Stockwell Lodge Medical Centre

Comprehensive Mock Inspection Report

Site visit: 7th– 9th July 2026

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Overall: Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Background to the inspection

I have been working with Stockwell Lodge Medical Centre since November 2022, supporting the team to drive improvement and change.

The practice was rated Requires Improvement by The Care Quality Commission in December 2021 and has not had a comprehensive review of that rating since then. Their current CQC rating is impacting on their ability to move forward and develop as a practice.

Introduction & Executive Summary

"An internal mock CQC inspection was conducted to assess the practice's current compliance and everyday operations against the CQC Single Assessment Framework. The evaluation was specifically designed to mirror CQC methodologies, testing evidence across the five key questions: **Safe, Effective, Caring, Responsive, and Well-led** and all of the **Quality Statements** The findings demonstrate that the practice is now operating at a 'Good' standard, with robust governance, safe clinical environments, and a clear culture of continuous improvement."

Conclusion

"The mock inspection confirmed that the practice has successfully addressed previous improvement areas. The team's robust systems, policies, and on-the-ground practices provide solid, demonstrable evidence that the service meets all criteria for a 'Good' rating."

Recommendations

I have recommended to the partners that consideration is given to undertaking formal Leadership and Management training to further enhance the skill set of the partners in supporting and leading their practice team.

SAFE – Good

This service scored 74 (out of 100) for this area.

Learning culture – Good

Score: 3

Leaders embedded, maintained and sought to continuously improve a culture of openness and collaboration and safety was everyone's top priority. The service had a strong proactive and positive culture of safety, based on openness and complete honesty. They actively listened to concerns about safety and thoroughly investigated and reported safety events.

Lessons were always learnt to continually identify and embed good practice. I found there were systemic approaches to learning, which were well embedded and incorporated into every day working. This supported active learning, with integral involvement of staff. Safe systems, pathways and transitions

I found leaders praised staff for raising concerns about safety and ideas to improve, and the value of learning was continually demonstrated and reinforced by leaders. During staff meetings, the whole team discussed and learnt from clinical issues.

Staff felt there was an open culture, and that safety was a top priority. The provider had processes for staff to report incidents, near misses and safety events.

There was a system to record and investigate complaints, and when things went wrong, staff apologised and gave people support. Learning from incidents and complaints resulted in changes that improved care for others.

The provider had a duty of candour policy in place, and when incidents occurred, staff offered apologies and support to those affected.

The practice took a proactive and staff led approach to safe innovation.

Safe systems, pathways and transitions – Good

Score: 3

The service worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored.

Clinical triage was carried out by appropriately trained staff to assess the urgency of care needed. The practice had a robust on call and triage system in place .

Routine and follow up appointments were available within a reasonable time frame. Systems in place allowed GPs and nurses to make their own follow up appointments with patients where required.

They made sure there was continuity of care, including when people moved between different services. There were systems in place for processing information relating to new patients and

removing details of patients that had moved to another practice. The service worked with other providers to deliver shared care and when patients moved between services.

Effective systems were in place to ensure clinicians were aware of changes and actions required when patients moved between services. Referrals and test results were managed in a timely way.

Staff who were involved in making referrals were clear about their role, and daily checks were in place to ensure people who had been referred for suspected cancer had attended their appointment and follow up arrangements were in place.

The practice had systems to ensure cervical cytology results were received. They also had systems to audit and follow up people who had an abnormal result with a recall system.

Staff prioritised care for the most clinically vulnerable patients. Clinicians kept updated about local pathways to ensure patients were referred to the most appropriate service and experienced a smooth transition of care

Safeguarding – Good

Score: 3

The practice worked with people and healthcare partners to understand what being safe meant to them, and the best way to achieve that. I saw that staff in the service had access to policies, processes and procedures which helped them to keep patients, and particularly vulnerable patients safe from abuse, neglect and harm.

The practice manager managed the register of patients where there was an identified safeguarding concern. These were well maintained and reviewed regularly with the safeguarding and wider practice team internally.

The safeguarding leads and the safeguarding admin support (practice manager) knew their patients well and maintained a tight system of continuous review of the safeguarding registers

I saw that when required the practice shared concerns quickly and appropriately with stakeholders and partners such as health visitors and members of the local safeguarding authority.

The practice had an appointed lead and deputies for child and adult safeguarding. When I spoke with staff, they had a good understanding of safeguarding and how to raise concerns.

The practice computer system was used to identify and record details of vulnerable patients and their family members and also allowed the sharing of information with other health and care providers, as well as safeguarding bodies. The practice monitored those on their safeguarding registers and carried out other work to examine potential safeguarding concerns. This included monitoring and assessing children who had high attendance rates, or those who had failed to attend appointments. The practice manager carried out monthly DNA audits as a safety netting procedure.

I saw that safeguarding had a high profile within the practice and that safeguarding meetings were held on a regular basis both internally and with external partners. All staff had received safeguarding training appropriate to their roles and training progress was actively monitored.

Within the practice chaperones were available for patients on request. When I discussed acting as a chaperone with staff, I saw that those who undertook these duties had received training and were knowledgeable about their chaperone role.

Involving people to manage risks – Outstanding

Score: 4

The practice worked with people to understand and manage risks by thinking holistically. They provided care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.

Individual risks were assessed, and people were appropriately involved in this. My clinical searches found patients had regular comprehensive medication reviews and individuals with long term conditions had regular reviews.

The practice had guidance for staff to identify, assess and manage people whose health was deteriorating, and for managing medical emergencies.

