

Care Quality Commission

Inspection Evidence Table

St Lawrence Road Surgery (RY8Z8)

Inspection date: 19 and 30 August 2022

Date of data download: 15 August 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
<ul style="list-style-type: none">Monthly multidisciplinary meetings were in place to discuss the needs of children with a safeguarding concern. A dedicated meeting to discuss vulnerable adults was not in place however, this group of patients were discussed at clinical meetings. The provider told us of how they had recently supported a vulnerable adult through the legal system to ensure their health care was optimised.There were systems in place to monitor and follow up failed attendances following referrals to secondary care or children who frequently attended the emergency department.We reviewed the records of eight members of staff and found that recently recruited members of staff had DBS check in place. DBS checks were not in place for three long-serving members of staff however, the new provider was aware of this and had arranged for these to be completed.We found that children with a safeguarding concern were coded appropriately in their records however, alerts were not added to their electronic records.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<ul style="list-style-type: none"> We discussed the recruitment, training and supervision of staff employed by the Primary Care Network (PCN) that worked within the practice. The practice had received verbal assurance from the PCN that staff were recruited in accordance with regulations. However, a formal system of assurance was not in place. The provider showed us a draft policy that was waiting to be ratified to assure that PCN staff working in the practice were appropriately recruited, trained and supported in their role. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 11 August 2022	Yes
There was a fire procedure. Date of fire risk assessment: 10 July 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> A crime reduction and security risk assessment of the premises had been carried out in January 2022 and recommendations made to improve security within the practice. The fire risk assessment identified the need for six-monthly fire drills. However, a fire drill within the practice had not been carried out since 9 June 2021. Immediately following our inspection the practice confirmed that they planned to carry out a fire drill on 14 September 2022. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 16 August 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> We found that clinical staff completed cleaning schedules to demonstrate how they maintained cleanliness and hygiene within the clinical rooms. Whilst the overall practice was visibly clean, completed cleaning schedules were not available to demonstrate what cleaning had been carried out in the other parts of the practice by the cleaners. 	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Partial
<ul style="list-style-type: none">• Since the practice joined Derbyshire Community Health Services NHS Foundation Trust there had been a significant change in clinical staff due to staff retirement. The Trust had successfully recruited new clinical staff and were in the process of recruiting further clinical staff to fill vacancies. Clinical staff worked flexibly to provide additional appointments when required.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none">• Clinicians made routine patient referrals to secondary care themselves so they could monitor and follow up patients if required. There was a system in place of auditing patients referred for urgent appointments to ensure patients received appointments within a timely manner.• The practice had a backlog of patient notes that required summarisation. To mitigate potential risks, clinicians had access to full sets of records if they were required.	

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)	1.01	0.76	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)	7.4%	8.2%	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)	3.88	5.01	5.29	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	344.9‰	150.3‰	128.2‰	Variation (negative)
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)	0.99	0.52	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	11.6‰	7.3‰	6.8‰	Tending towards variation (negative)

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

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

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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	No controlled drugs
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> • There was a system in place to track prescription stationery throughout the practice however it was not always effective. The day after our inspection the provider sent us evidence of the improvements they had made to address the issues identified. • The provider was aware that their prescribing of opioids, pregabalin and gabapentin was above local and national averages. As part of our remote clinical searches we reviewed five patients prescribed gabapentin and found that the medicines were prescribed appropriately. There was evidence of a discussion with a clinician of the risks of the medicine within the last 12 months in three of the five patient records and invitations for a medicine review for the other two patients. However, coding of the medication reviews and that contraceptive advice had been given, when appropriate, was not always completed. The provider was aware of this and was putting processes in place to review these medicines through a multidisciplinary team approach. The practice also participated in a multiagency pilot to support patients who were high users of this group of medicines. The pilot included education and peer support from a patient that had successfully reduced or discontinued their dependence on these medicines. Two patients from the practice had joined the pilot and the practice were influencing the local Primary Care Network (PCN) to participate. 	

