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
Explanation of any answers and additional evidence: Staff had completed safeguarding training for adults and children at appropriate levels and in line with the practice policy. Staff we spoke to understood what actions they should take if there were safeguarding concerns.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	

We reviewed 3 staff recruitment files who had been employed in the last 12 months. All necessary background and recruitment checks had been undertaken prior to the employment.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22 March 2022	Y
There was a fire procedure. Date of fire risk assessment: 22 March 2022	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice carried out weekly testing for the fire alarm and emergency lighting. Regular weekly checks were also undertaken for the fire extinguishers. A fire evacuation drill was last conducted at the practice on 14 December 2022. The practice had looped cords on a window blind in one of the clinical rooms, which could present a strangulation hazard to children and vulnerable adults. However, the room had not been in use, and there was a plan in place to deal with the risk appropriately.	

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: June 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

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
Explanation of any answers and additional evidence:	

A 'Useful information pack' was available in all clinical rooms to support locums and newly appointed staff. The pack was last updated in September 2022 and contained information on staff roles and names; the location of the emergency equipment; fire safety; referrals systems; and promoting continuity of care for patients.

Information to deliver safe care and treatment

Staff had 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. ¹	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
Explanation of any answers and additional evidence:	
Pathology (test that examines samples of your body's tissues, including your blood, urine, faeces) and other test results were managed by the administration team and were sent directly to the requesting clinician for action.	
Referrals to secondary services were closely monitored on a tracking system, and the medical secretary would follow up on any delays if required. This was to ensure patients received appropriate care and treatment in a timely way.	

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 average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR	0.54	0.74	0.82	Variation (positive)

Indicator	Practice	SICBL average	England average	England comparison
PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	9.4%	9.8%	8.5%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	4.99	4.82	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	82.9‰	122.4‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.34	0.63	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	6.0‰	5.8‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
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
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
Explanation of any answers and additional evidence, including from clinical searches.	
<p>The practice held the recommended emergency medicines, and these were checked regularly to ensure they remained in date.</p>	
<p>During our inspection, we found on two occasions the vaccine fridge temperature had gone outside of the recommended ranges (for example, between 2 and 8 degrees Celsius). However, we saw the practice had followed their cold chain process and took appropriate action to address the risk and ensured medicines were safe to use.</p>	
<p>The practice had data loggers but were unable to use them as there was a delay from the external IT provider to link them to the practice computer system (data loggers are used to gain more detailed information about the fridge temperature if there is a cold chain failure, for example, a power cut). We discussed it with the operations manager, who followed this up with the external provider.</p>	
<p>We undertook clinical record searches remotely. The reviews of patient records identified no concerns with the processes the practice operated to monitor high risk medicines. The patient records contained up to date reviews and monitoring.</p>	
<p>The searches indicated that:</p> <ul style="list-style-type: none"> • Out of the 16 patients with asthma, 3 who had been prescribed 2 or more courses of rescue steroids needed steroid cards (patients taking steroid tablets or a high dose of inhaled steroids, for more than three weeks are given a steroid treatment card). The practice was aware of this already and had taken an action to resolve it. • All of the 27 patients prescribed potassium sparing diuretics were identified as having had the required monitoring, but 9 didn't have their diagnosis coded appropriately. However, we saw evidence that demonstrated the practice had resolved these prior to the on-site visit to ensure the patient records were accurate. 	

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:	3
Number of events that required action:	3
Explanation of any answers and additional evidence:	
<p>The practice used significant events to learn from incidents. The staff we spoke with were confident about how they would report a significant event and where they could seek advice and guidance, if needed.</p> <p>Examples of significant events showed that they had been investigated and action had been taken to minimise reoccurrence as far as practically possible. Learning from significant events was shared with relevant members of staff and was monitored.</p>	

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

Event	Specific action taken
Delay in completing a cremation 4 medical certificate.	<p>The GP dealing with the request went on annual leave, which led to the delay in actioning the request for the certificate.</p> <p>The process was reviewed so the staff could be made aware of the timelines for the future.</p> <p>As a learning from the incident, the practice ensured staff used the portal to log all such requests instead of using paper copies so the timeframes could be met.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<p>The practice had a safety alerts policy which detailed alerts were received by the clinicians and were forwarded on to the clinical pharmacist. The clinical pharmacist then reviewed the alert and ran searches to identify if any changes were required to medicines following their receipt.</p>	

We reviewed patients in our remote clinical searches who were prescribed oral medicines used to treat type two diabetes in adults which was the subject of a safety alert. We found these patients had been appropriately informed of the risk of an infection.