Staff I spoke with told me they could recognise people whose health was deteriorating and knew the action to take. Staff were able to describe the signs and symptoms of Sepsis and posters around the practice were there to support safe and effective guidance.

The practice had a duty GP every day who was available for immediate advice and support when necessary. The staff had received training, relevant to their role to support them manage deteriorating patients and medical emergencies.

The practice had risk assessed which emergency medicines and equipment to have on site and these were well managed by the clinical pharmacist. There was a system in place to monitor stock levels, temperature control and expiry dates of emergency medicines

Work was in progress to get a second set of emergency medicines to be held in the JNC building. There was already oxygen and a defibrillator in place in that building. One paediatric mask within the emergency oxygen bag was found out of date, despite staff signing to say the contents had been checked. This was replaced immediately.

Patients were advised on risks related to their condition and actions to take if their condition deteriorated. I saw clear evidence in patient records of safety netting.

Staff and clinicians told me they discussed relevant risks with people and updated their records with this information.

Practice staff spoken with were all aware of the practices emergency button located within the clinical system.

Recently the practice had produced and shared heatwave guidance specifically related to a home it supported for people with learning disabilities. The guidance highlighted the risks associated with specific types of medicines this patient group were taking.

Safe environments – Good

Score: 3

Stockwell Lodge Medical Centre detected and controlled potential risks in the practice care environment. They made sure equipment, facilities and technology supported the delivery of safe care.

The surgery had contracts in place to ensure the premises was well maintained. I saw that the service had effective systems to monitor and comply with mandatory risk assessments, including fire safety and legionella testing to ensure that people and staff remained safe

Portable appliance testing and calibration of equipment were up to date and regular fire safety checks were conducted. All staff had completed fire awareness safety training, with Fire Wardens completing additional tailored training for their role.

The surgery had a business continuity plan which was regularly reviewed and outlined how it would continue to operate in the event of a disruption (such as incapacity of GPs and staff, loss of the building, loss of utilities or telephony, and loss of medical records).

Staff I spoke to on the days of my visit confirmed that they had all the equipment required to safely and effectively undertake their role. They also confirmed that they were satisfied with the health and safety arrangements at the surgery.

Appropriate polices were in place.

The practice fire policy was personalised with details to the fire extinguishers and their locations etc.

The COSHH Policy seen showed personalised data and accompanying safety data sheets

Safety alerts relating to equipment were shared with the relevant staff and acted on.

There was no oxygen sign on the door in the JNC building where oxygen was stored in line with Health and Safety requirements.

I observed the practice was accessible for all people and included space for wheelchairs and prams. Hallways and corridors were clean and tidy and free from clutter. Staff offices were secure, and access was restricted from the public to the reception area.

Safe and effective staffing – Good

Score: 3

The service made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people's individual needs.

The service employed a range of clinical and non-clinical roles, which included GPs and nurses. Leaders ensured staff were up to date with their training which the service had deemed mandatory and operated within their agreed areas of competence.

The service followed safer recruitment procedures when employing staff, which was in line with national legislation. This included identity checks, review of qualifications, obtaining of professional references and a criminal records check.

The service had a robust on call system in place every day to see patients who required appointments on the day, call back patients requiring advice, advise staff triaging calls, take calls from partners such as safeguarding teams or respond to emergencies on site.

Staff discussed possible staffing pressures due to sickness and put appropriate mitigation in place. More staff had recently been employed to support with safe care, both clinical and non-clinical.

Staff told me their development and support were a priority to management. Staff were encouraged to access additional training they felt would support their development.

Staff inductions were robust and staff spoken to were able to give a summary of what was covered in the induction process.

Competency Frameworks and Assessments were in place for those staff who required these.

All staff had annual appraisals that focussed on development and staff wellbeing.

Staff were encouraged to attend conferences and courses to improve their own learning, and I saw regular in-house training and protected learning were implemented to enhance workforce understanding of clinical topics, governance requirements and shared learning.

Performance issues and poor performance were dealt with in a timely and appropriate manner.

There were multiple comments from staff about the excellent support they received, effective supervision and opportunity to develop and progress in their careers.

Infection prevention and control – Requires Improvement.

Score: 2

The practice did not always assess and manage the risk of infection.

The practice was visibly dusty and dirty despite a recent deep clean. The cleaners cupboard did not evidence that national colour coding was being followed. This was addressed promptly by the practice manager on day two of my visit with a meeting held with the cleaning company .

The practice had a designated infection, prevention and control lead and staff had completed relevant training.

The practice lacked the level and detail of oversight required to ensure infection prevention and control management was effective.

Internal cleaning was also not always effective. Trolleys, drip stand, privacy screens and fans were observed with high levels of dust and dirt.

The practice had a detailed infection, prevention and control policy in place, which consisted of relevant partner contact details. Infection, Prevention and Control (IPC) audits had been completed. Staff were aware of who the IPC lead was.

Risk assessments and audits were completed, and action plans were in place to mitigate potential risks but some of these had failed to pick up all the issues identified during the inspection.

Staff had access to spill kits if required and were appropriately trained to use these.

Medicines optimisation – Good

Score: 3

The practice tried to make sure that medicines and treatments were safe and met people's needs, capacities and preferences. They involved people in planning, including when changes happened.

Clinicians involved people in reviews of their medicines and helped them understand how to manage their medicines safely. People knew what to do and who to contact if their condition did not improve or they experienced any unexpected symptoms from their medicines. Staff followed protocols to ensure that all medicines were correctly prescribed and ensured people received recommended medicine reviews and regular monitoring. Policies and Protocols effectively supported the safe prescribing of medicines and staff involved people in reviews of their medicines.

