

# Care Quality Commission

## Inspection Evidence Table

### Brunston&Lydbrook Practice (1-559824449)

Inspection date: 31 May 2018

Date of data download: 27 April 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Additional Comments N/A	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers:	
N/A	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 12/4/2018
There was a record of equipment calibration Date of last calibration:	Y 16/2/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 29/05/2018
Actions were identified and completed.	Y
Additional observations:	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 29/05/2018
Health and safety risk assessment and actions Date of last assessment:	Y 29/05/2018
<p>Additional comments:</p> <p>The practice manager was new into post and the practice had provided support and learning opportunities by ensuring another local practice manager had carried out the risk assessments with the practice manager.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail: The infection control lead had undertaken additional training to fulfil this role. Following this, face to face training, including hand hygiene, was delivered for the whole practice. Actions from the audit had been completed and included:</p> <ul style="list-style-type: none"> <li>• Soap dispensers were wall mounted</li> <li>• What to do in the event of a needle stick injury posters were displayed</li> <li>• A programme of works was started, for example, carpet replacement.</li> </ul>	<p>Y</p> <p>January 2018</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any 'No' answers:</p> <p>N/A</p>	

Any additional evidence
<p>NA</p>

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers: N/A	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any 'No' answers: NA	

## Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017)(NHSBSA)	1.03	0.96	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	7.4%	9.6%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers: NA	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
<p>If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.</p> <p>Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.</p>	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Y
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
<p>Any other comments on dispensary services:</p> <ul style="list-style-type: none"> <li>• Dispensary staff told us that they felt well supported by the GP dispensary lead.</li> <li>• We saw minutes of meetings where discussions were comprehensively documented and actions to be taken and completion dates.</li> <li>• New dispensers underwent comprehensive induction and training. Standard operating procedures (SOP's) were used as the basis for training which had been useful in identifying where the SOPs were not as clear as they could be.</li> </ul>	

**Track record on safety and lessons learned and improvements made**

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	10
Number of events that required action	6

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

Event	Specific action taken
Prescription error	Patient's relative invited to be present at discussion and reassured. Following further discussions at a partner meeting there was raised awareness of the potential problems of electronic prescribing and steps were put in place to minimise the possibility of reoccurrence.
Error in the administration of childhood immunisations	Parent informed. Following discussions with those involved the decision was taken for there to be a change in the staff who administered these immunisations going forward.
Any additional evidence	
The practice learned and shared lessons, identified themes and acted to improve safety in the practice. However, actions and learning, although discussed, were not fully documented.	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:                      The GPs and clinical pharmacist managed the actions to be taken following an alert being received by the practice.                      Actions taken were recorded on the practice's intranet.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.92	1.03	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.7%	82.0%	79.5%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.0% (103)	16.8%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	86.1%	80.0%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.7% (106)	12.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	89.1%	81.1%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.4% (109)	17.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	82.3%	76.4%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (32)	9.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	93.1%	93.3%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.8% (19)	13.4%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	87.9%	84.7%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (84)	4.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	88.2%	90.9%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1% (18)	7.8%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	46	48	95.8%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	41	49	83.7%	Below 90% Minimum (variation negative)
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) (01/04/2016 to 31/03/2017) (NHS England)	43	49	87.8%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	44	49	89.8%	Below 90% Minimum (variation negative)
Any additional evidence				
In relation to immunisation performance below 90% for children aged two years old or under, the GP had personally contacted all the families whose children had not attended in the months preceding the inspection. Work with the child surveillance teams was also ongoing.				

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	74.9%	76.4%	72.1%	Comparable to other practices

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.2%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.8%	61.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	93.1%	73.3%	71.2%	N/A

#### Any additional evidence

Uptake for the percentage of women available for cervical cancer screening was in line with national averages but below the target rate of 80%. The practice had alerts on their computer system for all women who were eligible but had not attended. The initiation of the improved access hub was providing more appointments that were convenient for working women, which facilitated an increase in uptake.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.5%	94.4%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (4)	17.8%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.7%	93.1%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (3)	16.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	83.3%	86.8%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	2.9% (2)	7.3%	6.8%

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	550	539
Overall QOF exception reporting	9.3%	6.3%	5.7%

### Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>If no please explain below:</p> <p>N/A</p> <p>Any further comments or notable training:  Monthly protected time learning sessions were held for the local area which practice staff attended. These sessions varied from learning topics and updates for clinical staff and sessions tailored to administrative staff needs, to whole practice sessions such as fire safety within the practice.</p> <p>The practices frailty leads, administrative, nursing and GPs, had received training tailored to their roles.</p> <p>All staff had received dementia training delivered by the local community engagement officer for dementia, to raise awareness and understanding.</p>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.5%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (22)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%	53.4%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

Appropriate documentation was seen which demonstrated that written consent was sought from patients for all minor surgical treatments.

Staff we spoke with were aware of who could give consent for patients who did not have capacity to consent for themselves.