The practice ran monthly searches on its clinical records system to ensure all alerts, including historical alerts, had been actioned.

Effective

Rating: Good

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

At our previous inspection in January 2020, we rated the practice as Requires Improvement for providing effective services because:

- The uptake of childhood immunisations for children aged two years was below the minimum 90% target.
- The uptake of cervical cancer screening for eligible women was below 70% (the minimum target is 80%).

At this inspection in December 2022, we saw the practice had taken action to promote uptake of childhood immunisation and cervical screening. This work was ongoing and was being monitored.

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 prioritised care for their most clinically vulnerable patients.	Y

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.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice 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.
- All patients who required urgent medical assistance could register at the practice on an immediate and necessary basis.
- All patients with learning disabilities have a care plan and have been offered an annual health check.
- Longer appointments for patients with learning disabilities and special needs were available.

Management of people with long term conditions

Findings

As part of the inspection a number of clinical record searches were undertaken by a CQC GP Specialist advisor. These searches were visible to the practice and the findings included:

- The clinical searches identified that patients' ongoing needs were fully assessed. For example, from our review of 5 records out of the 166 patients at risk of chronic kidney disease, we found all 5 had up to date monitoring completed.
- We reviewed the records of 6 patients with an underactive thyroid gland (thyroid gland not producing enough hormones) who were overdue their blood monitoring. However, 4 of these patients had been invited for a review recently and 2 patients had received treatment under secondary care.
- The practice has 416 patients on its diabetes register, 26 of these patients had diabetic retinopathy (a complication of diabetes, caused by high blood sugar levels damaging the back of the eye, the retina). We reviewed the records of 5 patients with diabetic retinopathy whose latest blood test results for blood glucose levels over a period of 3 months were higher than normal expected levels. All 5 patients we reviewed had been in receipt of a diabetic annual review in the previous 12 months. The diabetic nurse at the practice worked closely with the community diabetic team to manage the care of patients on insulin.
- Housebound patients were offered home visits by the nurses for their annual reviews and for flu and COVID-19 vaccinations.
- Patients requiring treatment for exacerbations of asthma were followed up in line with national guidance to ensure they received appropriate care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

- 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.

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)	63	76	82.9%	Below 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)	63	70	90.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	61	70	87.1%	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) (NHS England and Improvement)	61	70	87.1%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	75	91	82.4%	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

At the last inspection in January 2020 the practice had met 1 out of the 4 childhood immunisation uptake indicators. At this inspection the practice had met the minimum target for 1 of the 5 childhood immunisation indicators and was above 80% in the other 4 indicators. The number of children eligible for immunisation totaled between 70 and 91, therefore if small numbers of children did not receive an immunisation this impacted on the overall percentage achievement.

The practice was proactively working on improving the uptake of childhood immunisations. It actively sent out letters to parents and guardians of children eligible for them. The nurses discussed the concerns with the parents and provided information and advice to encourage attendance. There were arrangements for following up on failed attendance or parents who declined an appointment. In addition, the practice routinely discussed performance in practice meetings, and a review of minutes of meetings confirmed this.

The practice had a high proportion of transient population (patients who were from abroad or who traveled abroad) and were working in collaboration with its local integrated care board (ICBs were renamed from local clinical commissioning groups in July 2022) to undertake a data cleanse of patients' records to ensure they accurately reflect those on the patient register.

Information was available at the practice for patients which detailed the recommended immunisation schedule.

The practice nurses trained to deliver childhood immunisations were able to offer a variety of times to make it easier for parents to attend around work or caring commitments, rather than a single set clinic. The practice had also introduced Saturday clinics once a month to support parents who were unable to get to the practice during core opening hours.

Cancer Indicators	Practice	SICBL 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: 30/06/2022) (UK Health and Security Agency)	62.4%	N/A	80% Target	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)	56.9%	67.4%	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)	58.6%	69.9%	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)	31.8%	62.3%	55.4%	No statistical variation

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.

Any additional evidence or comments

During our last inspection in January 2020, the practice's uptake for cervical screening was 66.2%, based on information collected between March 2019 and June 2019.

At this inspection, the practice's uptake for cervical screening had reduced further. We discussed this with the practice who told us uptake of cervical screening had declined during the COVID 19 pandemic. This service had continued to be offered during the pandemic. The practice had identified patients who required screening and contacted them to arrange appointments and promote uptake.