Staff followed established processes to ensure people prescribed medicines with specific risks received recommended monitoring.

Recall processes were robust and demonstrated that people's safety was a priority. The practice utilised varied methods of communication tools to contact people, including, text messaging, phone calls, letters and telephone calls. The service used interpreters when required.

Systems were in place to manage and respond to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and medicine recalls. Systems for managing the prescribing of medicines and treatment of other medicines were safe and met people's needs.

Refrigerators used to store vaccines and medicines were monitored to ensure temperatures were maintained and products were appropriately stored within them.

Staff regularly checked stock levels and expiry dates for all medicines, including emergency medicines. There were Patient Group Directions in place which relevant staff worked to. These were all up to date.

Staff did not always store medical gases, such as oxygen safely. There was no oxygen safety sign in the JNC building.

As part of the inspection, a series of patient clinical record searches were undertaken by the two clinical pharmacists with me sitting with them. This included a review of the management

of patients on medicines that required monitoring. I found that patients had received monitoring in line with guidance.

The systems in place to ensure medicines related stationery was stored, distributed and disposed of safely and securely was robust.

Anti-microbial stewardship was green,

Effective – GOOD

Effective – this means I looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This service scored 75 (out of 100) for this area.

Assessing needs – Good

Score: 3

Feedback from people that used the service was mainly positive. People felt involved in any assessment of their needs and confident that staff understood their individual and cultural needs. The results of the national GP survey 2026 showed that there was still some room for improvement in some areas. For example,

86% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment result: ICS 91% National result: 92%.

84% felt their needs were met during their last general practice appointment result: ICS 89% National result: 90%.

84% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment result: ICS 92% National result: 93%.

The practice made sure people's care and treatment was effective by assessing and reviewing their health, care, wellbeing and communication needs with them. Reception staff used digital flags within the care records system to highlight any specific individual needs, such as the requirement for longer appointments or for a translator to be present. These flags also identified vulnerable patients.

Clinical staff used templates when conducting care reviews to support the review of people's wider health and wellbeing. The practice had effective systems to identify people with previously undiagnosed conditions.

My clinical searches identified that that people's care and treatment was regularly reviewed and updated. Records reviewed demonstrated appropriate care planning, for example, for people with a long-term condition, mental health conditions, a learning disability or those receiving palliative care. People who were at risk of developing a long-term condition were identified and monitored.

Delivering evidence-based care and treatment – Good

Score: 3

People were involved in decisions about their care, including what was important and mattered to them, including, end of life care.

Staff had access to local and national guidelines which could be accessed easily through online platforms with links to guidance also available through their clinical system. Updates to guidance were shared with all relevant staff at meetings whose minutes were circulated to ensure all staff were aware.

Overall, the practice planned and delivered patient care and treatment in line with national guidance, and current evidence-based good practice and standards. New guidance was discussed at clinical team meetings, learning events and cascaded directly to staff.

Systems were in place to ensure staff were up to date with evidence-based guidance and legislation. Clinical records I saw demonstrated care was provided in line with current guidance.

Every Tuesday the practice had an 11.30 coffee break to discuss clinical topics and cases.

Staff I spoke with told me they held clinics to support people with long term conditions such as asthma, diabetes and chronic heart disease. They told me they used local and national guidelines and kept up to date through training and updates were circulated within the practice.

Clinical audits were conducted to ensure care was delivered in line with legislation and recommended guidelines.

Ardens clinical decision tools were used widely in the practice.

The practice is carrying out proactive care reviews of the frail and complex patients to prevent unnecessary admissions. This includes visiting all its housebound patients.

Clinical searches indicated that people received care, treatment and support that was evidenced based and was in line with good practice standards. Overall, of records seen appropriate monitoring and reviews were in place for people with long term conditions, for example, people with, diabetes, hypothyroidism, asthma and chronic kidney disease.

QOF was managed effectively with monthly in-house meetings to review progress and plan the following months recalls. The practice had also done a big piece of work over the last two months on case finders.

The practice provided the following clinics to support patient care, DM, Asthma, COPD, HT, CHD. They were due to start CKD clinics. Clinics were also offered for Menopause, contraception and smears to support women's health.

Child and adult immunisation clinics were held as well as travel clinics. The practice provided seasonal flu clinics.

How staff, teams and services work together – Good

Score: 3

Staff had access to the information they needed to appropriately assess, plan and deliver people's care, treatment and support. The practice worked with other services to ensure continuity of care.

When people moved between services, all necessary staff, teams and services were involved in assessing their needs to maintain continuity of care. Information was shared between teams and services to ensure continuity of care, including when people were referred between services or when clinical tasks were delegated.

Practice staff met regularly with others to discuss the needs of patients. This included palliative care patients, and patients for whom there were safeguarding concerns.

It particularly worked well and in partnership with a local service providing care and support to people with a learning disability.

Referrals to other services were audited to ensure that appointments were created for people in a timely manner, for example, when people were referred for suspected cancers.

Staff told me that they felt the team worked well together at the practice for the benefit of patients. They felt communication was good with leaders and they were always clear and consistent.

The practice was heavily invested within its PCN and contributed to many local initiatives.

Two of the partners have lead roles within the PCN. One is the lead for Public Health Management and Prescribing and the other is the lead for Health Inequalities and Learning Disability.

The practice was engaged with neighbourhood working and attended meetings every two months. Minutes of meetings were reviewed which supported this.