Medicines management**Y/N/Partial**

- Our remote clinical searches demonstrated there were effective systems in place for the monitoring of patients prescribed high risk medicines. We found a small number of patients whose records did not include the required monitoring however, these were of low risk as the monitoring was being completed in secondary care. In a small number of patient records we found that blood tests had been requested by the practice however, the results had not been received. There was no process in place to ensure that when a blood test was requested the result was received by the practice. After discussion with the provider, the practice contacted the small number of patients identified and arranged for any outstanding tests to be completed.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Eight
Number of events that required action:	Eight
<ul style="list-style-type: none"> From the meeting minutes we reviewed we found that significant events were a regular agenda item at team meetings and that learning and changes made were shared with staff. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The wrong patient was contacted by the practice, the patient had the same name as another patient.	An apology was given to the patient and the correct patient was contacted. Staff were reminded of the importance to check the three patient specific identifiers at all contacts.
There was a security breach at the practice. No staff or patients were affected by the incident.	The incident was reported to the police. A crime reduction and security risk assessment of the premises was completed by the provider and recommendations were made. For example, replacing the security light on the car park and storing keys securely.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> We found that audits had been completed to ensure that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were followed up and acted upon. We found that there was a system for reviewing MHRA alerts however, there was no recall system or background searches in place to ensure historic MHRA alerts continued to be searched for and actioned. For example, we found that two patients had been co-prescribed a medicine used for the treatment for indigestion and heartburn with a medicine used for the prevention of blood clots. A MHRA alert had been published in 2014 highlighting the risks associated with these two medicine combinations. We reviewed the records of these two patients and found they had not been advised of the potential risks at their medicine review. 	

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<ul style="list-style-type: none">The provider ensured clinicians remained up to date through daily clinical meetings and monthly team meetings. There was a monthly clinical education forum across the provider's four GP practices where educational activities were carried out. For example, a review of National Institute for Health and Care Excellence (NICE) guidelines and case scenario discussions.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.Health checks, including frailty assessments, were offered to patients over 75 years of age.Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.The practice provided a weekly ward round to review the care and treatment of residents living in a local care home.

- The practice was registered as a veteran friendly practice and offered support and advice to military veterans to help improve their health and wellbeing and keep them mentally and physically well.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice was a registered dementia friendly practice.

Management of people with long term conditions

Findings

From our remote clinical searches we found that there was a good mechanism in place for following up patients with:

- Asthma who had been prescribed two or more rescue steroids for an acute exacerbation of their asthma.
- Chronic kidney disease level four and five. Care could have been optimised for one patient by offering the pneumococcal vaccine.
- Hypothyroidism however two out of 218 patients had not received the required blood test monitoring. We shared our findings with the provider who acted on these findings immediately.
- Diabetic retinopathy however, three of the five patients we reviewed had not received an adequate health review. We shared the details of the patients with the practice who acted on these findings immediately.

We also found that:

- Patients with long-term conditions were offered a structured annual review to check their health and medicine 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.
- Staff were in the process of being trained to carry reviews of patients with long-term conditions.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- There was a blood pressure, height and weight machine in the waiting room for patients to obtain these results prior to their consultation.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	32	32	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	37	38	97.4%	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)	37	38	97.4%	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)	38	38	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	35	38	92.1%	Met 90% minimum

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

Any additional evidence or comments

The practice had achieved the 95% WHO based target for four of the five immunisation targets and the minimum 90% target for the remaining immunisation target.

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)	80.6%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	68.5%	62.3%	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)	73.1%	70.4%	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)	60.6%	53.0%	55.4%	No statistical variation

Monitoring care and treatment

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

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

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

<p>The practice had carried out an audit of:</p> <ul style="list-style-type: none">• Patients prescribed a medicine used in the treatment of irregular heart rhythms. The aim of the audit was to monitor that appropriate checks were in place and if the patients had developed any of the potential side-effects of the medicine. A search identified three patients prescribed the medicine. The audit identified that appropriate blood test monitoring had been completed however, an annual review of potential side-effects, heart rate and electrocardiogram had not been completed. To address this a monitoring template was developed to support the management of this group of patients on an annual basis and the learning from the audit shared with GPs.• Patients prescribed pessaries and oestrogen. The audit demonstrated that the practice carried out audits based on new evidence and updates to improve the quality of the care they provided.• The issuing of emergency steroid cards for patients prescribed regular steroids. The audit demonstrated the practice had a process in place to monitor this.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> To support advanced clinical staff knowledge and skills there was a programme of clinical supervision, education and reflection in place. At the start of our inspection, a system to audit the consultations completed by the advanced nurse practitioners was not in place. However, before the end of our inspection the provider had implemented an audit system and shared the documentation with us. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<ul style="list-style-type: none"> We spoke with a representative of a care home for older people where the practice provided care and treatment. They told us that the practice worked closely with them and provided an excellent service for their residents. The practice used special notes to share important patient information with out of hours services. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<ul style="list-style-type: none"> There was a lead advanced nurse practitioner for end of life care. They held monthly end of life care meetings with other clinicians to review the care provided to this group of patients and to update their plans of care. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
<ul style="list-style-type: none"> There was a consent policy in place to provide support and guidance to staff. We reviewed the records of three patients with a DNACPR decision in place. We found that a multidisciplinary team decision making approach was not always recorded in their records. The DNACPR was not coded in the records for two patients so there was the potential these may be missed by out of hours services. One DNACPR form had not been signed. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
A representative from a care home where the practice provided care and treatment	The representative told us that nothing was too much trouble for the practice when providing care and treatment to residents. They told us they always had time for the residents, provided as much time as was required and responded to requests within a timely manner.
NHS Website	There was a positive comment regarding very good GPs and nurses and that the reception staff were incredibly helpful.
Patient feedback sent to the CQC	The CQC received positive feedback from three patients registered with the practice. They told us that staff went above and beyond to support and care for patients and that staff were helpful, friendly and welcoming.