The practice continued to provide cervical screening clinics outside core hours in the early morning and on Saturday mornings, to enable eligible patients to have the screening carried out. This was still in place at the time of the inspection and 2 additional practice nurses had been trained to carry out screening. This was in response to staff sickness which had reduced the capacity of screeners available. The practice had increased the number of cervical screening appointments, and routinely monitored uptake.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	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 undertook an audit of short-acting beta-agonists (SABA) inhalers, used to treat asthma. Patients who used 6 or more inhalers indicate that their asthma was not being controlled. The audit focused on patients who had been prescribed more than 6 SABA inhalers in the past 12 months. The practice ran searches to identify these patients. Results showed 62 patients had been prescribed 6 or more inhalers. The practice had already reviewed 6 of those 62 patients at the time of our inspection. Of those 6, 5 patients had had their medicine changed as a result to improve asthma management. There was an action plan in place to continue with this work and the practice audited patients used of SABA inhalers records regularly as part of this action plan.

Monthly batch audits were carried out on areas such reviews for long term conditions and missed health checks. Information from these audits was used to ensure long term conditions health checks had been completed. When a patient had not attended, or was overdue a review, the practice contacted them to make an appointment. This work was embedded in the systems and processes that the practice used to monitor care and treatment to ensure it was effective.

Effective staffing

The practice was able 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> <p>Staff said they were given protected learning time to complete training modules. We saw evidence to demonstrate new members of staff had detailed induction plans in place.</p> <p>All staff had completed training deemed mandatory by the practice, and the practice had a system to monitor staff compliance with training the practice considered was essential.</p> <p>The practice conducted annual appraisals with staff and identified personal and professional development needs during this process.</p>	

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> <p>There was a social prescriber employed by the practice who contacted patients when they were discharged from hospital to check on patients' wellbeing and ensure appropriate support was in place for them.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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:	
The patients had access to a social prescriber and wellbeing coordinator. The appointments could be arranged at a convenient time by completing a simple form or by contacting the practice.	
The practice was working alongside Swindon Borough Council to introduce patients to a number of local initiatives across the area. These included walking football, local weight loss groups, and local walking groups.	
The practice has developed a weight management campaign to offer lifestyle advice and support. The practice was able to make referrals to the national NHS Digital Weight Management Campaign. Patients were offered this support via a text message and the practice website and were encouraged to take part.	

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. ¹	Y
Explanation of any answers and additional evidence, including from clinical searches: Our clinical review of notes where a DNACPR decision had been recorded saw that patients and relevant people were involved in end of life care discussions. We saw evidence that patients' views had been sought and respected and had been shared with relevant agencies when needed.	

Caring

Rating: Good

We rated the service good for caring

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

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 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)	73.6%	88.1%	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)	62.0%	87.9%	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)	88.1%	95.5%	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)	31.8%	79.0%	72.4%	Significant Variation (negative)

Any additional evidence or comments

The practice was aware some areas of the national GP patient survey results were lower than local and national averages and had carried out their own survey between August 2022 to November 2022 to gather information from patients. The practice replicated the questions used in the national patient survey.

Feedback from the practice survey showed improvement in patient opinion compared to the results of the national patient survey which were published in July 2022. Findings showed:

The findings showed 134 responses were received in comparison to the 101 received from the national GP survey results. This was equivalent to approximately 1.9% of the practice list.

- 90.2% of the patients said that the healthcare professional was good or very good at treating them with care and concern. This was a 28% improvement from the 62% response compared to the national GP patient survey.
- 82.8% of patients said they had a positive overall experience with their GP practice. This was a 51% improvement from the 31.8% response compared to the national GP patient survey.

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

Any additional evidence

We spoke to the provider about patient feedback and saw action was underway to improve satisfaction.

The practice also had an action plan to improve feedback and to adapt and enhance services to further improve the provision of care. For example, to continue to promote patient feedback the practice collated data using the NHS Friends and Family Test. The test could be easily accessed anonymously through the practice website.

The responses received were reviewed monthly to identify trends and areas which needed improvements. The findings were also shared among all staff for wider learning.

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

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 average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	80.6%	93.0%	89.9%	No statistical variation

	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:	
Easy to read and pictorial materials were available to help patients understand their care and treatment. Leaflets could also be printed in different languages if required. The practice offered to book telephone interpretation services and sign language interpreter for patients who needed these services.	

Carers	Narrative
Percentage and number of carers identified.	The practice held a register of 93 carers which was the equivalent of 1.5% of the registered patient population.
How the practice supported carers (including young carers).	Carers were actively identified at the point of new patient registration at the practice. The practice shared with us their carers policy, action plan and workflow. All of these indicated that they had a plan in place to identify and support the carers. A 'Tell us if you are a carer' form was available on the practice website to support carers to receive services and information on any available help.