Supporting people to live healthier lives – Good

Score: 3

Health and lifestyle information were displayed in waiting areas and on the website, and staff could refer people to a Health and Welfare coach or a social prescriber. The service worked closely with the social prescribing link worker to address patients at risk of health inequalities.

People were supported to manage their own health, care and wellbeing needs, and make healthier choices. Staff focused on identifying risks to people's health and wellbeing, for example, people in the last 12 months of their lives and people at risk of developing a long-term condition.

Patients were encouraged to attend cancer screening and take up vaccinations offered as part of national programmes. The practice was aware of the challenges around uptake for some of these. It had a good recall system in place and DNAs were promptly followed up.

The practice had also carried out annual health checks for patients with a learning disability.

Patients were supported to live healthier lives and where possible, reduce their future needs for care and support. Staff supported initiatives to improve population health. This included referral to health and wellbeing coaches, and social prescribers.

Patient facing staff on reception had all received training in care navigation and were aware of local services to which they could signpost patients when a clinical consultation was not potentially required. The practice used their registers of vulnerable people, or those with additional needs to help manage their health review processes

Group consultations are due to be offered where patients had similar long-term conditions (e.g. diabetes and asthma) as part of neighbourhood working. They will attend a shared appointment led by clinicians as an education sessions.

The practice supported a local regular event held which was a carers café.

Patients and staff attended the health walk every couple of months in Cedar Park.

Patients, staff and the PPG members supported the local Dementia Hub

Monitoring and improving outcomes – Good

Score: 3

65% of respondents to the National GP Patient survey 2026 reported that they felt they had enough support from local services and organisations to help manage their long-term conditions or illnesses, which was slightly lower than the local average of 69% and below the national average of 70%.

Clinical and non-clinical audits were carried out to improve outcomes for patients. Patients who required monitoring underwent regular checks on their health.

Regular searches of patient's medicines were undertaken by the service pharmacists to monitor patients. Depending on the results this included providing extra help to manage long-term conditions, advice for those on multiple medicines and better access to health checks.

The service regularly monitored people's care and treatment to continuously improve it. They sought to ensure that outcomes were positive and consistent, and that they met both clinical expectations and the expectations of people themselves.

I saw that overall patients with long-term conditions had generally been well managed. I saw that many reviews of patients had been carried out well and in depth. The practice had a strong culture of clinical audit and service improvement and used these to monitor and improve patient care.

The practice worked hard to ensure the uptake of smears and childhood immunisations was adequate. They has been involved in a local drive to increase the uptake of cervical screening for the 25 – 49 years age group. The practice could demonstrate through its data that the uptake had improved as a result of this.

The practice was about to start on a similar initiative for the uptake of the HPV vaccine.

Consent to care and treatment. Good

Score: 3

During my assessment I spoke with staff and found they had a good understanding of consent, and in particular considerations which need to be given to consent which involved children and young people, and vulnerable patients including the elderly, or those with limited mental capacity.

The service told people about their rights around consent and respected these when delivering person-centred care and treatment.

Staff understood and applied legislation relating to consent.

Staff understood the importance of ensuring that people fully understood what they were consenting to and the importance of obtaining consent before they delivered care or treatment. People received information about care and treatment in a way they could understand and had appropriate support and time to make decisions.

There was a system in place to record people's consent appropriately. People's capacity and ability to consent was considered. People, or persons lawfully acting on their behalf were involved in planning, managing and reviewing their care and treatment.

RESPECT forms are in place where appropriate and are completed proactively to support effective patient care and treatment.

The practice carried out teaching in practice meetings to support staff with sensitive conversations

The practice had their own consent guidance and policy which staff referred to. Most consent was dealt with by verbal or inferred/implied consent. Written consent was obtained for all minor surgery.

From staff records I saw that relevant staff had received training regarding the mental capacity of patients, which enabled them to effectively assess the patient's ability to give consent.

Caring - Good

Caring – this means I looked for evidence that people were treated with kindness, compassion and dignity.

This service scored 80 (out of 100) for this area.

Kindness, compassion and dignity – Good

Score: 3

The service performed lower than local and national averages in the 2026 National Patient Survey.

Respondents to the National GP Patient Survey said that they felt listened to and had been treated with kindness. For example, 70% of respondents said that the healthcare professional they saw or spoke with was good at listening to them during their last appointment. This compared to the average patient satisfaction figure locally and nationally of 86% and 87%

The service treated people with kindness, empathy and compassion and respected their privacy and dignity.

Staff treated colleagues from other organisations with kindness and respect.
The service had arrangements to promote people's privacy including areas where people could discuss their concerns in private. There were privacy screens in clinical rooms and staff could act as a chaperone where required.

During my site visit, I observed positive interactions between staff and people using the service. Friends and family test feedback was positive about staff interactions, with comments describing staff as kind, professional and supportive.

The practice had a strong ethos of providing and supporting care to its most vulnerable patients. Staff I spoke with had a good understanding of guidance to ensure older children and young adults had input into, and control of their own privacy, confidentiality, and the amount of parental involvement in managing their health and care needs.

All staff I spoke with understood Gillick competency.

The practice had measures in place to support those who had been recently bereaved

Chaperones were readily available when required.

The practice also analysed feedback from the National GP Patient Survey to which they discussed with the team and created an action plan to address some of the areas where they were below local and national percentages.

RESPECT forms are in place where appropriate and are completed proactively to support effective patient care and treatment.