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)	95.6%	84.3%	84.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	93.8%	83.8%	83.5%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	97.8%	93.4%	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)	93.0%	72.5%	72.4%	Variation (positive)

Any additional evidence or comments

- All four indicators from the national patient survey were above the local and national averages for patient satisfaction with the care provided by the practice.

Question

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

Any additional evidence

- The practice participated in the Friends and Family Test. Results showed that three patients were extremely likely to recommend the practice to friends and family if they needed care or treatment, two were likely and one stated neither likely or unlikely. We reviewed other comments sent to the practice. There were nine positive comments relating to helpful and friendly staff and four negative comments relating to the attitude of a member of staff or access to appointments.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> The CQC received a positive comment from a patient regarding how a GP had adjusted how they communicated with their child, by using age appropriate language, to explain things. The practice used easy read information to support patients with a learning disability. For example, appointment invite letters and screening leaflets. 	

Source	Feedback
Interview with a representative from a care home where the practice provided care and treatment.	The representative told us that when a decision was made to put in place or review a do not attempt cardiopulmonary resuscitation (DNACPR) form, the practice involved patients and their families in the decision making process.

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)	98.3%	90.2%	89.9%	Tending towards variation (positive)

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 258 patients as carers. This was approximately 5.9% of the practice population.
How the practice supported carers (including young carers).	The practice offered flu vaccines to their carers and signposted them to support. They also posted supportive information for carers on their social media page.
How the practice supported recently bereaved patients.	Recently bereaved patients, known to the practice, were contacted by a clinician and a bereavement card with links to bereavement support were sent.

Privacy and dignity

The practice respected always respect patients' privacy and dignity.

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

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none">• We found evidence that the practice made changes to services provided in response to patient feedback. For example, patients attending the anti-coagulation clinic had requested that the clinic started earlier. In response to this request the clinic time was brought forward by one hour.• When patients from Ukraine registered with the practice, the practice sent a link to their mobile phones to a leaflet on how to access the NHS which was translated into Ukrainian.• Large print letters and leaflets were available for patients who were visually impaired and the practice had access to a British Sign Language interpreter for people with a hearing impairment.• People with a learning disability were offered longer appointments.	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional practice nurse and GP appointments were available between 6.30-7pm on Tuesdays and 7.30-8am on Fridays to support school aged children and working age people to access appointments.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and receiving end of life care.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice 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.

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<ul style="list-style-type: none"> Patients could choose if they received a face to face appointment or telephone consultation. They could book non-urgent appointments up to two weeks in advance. We reviewed the availability of non-urgent appointments and found the next available appointment was in two weeks' time. However, staff told us that if a patient required an urgent appointment staff worked flexibly to provide one. Patients requesting urgent appointments or home visits were triaged by a GP or advanced nurse practitioner. 	

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)	92.9%	N/A	52.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	83.7%	54.3%	56.2%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	75.6%	52.8%	55.2%	Tending towards variation (positive)
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)	88.4%	71.4%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

- All four indicators from the national patient survey demonstrated that patient satisfaction with access to appointments was above local and national averages.
- The practice had reviewed the findings of the national patient survey and put an action plan in place to maintain the high patient satisfaction with access to appointments. The action plan included plans to recruit additional GP and clinical staff to enable patients to see or speak with their preferred clinician and a wider choice of appointment types to suit the needs of patients. For example, face to face, telephone or online consultations.

Source	Feedback
A representative from a care home where the practice provided care and treatment	The representative told us that they had very good access to appointments for their residents and that home visits were offered within a timely manner. For example, on the day we spoke with the representative, the home had called the practice for a home visit for one of their residents and a GP arrived within the hour.
NHS Website	There were two positive comments about quick access to appointments and one negative comment regarding poor access to a flu vaccination.
Healthwatch	Had received one negative comment about a two week wait for an appointment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care³.