	<p>All carers were offered a yearly health check at the practice.</p> <p>The practice had a dedicated notice board for carers located in the waiting area.</p> <p>Carers information was displayed in reception to encourage patients to complete carer identification forms and hand in to the practice</p>
How the practice supported recently bereaved patients.	Bereaved families were sent a sympathy card and were offered follow up appointments, with signposting to self-referred counselling.

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
All staff received confidentiality training as part of their induction.	
As a response to patient feedback, the practice moved the telephone room upstairs to provide privacy to patients when they spoke to the receptionist.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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:	
A portable hearing loop system was available at the practice if needed.	
The website could be translated in different languages making it easier for the patients to access services.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 6.00pm
Tuesday	8.30am – 6.00pm
Wednesday	8.30am – 6.00pm
Thursday	8.30am – 6.00pm
Friday	8.30am – 6.00pm
Appointments available:	
Monday	8.30am – 1.00pm and 2.00pm – 6.30pm
Tuesday	8.30am – 1.00pm and 2.00pm – 6.30pm
Wednesday	8.30am – 1.00pm and 2.00pm – 6.30pm
Thursday	8.30am – 1.00pm and 2.00pm – 6.30pm
Friday	8.30am – 1.00pm and 2.00pm – 6.30pm
Extended hours	7.30am – 8.30am

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> All patients had a named GP who supported them. 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. During the pandemic the practice would collect medicines from a pharmacy and take them to patients who were housebound when they carried out a home visit.

- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available early morning on a routine basis.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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	Y
The practice offered a range of appointment types to suit different needs. The practice offered appointments through several methods such face to face appointments, telephone consultations, video consultations and home visits where appropriate.	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y

Explanation of any answers and additional evidence:

The appointments offered by the practice were a mixture of same-day, pre-bookable and GP telephone appointments which could be booked via calling the practice, via walk-in, or online. The appointment system was kept under review and changes had been recently made to the telephone system in response to patient feedback, to enable calls to be handled in a timely manner.

The practice was working with other GP practices in Swindon to offer an additional triage service to patients via video consultation. Patients use this service to book appointments during the evening and on Saturdays.

Appointments were also available late afternoon so children could be seen outside of school hours. The practice ran child immunisation clinics during early mornings, on Saturdays and during school holidays to improve availability and promote uptake

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 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)	19.9%	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)	18.2%	62.7%	56.2%	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)	30.1%	60.5%	55.2%	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)	49.7%	76.6%	71.9%	Variation (negative)

Any additional evidence or comments

While the GP Patient Survey data remains low for access, the practice confirmed the number of patients surveyed equated to about 1% of the practice population. In response, the practice conducted its own patient survey between August to November 2022 which focused on areas where patient satisfaction was lower than average. The survey replicated the questions used in the national GP patient survey, and the results indicated there were improvements in satisfaction for all indicators. For example, out of 134 patients who responded:

50% were satisfied with the overall experience of making an appointment (in comparison to the 18.2% as per the GP patient survey results)

40.2% were satisfied with the GP practice appointment times (in comparison to the 30.1% as per the GP patient survey results)

In addition, the practice was able to provide evidence to demonstrate they have continued to monitor access and patient satisfaction and had taken several actions to improve this. For example, the practice had:

- Put an action plan in place to improve access to the service, which included increased appointment availability.
- Increased the use of text messaging to improve communication with patients. There was two-way patient texting arrangement which allowed patients to cancel appointments at any time of the day.
- Redesigned its website to improve accessibility. For example, more information was available to patients on how to access online services

- Installed new telephone system in August 2022, this enabled the practice to monitor all incoming calls. When needed, the practice was able to make more staff available to answer calls, to reduce patients waiting times.
- People experiencing poor mental health had access to urgent assessments by a GP on request. There were longer appointment times for people with learning disabilities or any other special needs.
- The practice was providing extra services such as contraceptive coils, contraceptive implants and minor surgery.
- The provider had worked with other practices to deliver the COVID vaccination programme for the last two years.
- The provider was working with other GP practices and the Primary Care Networks to share best practices and to adopt shared services in order to improve access to service.

Source	Feedback
NHS UK website	There had been 5 reviews added to the NHS UK website since the last inspection in December 2019, all of which had been given a 1-star rating. The most recent one was dated November 2022, while the remaining 4 were from early 2022 or 2021. The practice had responded to all the reviews and tried to resolve them. The negative comments were related to the long wait times on the phone and access to appointments.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
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
Patients always received a written response when a complaint was made, advising them of the process and timeframe on investigating the complaint.	