The practice carried out teaching in practice meetings to support staff with sensitive conversations

The practice holds a purple star accreditation. **Purple Star Accreditation** is a quality mark awarded to primary healthcare services (like GP practices) that demonstrate a commitment to providing high-quality, accessible, and inclusive healthcare for adults with learning disabilities

Social prescribers, working through the PCN collaborated with the provider to support patients through holistic assessments. They offered a range of services and could explore support for patients' mental wellbeing; help patients be healthier, more active and socially connected; and assist patients to live well and more independently.

Treating people as individuals – Good

Score: 3

The National GP patient survey results found 84% of people who responded to the survey had confidence and trust in the healthcare professional they saw or spoke to during their last appointment, which was below local at 92% and the national average of 93%.

The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Patients' personal, cultural, social, religious and equality characteristics needs were understood. Patient communication needs were met to enable them to be involved in their care.

Staff had access to interpreters when required.

The practice had a good level of understanding of their population's needs. The practice responded in a way that was thoughtful to individual needs and circumstances. The practice appreciated personal differences and reflected this in tailoring care to individual needs. The practice had a good understanding of people using the service, so the team were able to recognise when people weren't well.

The practice held a register of carers. Carers were signposted to support group. Carers café events were held in the area.

Processes were in place to record when new people registered with caring responsibilities and the practice routinely checked on carer's wellbeing. Carers were offered vaccinations including the flu vaccine and offered additional support when identified.

Independence, choice and control – Good

Score: 3

People were supported to have choice and control over their own care, and to make decisions about their care, treatment and wellbeing.

The percentage of respondents to the GP patient survey 2026 who stated that during their last appointment they were involved as much as they wanted to be in decisions about their care and treatment was 86%, which fell very slightly below national at 92% and local averages at 91% .

There was a range of appropriate services to support and maximise people's independence and outcomes from care and treatment.

Staff helped people and their carers to access community and advocacy services by signposting. This was also supported by the Social Prescribers services.

Responding to people's immediate needs – Good

Score: 3

There was a system for appointment triage that ensured people with immediate needs had access to services. Staff I spoke with knew the process for referral to emergency support.

The practice listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress. There was a system for appointment triage that ensured people with immediate needs had access to services.

Staff were trained to identify and signpost people requiring urgent attention. People presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. Staff knew the process for referral to emergency support, including mental health crisis teams.

The practice had a panic button system in place where staff could request immediate support in the case of emergencies. All staff were aware of the protocols in place to responding to emergencies.

Patients I spoke with told me where they required, staff would always assist to obtain a same day appointment.

The results of the GP National Patient Survey 2026 showed reasonable levels of satisfaction with people having their immediate needs met. Results indicated that 84% of people (compared to 89% locally and 90% nationally). 75% of patients felt that they knew what the next step would be after contacting the practice. Compared to 84% locally and nationally.

The practice could demonstrate how it safety netted patients, so patients felt confident what to do if their condition deteriorated or declined.

Workforce wellbeing and enablement – Outstanding

Score: 4

Staff told me they were highly valued by leaders. Leaders had taken steps to recognise and meet the wellbeing needs of staff, which included the necessary resources and facilities for safe working, such as regular breaks and rest areas. Staff reported being supported if they were struggling at work. Staff told me how the practice had supported them through their bereavement recently.

The service always cared about and promoted the wellbeing of their staff and was exceptional at supporting and enabling staff to always deliver person-centred care.

I found the culture within the practice prioritised good wellbeing through inclusivity, active listening, and open conversations. This empowered staff to do their job well and to be well.

Leaders told me they considered staff to be an extended family, and to do well, they needed to support staff to be well.

Staff told me how highly they valued the support they had received. They told me the support had enabled them to progress both within their own career and in the development and improvement of the service.

I found this had fostered staff loyalty and a supportive team mentality. Leaders were quoted to support staff with difficulties which impact on their ability to do their job, whether this was specific to their work or more generally related to their wellbeing.

Staff reported high levels of satisfaction with their role and with working within the practice.

I found there were established and proven support networks for staff to use if they were struggling, so they had support immediately and the impact on the care they deliver to people remained positive. Clinical staff spoke highly about the ability to receive quick support via regular supervision. . They told me this gave them regular access to advice and guidance with meeting the needs of patients but also personal support with the day-to-day stressors within their role.

Leaders made food available for staff on some days and snacks were available throughout the week for staff.

Practice events took place and an annual Christmas Party and a Pot luck Karaoke Party.

Responsive - Good

I looked for evidence that the service met people's needs, and that staff treated people equally and without discrimination. People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. The service was easy to access and worked to eliminate discrimination. People received fair and equal care and treatment. People were involved in planning their care and understood options around choosing to withdraw or not receive care.

This service scored 71 (out of 100) for this area.

Person-centred Care – Good

Score: 3

The service recognised the diverse population needs and fully understood their service's demographic and language barriers. For example, translators were utilised to assist with telephone consultations and in person appointment, where required.

The practice made sure patients were at the centre of their care and treatment choices and they decided, in partnership with people, how to respond to any relevant changes in people's needs.

Care plans reflected physical, mental, emotional, and social needs of people including those related to protected characteristics under the Equality Act.

My review of clinical records showed people were supported to understand their condition and were involved in planning for their care needs. They were also involved in decisions about their care.

The practice used reasonable adjustments flags on patient records to support patient centred care.

Patients with severe mental illness were on an SMI register which allowed the practice to ensure an annual review.

The practice was proactively supporting its Trans patients through outreach for cervical screening and cancer screening.