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> Information about how to complain was available on the practice's website and in the waiting room. The practice had received 20 compliments over the last year regarding the care and support from staff members. 	

Examples of learning from complaints.

Complaint	Specific action taken
A patient with a disability felt unsupported by the practice when trying to communicate with them.	The practice updated the patient's medical records to highlight their disability and preferred communication method.
Several complaints had been received by the practice regarding the attitude of a member of staff.	The member of staff was provided with coaching to support them in their approach when engaging with patients.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none">Staff we spoke with told us that the greatest challenge was staffing levels. The provider was in the process of recruiting an additional practice nurse and GP to address this issue.	

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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
The practice's vision was: <ul style="list-style-type: none">To be the best provider of local healthcare and to be a great place to work. Their values were: <ul style="list-style-type: none">To get the basics rightTo act with compassion and respectTo make a differenceTo value and develop teamworkTo value everyone's contribution because everyone matters	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> We found that there was a strong focus on staff wellbeing. For example, Derbyshire Community Health Services NHS Foundation Trust had a wellbeing team that provided staff support, such as counselling, and clinical psychologists that had provided wellbeing sessions for staff during the Covid-19 pandemic. The Trust had recently held a celebration away day at Chatsworth House in Derbyshire for staff to attend and to support their integration into the Trust. 	

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

Source	Feedback
Staff interviews	Staff we spoke with told us the culture within the practice was friendly, supportive and open. They told us representatives from the Trust visited the practice regularly and enquired after staff wellbeing.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> When St Lawrence Road Surgery joined Derbyshire Community Health Services NHS Foundation Trust new governance structures and systems were introduced. These have been embedded over time and staff were clear about their roles and responsibilities. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> The provider had introduced an effective quality assessment programme called Quality Always. An assessment of the practice had been carried out by the provider on 11 July 2022 and key areas of practice had been risked assessed. For example, clinical effectiveness, end of life care, environmental safety and infection prevention and control. Where issues were found, improvements were suggested and an action plan put in place. For example, the provider had identified hand washing did not always include washing from wrist to elbows and staff did not always decontaminate equipment between patient use. On the day of our inspection we found that daily and monthly cleaning rotas were completed by staff in each clinical room to provide additional assurance regarding cleaning and decontamination. We also found that hand washing audits had been completed in July and August 2022 which demonstrated 97.4% staff compliance. Other areas of improved included patient safety and protecting vulnerable people. 	

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

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

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Partial
<ul style="list-style-type: none"> A statutory notification regarding an incident which had been reported to, and investigated by, the police had not been sent to the Care Quality Commission. Following our inspection, the provider submitted the required notification to us. 	

Governance and oversight of remote services

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

Engagement with patients, the public, staff and external partners

The practice 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.	Yes
The practice had an active Patient Participation Group (PPG).	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> We found evidence that the practice made changes to services provided in response to patient feedback. For example, patients attending the anti-coagulation clinic had requested that the clinic started earlier. In response to this request the clinic time was brought forward by one hour. The practice used the Family and Friends Test and reviewed the National Patient Survey data to respond to patients' concerns. PPG meetings had not been held since the start of the Covid-19 pandemic. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke with two members of the PPG which was in place prior to the Covid-19 pandemic. They told us that there had not been any PPG meetings since the new provider took over the practice. However, the practice had sent out emails to members informing them of changes within the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
<ul style="list-style-type: none"> The provider had carried out a quality assessment report of the practice to identify areas of good practice and suggested areas for improvement. For example, decontaminating equipment between patient use, introduction of a lifestyle champion, ensuring that all staff have completed safeguarding training and ensuring that religion and physical disabilities are always recorded in patients' records. The provider had recruited a medical support worker to train and work in the practice. The medical support worker role is a government initiative to boost the NHS workforce. It supports those with

medical training from overseas who come to live and work in England whilst being fast-tracked into becoming registered NHS doctors, whilst working under supervision.

- The provider had identified that the uptake of cervical screening within the 20 – 40 age group had dropped during the Covid-19 pandemic. In response to this changes had been made, for example, providing extended hours appointments for this group of patients.
- The provider was aware that their prescribing of opioids was above local and national averages. In response to this, the practice had participated in a local multiagency pilot to reduce patient dependence on this group of medicines.
- The provider held monthly clinical education forums for staff from their four GP practices. The aim of the forum was to share clinical knowledge, share learning and support staff wellbeing.
- The provider had reviewed the traditional leadership model within GP practices. As a result of the review, an advanced nurse practitioner had been trained and supported by the Trust and the GPs to be the clinical lead for the practice.

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.