Staff shared examples where they proactively dealt with informal complaints verbally and resolved them promptly which mitigated the need for escalation.	
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Example(s) of learning from complaints.

Complaint	Specific action taken
Concern regarding delay in completion of 'Statement of fitness for work' or Sick notes and staff attitude during a telephone call.	<ul style="list-style-type: none"> • The practice manager investigated the concerns raised. • Staff involved with the concern had been spoken with and reminded to ensure communication with patients was respectful and polite. • An apology was offered to the patient • The patient was provided with the sick certificate.
Patient felt there was lack of empathy from reception staff and was unable to get appointments to fit their schedule.	<ul style="list-style-type: none"> • The practice manager listened to call recordings to find out what had occurred during the call. • A response letter was sent to the patient encompassing information on how to escalate the complaint. • An apology was offered to the patient, with assurances that call handling would be monitored. • Learnings from the call were shared with relevant staff.

Well-led

Rating: Good

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.	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:	
<p>The leaders at the practice understood the challenges faced by the general practice, including increasing patient demand and expectations. The practice had an action plan to continue to improve feedback and access for patients.</p> <p>The leadership across the practice was visible and the appointment of the operations manager had strengthened this.</p> <p>The practice had a succession plan in place to add another partner to the practice in the coming year. This would ensure there were skilled senior leaders employed in business critical roles to run the practice smoothly.</p> <p>Our interviews with staff confirmed that the practice had a 'no blame' culture and supported staff when things did not go as planned.</p>	

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:	
<p>Service improvements were discussed at meetings, and all staff were involved and consulted and this was demonstrated through meeting minutes and interviews with staff For example, the practice had recently joined the GP quality improvement scheme for early cancer detection for its patients.</p>	

The practice was also working towards becoming a GP training 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.	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
Explanation of any answers and additional evidence: Via our conversations with staff and feedback we received through staff questionnaires, staff indicated they felt well supported in their roles. They thought the practice had an open and transparent culture. Their ideas and suggestions were welcomed to improve patient care and experience.	

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

Source	Feedback
Staff Feedback	<p>We received feedback from 10 staff members who shared positive comments about the practice.</p> <p>The practice took prompt actions when learning needs for staff were identified. Staff were given protected time to enable them to undertake training and carry out nonclinical duties, for example infection prevention and control.</p> <p>The leaders at the practice were open and honest and supported staff in their career growth and professional development.</p>
Staff Interviews	The staff who spoke to us, told us they worked well as a team to ensure patients had access to high quality care.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: There was a clear and comprehensive governance structure with clear roles and responsibilities and nominated deputies in place at the practice.	

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: The practice had a clinical audit programme to drive performance and demonstrate improved outcomes for patients. There was a designated clinical audit lead for each area. The practice had a business continuity plan which detailed the emergency actions in the event of an interruption to the service. It was available on the practice's internal computer system to make it accessible for all staff. A paper copy was also stored off-site with the operations manager. In the event of a disruption to the service, most of the facilities were able to be operated at the practice's sister site. For example, telephone calls were able to be taken at the sister site.	

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: The recent telephone system update had enabled the practice to monitor its telephone data regularly to ensure there was enough capacity at the practice to meet demand.	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
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: Regular clinical and non-clinical meetings were held with staff to share learnings and findings, and to address any challenges in delivering high-quality care. Actions plans were in place where needed and monitored to ensure they were effective, and actions had been completed. Minutes of meetings confirmed this.	

NHS friends and family test were easily accessible through the practice website and was shared actively with patients to encourage them to provide feedback on the services provided by the practice.

The practice had a feedback box in the patient waiting area for patients to leave comments on the service they received.

Feedback from Patient Participation Group.

Feedback

The practice told us its engagement with its patient participation group (PPG) had been reduced due to COVID-19 pandemic. The practice showed us evidence to confirm the PPG group had been contacted to arrange a virtual meeting on 6 January 2023.

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:	
The practice has been working with the local GP federation of practices to offer more appointments for patients who were unable to come to the practice.	

Examples of continuous learning and improvement

Learning from events and complaints was shared with staff to enable lessons to be learned and improvements to be made to services promptly. For example, patients' calls were listened to and monitored regularly to identify any learning needs for the reception staff.

The practice had a long-term plan of remodeling the reception area to improve access for patients with accessibility needs.

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 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.