## Any additional evidence

High Quality and Outcomes Framework (QOF) exception reporting rates were investigated further on the day of the inspection. We saw that the most recent figures shown to us by the practice for 2017/18 (unpublished and unverified) demonstrated that these figures had improved. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months who had been excepted was 7% compared to 24% in the previous year.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale who had been excepted was 8% compared to 16% in the previous year.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	124
Number of CQC comments received which were positive about the service	122
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Comments from patients and comment cards included:</p> <ul style="list-style-type: none"> <li>Both routine and emergency appointments were easy to book. Staff were professional, helpful and caring with the right level of friendliness.</li> <li>The dispensary offers a good service</li> <li>Confidentiality when speaking to receptionists could be improved</li> </ul>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,093	221	3.5%	116	52.49%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	85.9%	83.7%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	89.0%	91.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22	94.7%	97.6%	95.5%	Comparable to other practices

"Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	86.2%	89.6%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	99.2%	93.3%	91.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	97.4%	93.3%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
16/05/2018	<p>The survey found:</p> <ul style="list-style-type: none"> <li>• Most patients were very happy with the service and had given many positive comments</li> <li>• Patients like having two sites and they like access to the dispensaries.</li> <li>• Patients were very complementary about the GPs and reception staff</li> <li>• Patients felt that staff help to accommodate them and arrange timely appointments</li> <li>• Patients liked being able to access telephone consultations</li> <li>• Patients would like more evening and weekend appointments</li> <li>• Patients would like greater continuity of care with GPs.</li> <li>• Results were discussed at a practice meeting.</li> <li>• It was recognised that as the improved access hub was a relatively new initiative, additional promotion was needed to ensure patients were aware of the increased availability of evening and weekend appointments.</li> <li>• The comments about greater continuity of care with GPs were discussed and GPs agreed to be mindful about follow up pathways after investigations.</li> </ul>

## Involvement in decisions about care and treatment

### National GP 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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.2%	90.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.0%	86.2%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.0%	92.4%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.9%	88.2%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	167 2.7%
How the practice supports carers	<ul style="list-style-type: none"> <li>• Patients were invited for a health review which included a carers assessment.</li> <li>• Appointments were flexible to meet the needs of the carer.</li> <li>• The practice had been awarded gold carers award by Carer's Gloucestershire and a GP had been awarded an individual award for her services to carers.</li> <li>• The practice maintained a register of young carers.</li> </ul>
How the practice supports recently bereaved patients	Following a bereavement, the patients GP would contact the patient and offer appropriate support.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>At the main site there was a screened area at the reception desk that offered some privacy. If additional privacy was needed a room would be made available to talk in private. There were signs asking patients to stand back to respect the privacy of others.</p> <p>At the branch site lack of confidentiality at the reception and dispensary was raised. Due to the layout of the area this was difficult to correct, but when we spoke to the practice they recognised that there should be signs asking patients to stand back.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	

Source	Feedback
Patients	<ul style="list-style-type: none"> <li>• It was easy to get routine appointments and would always be seen the same day if urgent</li> <li>• Telephone access to the practice was good</li> <li>• Staff were approachable and responsive to requests</li> </ul>

# Responsive

## Responding to and meeting people's needs

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
<b>Monday</b>	<b>08:00-18:30</b>
<b>Tuesday</b>	<b>08:00-18:30</b>
<b>Wednesday</b>	<b>08:00-18:30</b>
<b>Thursday</b>	<b>08:00-18:30</b>
<b>Friday</b>	<b>08:00-18:30</b>
Appointments available	
Main site	8.30 – 17.30
Branch site	8.30 – 17.30 Monday – Thursday 8.30 – 13.00 Fridays
Extended hours opening	
Accessed through improved access appointments	

<b>Home visits</b>	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
<b>If yes, describe how this was done</b>	
Home visit requests were added to the home visit list and triaged by the GPs. Receptionists were aware when there was a need to raise an urgent request with the GPs.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	77.2%	82.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	92.3%	80.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	84.0%	84.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	80.1%	79.4%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Feedback was positive in relation to the responsiveness of the service and receiving care in a timely manner.

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations.	Partial
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The policy did not contain timescales that complaints should be responded to. However, the complaints we looked at had been responded to within the timescales detailed in recognised guidance.	

Any additional evidence
NA

## Well-led

### Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
There was a visible leadership team who were cohesive, caring and enthusiastic.

### Vision and strategy

Practice Vision and values
The practice had a clear vision to ensure the highest standard of family care and to offer patients appropriate access to health care professionals.

## Culture

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

Source	Feedback
Staff	<ul style="list-style-type: none"> <li>• Good team at all levels that is friendly and supportive.</li> <li>• Giving good patient care is the priority of everybody</li> <li>• Feel valued as individuals</li> </ul>

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	<ul style="list-style-type: none"> <li>• Uniforms for administrative staff were introduced and purchased when requested.</li> <li>• Amendments to working hours when they were requested.</li> <li>• Request for a second bar code scanner for the dispensary was responded to positively.</li> </ul>

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Significant event	Patient's family informed when there had been an error in the administration of a childhood vaccine.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Secretaries desk moved away from reception when it was fed back that it was difficult hear Dictaphones in that environment which could lead to errors.
	Dispensary hatch closed during the afternoons at the branch surgery to increase clinical safety time.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. Y	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Training	Fire trainer attended the practice to train staff in practice and personal fire safety.
Well being	Return to work interviews following absences and a phased return to work where appropriate.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Disability	Equipment was purchased for a staff member to improve their ability to fulfil role.