The service reached out to people with learning disabilities and their carers and encouraged them to accept an invite for a learning disability health check. This was an area the practice showed excellence in.

National GP Patient Survey 2026 data reflected people felt involved in decisions about their care and treatment. The survey results showed 86 % of respondents stated that during their last appointment they were involved as much as they wanted to be in decisions about their care and treatment. However results also showed that only 27% of respondents to the GP Patient Survey responded positively to how easy it was to contact the practice on the phone compared to the national average of 58%. And 52% locally.

The practice patient satisfaction scores in the National GP Patient Survey 2026 for questions linked to patient centredness were below national average For example, 67% of respondents (compared to 85% nationally) found the reception and administrative team helpful and 70%

(compared to 87% nationally) said the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment.

Care provision, Integration and continuity. – Good

Score: 3

The service had an exceptional understanding of the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity. I found the practice prioritised the diverse health and care needs of their local community.

They adjusted the delivery of its services to meet the needs of people.

I saw the practice worked in partnership with other services to meet the needs of its patient population. The practice had tailored its services to meet the diverse needs of its community, for example, building relationships with community groups to promote the take up of screening programmes and dedicated work to improve identification of diseases with high prevalence within the patient demographic. There were established mechanisms for engaging with other community healthcare providers.

Community events took place.

Referrals to other services were made promptly and information shared by other services was managed effectively and in a timely manner to support good outcomes for people.

There was positive feedback from other healthcare professionals that worked in partnership with the practice. They told me the practice was very good at responding to the needs of patients.

Providing Information – Good

Score: 3

Information provided by the service met the Accessible Information Standard. Patients were informed as to how to access their care records.

The practice supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs. Information provided by the practice met the Accessible Information Standard.

The practice website met NHS accessibility standards such as translation and the ability to change fonts etc..

The practice had access to interpreter services and information about the need to book for an interpreter was recorded on patients records. Patients were informed as to how to access their care records.

Staff spoken to described how they would sign post patients for specific information or print leaflets off relating to guidance for medicines or health conditions when required

Staff told me leaflets around conditions and medications could be translated to other languages, and their website was also available in different languages.

The practice had access to interpreter services, including British Sign Language

A range of information on aspects of health for all ages and local support groups were available in the practice and via the practice website and notice board displays.

Listening to and involving people – Good

Score: 3

Complaints were being managed in line with the practice's policy. Complaints were always responded to in a timely manner. Practice staff were clear on their responsibilities to acknowledge and respond to complaints as they had received clear guidance and training on this.

Complaints were reviewed for themes and trends.

The practice made it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. They involved people in decisions about their care and told them what had changed as a result.

Learning from complaints was evident and staff were able to identify changes made as a result of patient feedback. Complaints were discussed in meetings, changes and learning shared appropriately.

The practice had encouraged all patient groups to join the Patient Participation Group (PPG) to encourage a wider range of views to inform practice development.

70% (compared to 87% nationally) said the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment.

Equity in access – Requires Improvement

Score: 2

Services were provided from the ground floor for patient access in the main building and also currently from the JNC building. Both buildings had automatic doors to the entrance.

There was dedicated baby change facility.

The NHS GP Patient Survey 2026 data shows that the practice scored poorly relating to access. The practice was below ICS and national percentage in three areas.

27% find it easy to get through to this GP practice by phone ICS result: 52% National result: 57%.

34 % find it easy to contact this GP practice using their website ICS result: 60% National result: 58%.

29% find it easy to contact this GP practice using the NHS App ICS result: 52% National result: 54%.

67% find the reception and administrative team at this GP practice helpful ICS result: 83% National result: 85%.

The above results show that people could not always access the care, support and treatment when they needed it. Patients could not always access the services to suit their needs. For example, online, in person and by telephone

The practice offered longer appointments to those with complex problems, learning disabilities or with additional communication needs. People who required routine appointments outside of the usual working hours had access to evening and weekend appointments through extended hours. Housebound people were offered home visits.

The service accommodated people who had specific needs around where they waited for appointments and when they were seen.

Urgent and routine appointments were available with a range of healthcare professionals.

Appointments were available face to face, by telephone, or as a home visit. Same day appointments were available, and patients could also book routine appointments in advance.

Staff had been trained to support and advise patients on how to use the NHS App, anything digital and how to book appointments. The results from the National Patient survey did not support that this was always effective.

Equity in experiences and outcomes – Good

Score: 3

Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this.

Feedback provided by people using the service, both to the provider as well and myself, was positive. Staff treated people equally and without discrimination. Leaders proactively sought ways to address any barriers to improving people's experience and worked with local organisations, including within the voluntary sector, to address any local health inequalities.

Staff understood the importance of providing an inclusive approach to care and made adjustments to support equity in people's experience and outcomes.

The provider had processes to ensure people could register at the practice, including those in vulnerable circumstances. Staff used appropriate systems to capture and review feedback from people using the service, including those who did not speak English or have access to the internet.

The results of the National GP Patient Survey 2026 indicated that 84% of respondents (compared to 90% nationally) felt their needs were met during their last general practice appointment and 63% described their overall experience of the practice as good (compared to 77% nationally).

Planning for the future – Good

Score: 3

People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

My records review showed people were supported to consider their wishes for their end-of-life care, including cardiopulmonary resuscitation. This information was shared with other services when necessary. For example, other health care professionals involved in the care of this group of people.

Respect forms were completed proactively.

People were supported to make informed choices about their care and plan their future care while they had the capacity to do so.

Staff regularly attended multidisciplinary (MDT) meetings where they discussed patients who palliative or receiving end-of-life care.

Records reviewed showed people were supported to consider their wishes for their end-of-life

When individuals expressed a desire for greater independence and fewer care interventions that may benefit them, professionals collaborated to help them reach their goals.

Patients with a DNACPR in place received regular reviews.

The practice had proactive communication with the McMillan nurse and Isobel Hospice.

The practice provides urgent clinical support for JIC (just in case) and SD (syringe driver) medication

Well-led – Good .

This service scored 75 (out of 100) for this area.

Overall, the service is well managed

I looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Shared direction and culture – Good

Score: 3

The practice had a shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities.

Staff and leaders actively promoted equality and diversity and worked to identify the causes of any workforce inequalities. They demonstrated a positive and compassionate listening culture that focused on learning and development. All staff I spoke to confirmed that there was a positive culture in the practice and reported that management were approachable and had 'an open-door policy', and responded to any concerns raised

All of the staff I spoke with showed a clear desire to provide the best care and treatment to their practice population. Leaders at the practice had systems and processes to ensure all members of the practice team had input into this and spoke highly of staff motivation. All staff I spoke with and received feedback from demonstrated a genuine commitment to providing the best care and treatment to patients.

The provider had a good understanding of the challenges faced around health inequalities and ensuring clinical capacity continued to meet patient demand. They shared evidence of numerous quality improvement projects with me which aimed to reduce health inequalities.

Leaders told me how they fully utilised additional support to best meet patient need, including the pharmacy first scheme, physiotherapists and social prescribers.

The practice had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation.

They had high levels of credibility and consistently demonstrated during the assessment how they achieved what they set out to do.

It was evident that patients were at the heart of everything the practice did,

Leaders demonstrated the importance of staff wellbeing to support them in maintaining good outcomes for patients.

Leaders worked with patients, staff, and partner organisations to gather feedback on their management and communication and responded to it. They demonstrated during the assessment how they made changes for the better wherever they could.

Leaders invested (both financially and with time) in learning and development for all staff and developed tools to assist staff to achieve best practice on a daily basis.

I saw the leadership team were fully engaged in the development of primary care services within the local area.

Staff felt supported by the leadership team. Regular meetings were held with staff and the management team.

The practice staff were aware of the detailed vision and values of the practice.

There were systems to ensure compliance with the requirements of the duty of candour and processes in place for effective communication and shared learning. There was a whistleblowing policy in place and a named freedom to speak up guardian, which was an external service call The Guardian Service. All staff had completed mandatory training which included equality and diversity.

Capable, compassionate and inclusive leaders

Score: 3 – Good

The practice had exceptionally inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Most leaders had the skills, knowledge, experience and credibility to lead effectively. They always did so with integrity, openness and honesty.

Staff told me leaders in the practice were approachable and responded to any concerns raised. Staff told me they could approach all partners and leaders.

The partnership consisted of a diverse mix of roles, GP. ANP, Pharmacist and Practice Manager. They worked well as a team and spent time together away from the practice building on that close partnership and supporting each other.

I saw the leadership team worked with other practices in the primary care network and were engaged in the development of primary care services within the local area.

During my site visit, I met with different members the leadership team who demonstrated a genuine commitment to improving health outcomes for the practice population.

I saw evidence of how transformational systems and process had focused on a whole practice approach which empowered all staff teams to support health improvements for the practice population.

Staff told me they could approach any clinician for support and regular debriefs were put in place for clinical staff.

Leaders understood challenges affecting the service, the clinical leadership and oversight of the day-to-day running of the practice and risks affecting the service were mostly effective.

Leaders told me they focused on staff wellbeing for example managing workloads, providing flexible working hours and arranging reasonable adjustments where necessary.

The practice had carried out a staff survey, collated the results and provided feedback to staff during a team meeting.

Freedom to speak up. – Good

Score: 3

The practice fostered a positive culture where people felt they could speak up and their voice would be heard.

Staff could raise concerns internally and there was information available for staff if they wanted to contact someone outside of the practice .

All of the staff I spoke with were aware of how to raise a concern and felt confident that this would be managed appropriately.

Staff spoke to me passionately about how the practice valued their contributions and listened and responded to feedback.

I found the practice welcomed rigorous and constructive challenge from people who used the service, the public and stakeholders. Areas for improvement were identified and acted upon quickly.

The practice had established external Freedom to Speak up arrangements with another local service. Staff could also talk to one of the partners.

There were regular meetings held with staff and there was an external Gurdian service which acted as the named freedom to speak up guardian in place for the practice. Staff were aware of where to find this information or a policy.

Workforce equality, diversity and inclusion – Good

Score: 3

The practice valued diversity in their workforce. They worked towards an inclusive and fair culture by improving equality and equity for people who work for them.

Policies and procedures to promote diversity and equality were in place.

Staff told me they were treated fairly and there was an open-door policy.

There were processes to support staff to feel empowered or confident that their concerns and ideas resulted in positive change to shape services and create a more equitable and inclusive organisation.

There were policies and procedures in place for the safe recruitment of staff

All staff had completed equality and diversity training and had access to appraisals.

All staff who required clinical supervision received this on a regular basis.

Adjustments had been made to ensure all staff were valued .

I also saw fair and equitable treatment of staff in terms of opportunities for personal and professional development.

Governance, management and sustainability – Good

Score: 3

Sustainability plans were in place regarding the partnership and future proofing the service for succession.