Examples of actions to improve quality in past 2 years

Area	Impact
Opiate usage	The practice had identified that they were high prescribers for potentially addictive pain relieving medication. A GP and clinical pharmacist attended pain management masterclasses to ensure skills were in place

	<p>to improve management of these patients. This had led to:</p> <ul style="list-style-type: none"> <li>• Identification of patients that were using high levels of codeine based analgesics</li> <li>• Highlighting of the risks and side effects of this type of medication to patients through verbal and written communication to assist them in making informed choices.</li> <li>• To encourage patients, where appropriate, to stop, reduce or use alternatives that are of lower risk/less harmful to them.</li> </ul> <p>The practice recognised that this was not a quick process and the work would need to continue for an additional 12 months before the full impact could be measured.</p>
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Examples of service developments implemented in past 2 years

Development area	Impact
Improved access HUB	A GP within the practice had led on a recently developed improved access hub with 11 other practices in the area to improve patient access to primary care services. Additional GP and Nurse Clinics were held during normal hours and additional appointments were also offered at one of the participating surgeries between 6.30 pm and 8 pm on weekdays and on Saturday mornings. Patients registered with any GP Surgery within the Forest of Dean could book an appointment at the extra clinics. Figures available demonstrated that the practice had offered and additional 93 appointments at the practice for patients across the area; and 88 appointments had been booked into various clinics by their registered patients during April 2018.

**Governance arrangements**

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Meetings were held regularly at which significant events and complaints were discussed. However, actions and learns, although discussed, were not fully documented.
Practice specific policies	Policies we looked at in the day of the inspection had been reviewed and updated. Dispensing standard operating procedures were also used as a training tool ensuring regular updating and review.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

**Managing risks, issues and performance**

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Training	A comprehensive training programme was in place and there was effective oversight by management to ensure completion by staff so that competencies were in place and knowledge effectively applied to minimise risk. For example, fire safety, infection control and role specific training for clinical staff.
Recruitment checks	All staff checks were carried appropriately to ensure those employed were fit and proper persons for their roles.
Medicines management	Management maintained comprehensive oversight of dispensary and prescribing practices, and medicine alerts to ensure best practice which reduced risks and maintained patient safety.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

## Engagement with patients, the public, staff and external partners

Examples of methods of engagement

Source	Method	Impact
Patients	Surveys/ suggestion box	Comments and suggestions made by patients were listened to and actioned where appropriate.
Public	Website	Advice on health promotion and other information on how to access healthcare for specific needs.
Staff	Meetings	Staff group meetings were held on a regular basis where minutes demonstrated that incidents and improvements were shared with staff. Staff told us that they were confident in raising issues and felt they were listened to.
External partners	Locality groups	The practice worked with a variety of groups to improve the services offered to patients. Examples of this were, the improved access hub, multi -disciplinary working to improve integrated care, Carers Gloucestershire.

## Feedback from Patient Participation Group;

Feedback
We were told that the practice always listened to the group and took on board suggestions which were responded to very quickly.

**Examples of specific engagement with patients and patient participation group in developments within the practice;**

Examples	Impact
Waiting room	<ul style="list-style-type: none"> <li>• Patients fed back that the music in the waiting room was considered too loud and intrusive. This was rectified very quickly.</li> <li>• The practice had purchased chairs in the waiting room for those with mobility difficulties. It was fed back to the practice that often they were used by people with no mobility issues. A notice requesting patients to leave these chairs vacant for those with mobility issues was put up immediately.</li> </ul>

**Continuous improvement and innovation**

Examples of innovation and improvements	Impact on patients
Integrated care	The practice was participating in an external multidisciplinary pilot scheme to ensure an integrated patient centred approach to their care. Virtual meetings were held monthly with GPs, reablement, mental health, district nursing and rapid response teams. The pilot had commenced at the beginning of the year and was to be reviewed after six months.

**Examples of improvements demonstrated as a result of clinical audits in past 2 years**

Audit area	Impact
Identifying frailty in patients	All patients over the age of 75 and all patients over the age of 65 with a chronic disease, should be assessed and coded for Clinical Frailty. The practice recognised that they had been coding patients with a score that was not as accurate as the Rockwood clinical score. An initial audit showed that no patients had been scored using this tool. Over nine months the practice assessed and scored these patients for frailty. A follow up audit demonstrated that 83% of patients over 65 with a chronic disease were coded and 89% of patients over 75 were coded using the Rockwood clinical score which would facilitate improved monitoring and management for these patients.

**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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>