The practice had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They mostly always act on the best information about risk, performance and outcomes, and shared this securely with others when appropriate. During the three-day inspection concerns were raised regarding the oversight and management of Infection Prevention and Control within the practice.

Leaders and managers supported staff, and all staff we spoke with were clear on their individual roles and responsibilities.

Managers met with staff regularly to complete appraisals and performance reviews. The provider had established governance processes that were appropriate for their service. Staff could access all required policies and procedures. Managers held regular meetings with staff, during which they discussed clinical concerns and emerging risks. Managers clearly recorded any actions arising from these meetings and ensured they shared these with staff. Staff took patient confidentiality and information security seriously.

There were effective systems to manage current and future performance and risks to the quality of service. Although I saw evidence of how the provider had taken a proportionate approach to managing risks that allowed new and innovative ideas to be tested within the service, established systems were not always followed and completed by some leaders., specifically related to Infection Prevention and Control

Governance systems were well established, embedded and effective at supporting the practice to identify any risks, issues or concerns and mitigate these.

A robust risk register was in place which leaders had oversight of and reviewed.

In my review of the established and well embedded governance processes, alongside my discussions with leaders, I found they drove an awareness of positive accountability, support and sustainable improvement across the organisation.

I found data management systems consistently operated to a high standard. Information was analysed and used to drive significant improvements to care quality.

Managers met with staff regularly to complete appraisals and performance reviews.

The practice had established effective governance processes that were appropriate for their service.

Staff took patient confidentiality and information security seriously. I found there was a whole practice approach to governance, with staff clear on how they could contribute and support good governance processes.

Performance management processes were effective, reviewed regularly, and staff consistently performed their roles in line with best practice.

Where performance was not at the expected level, this was identified, a plan put in place to address the areas of underperformance. This was reviewed and if the expected improvements were not made and maintained, appropriate action was taken to address this.

Staff were recognised and thanked for their contribution.

I found that quality outcomes framework (QOF) performance was monitored, and that patients were receiving the appropriate care and in a timely way.

Partnerships and communities – Good

Score: 3

Leaders and staff were proactive in sharing ideas, taking part in research, and using good practice to improve care. They regularly listened to feedback from patients and the community, using it to shape and assess new ways of working. Leaders also invested time and resources to support staff and encourage collaboration with patients

The practice had a strong and long-standing culture of continuous learning, improvement, and innovation, shaped by evidence and local need. This led to better outcomes, fairer access, and a better experience for patients.

The service clearly understood and carried out their duty to collaborate and work in partnership, and services worked seamlessly for people. They always shared information and learning with partners and collaborated for improvement.

Learning from external work was applied and embedded so that ways of working were continually evolving to reflect evidence-based best-practice.

The practice had a number of quality improvement initiatives in place to help drive improvements in services.

All staff were encouraged to suggest and/or test out new ways of working. Practice leaders were able to provide many examples of improvements that had been made as a direct result of feedback or incidents.

In addition, leaders were aware of challenges being faced by primary care services and were working to improve.

Leaders embraced innovation and digital tools to improve efficiency. They were now considering the use of AI tools to support some processes. One of the salaried GP's with an interest in this was looking at how this could be best achieved and undertake the required training to become the practices Clinical Safety Officer (CSO)

The practice had an active PPG. Meetings were held quarterly and the practice tried to have a specific focus for each meeting. The PPG supported at events.

Meetings took place with outside professionals and engagement in all areas of other professions linked to the practice was good and positive.

There were processes in place to work in partnership with key organisations and agencies to support the provision of care and joined up working. Staff told me they regularly went over and above for people by referring them to services within the community such as the local health and wellbeing service to support them to live healthier lives.

Learning, improvement and innovation – Good

Score: 3

During my assessment I reviewed numerous quality improvement activities undertaken by the practice. This included work to address health inequalities, improve access and patient experience and improve communication within teams.

The practice had a strong focus on continuous learning, innovation and improvement across the organisation and local system. They always encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contribute to safe, effective practice and research.

They actively contributed to safe, effective practice and research.

Leaders and staff understood the importance of listening to the voice of people who use services and the local community. They incorporated these views to drive development, improvement, and innovation. I found leaders resourced the embedding of improvements within the service.

Continuous learning and improvement across the organisation and their local health and care system was high on the practices agenda. They actively sought ways to improve the organisation and services for patients.

I spoke with a range of staff on the days of the onsite assessment.

Staff told me leaders supported them in their development and encouraged them to take up learning opportunities. Staff were given allocated time to complete mandatory training, were offered additional training and were encouraged to suggest improvement ideas.

Leaders told me they sought staff views through meetings and individual conversations. They were passionate about implementing innovative ways to manage and address the challenges in primary care.

There was evidence of systems and processes for learning, continuous improvement and innovation. Significant events and complaints were used for learning and improvement at a practice and provider level. The practice also used patient views to improve services, including through the friends and family test, the patient participation group, complaints and compliments.

Service performance, quality and effectiveness was monitored regularly through both clinical and non-clinical audits.

Leaders at the practice were aware of the threats caused by climate change and acknowledged the practice's responsibility to take steps to reduce environmental impacts. They had a policy in place.

Therefore, the practice took a whole-organisation approach to environmental sustainability across both clinical and non-clinical workstreams. Focusing on greener inhaler prescribing, , recycling, and reducing single-use plastic waste and batteries.

All staff within the practice were encouraged to make suggestions to improve ways of working and I saw examples of how staff feedback had influenced service improvement.

The practice takes medical students which supports its strong ethos of professional development and continuous improvement