

Care Quality Commission

Inspection Evidence Table

Pudding Pie Lane Surgery (1-668577726)

Inspection date: 26,27,28 June 2018

Date of data download: 20 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was lead members of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients.	Yes
Disclosure and Barring Service checks were undertaken where required.	Yes
<p>Additional information:</p> <p>Changes had been implemented since the last inspection of Mendip Vale Medical Practice on 15,16 and 17 August 2017 and had included a review and update of the safeguarding approach across the organisation. The practice had a lead GP with oversight of all safeguarding concerns and activities. Each location had a named lead GP who monitored at the individual location level any issues that arose and shared information across the staff team. Additional changes had included a programme of updated training, all GPs and senior nursing staff had been trained to level three.</p> <p>Since the last inspection the practice had also completed a review of their approach to DBS (Disclosure and Barring Service) checks. All staff including administration and the maintenance team roles now have a requirement to have an enhanced DBS check in place. Records showed there was a programme in place for renewal every three years.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers:</p> <p>Checks on recording information held by the practice regarding staff for immunisation and vaccination had improved, greater detail had been obtained and held in the staff's individual records. The practice had included requesting information when new staff were recruited. A programme of blood tests for established staff had recently started to check immunisation status for measles. However, overall the information was incomplete and had shown they had not yet fully looked at staff's immunisation status in accordance to PHE guidance, to include other communicable diseases such as mumps, rubella and chicken pox.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: 27 February 2018.	Yes
There was a record of equipment calibration. Date of last calibration: 7 August 2017 Pudding Pie Lane. 17 January 2018 St Georges. 22 June 2018 Yatton and Congresbury.	Yes
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals.	Yes
Fire procedure in place.	Yes
Fire extinguisher checks.	Yes
Fire drills and logs.	Yes
Fire alarm checks.	Yes
Fire training for staff.	Yes
Fire marshals.	Yes
Fire risk assessment. Date of completion: Varied across the organisation in accordance to the health and safety	

<p>premises risk assessment at each location. For example, Pudding Pie Lane 30 May 2018.</p>	
<p>Actions were identified and completed.</p> <p>Pudding Pie Lane – The risk assessment highlighted that chairs by the dispensary waiting area could cause an obstruction of a fire escape route from that area of the building. These were removed and staff were briefed to ensure that chairs were not moved into this area.</p> <p>Congresbury – The fire safety issues identified at the last inspection 15,16, and 17 August 2017 identified that fire drills were not taking place regularly and the fire safety risk assessment had not identified all the potential risks regarding the building. The current risk assessment completed 30 May 2018 identified that appropriate steps had been taken including regular fire drills, evacuation plans for wheelchair users, patients with limited mobility, and increased numbers of trained fire wardens in place.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 25 June 2018.</p>	<p>Yes</p>
<p>Health and safety risk assessment and actions. Date of last assessment: 25 June 2018 for all locations.</p>	<p>Yes</p>
<p>Additional comments:</p> <p>At the time of inspection, documentation to support an overarching health and safety assessment and monitoring programme was not available. Individual risk assessments such as fire safety and infection control were seen. Examples of completed Health and Safety premises and security risk assessments were submitted following the inspection.</p>	

Infection control	Y/N
<p>Infection control audits and policies and procedures were in place.</p> <p>Date of last infection control audit: Across the organisation at each branch location had an infection control audit on 30 May 2018.</p> <p>The practice acted on any issues identified.</p> <p>Detail:</p> <p>The practice had acted on some areas identified such as checks on sharps waste bins moved from weekly checks to bi-weekly checks. The removal of a rusty cabinet had been removed as it compromised infection control and cleaning.</p> <p>However, the practice had not implemented all processes to mitigate risk for infection control. For example, taps at hand wash sinks in clinical areas at Congresbury and Yatton branches were identified as not the recommended elbow operated version. Although an explanation was given that new premises were planned for, it would be sometime before this was in place and there were no arrangements to either mitigate or reduce risks to infection control.</p>	<p>Yes</p> <p>Partial</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>However, the process for storing clinical waste externally to the building at Congresbury should be reviewed so that it is in line with legislation and guidance. The clinical waste bin was not secured and could be removed by unauthorised persons.</p>	

Any additional evidence
<p>The organisation has an infection control policy that was last updated 27 November 2017 which was supported by separate additional policies such as hand hygiene, disposal of waste, personal protection equipment, spillage of bodily fluids, and needlestick injuries. Interim spot checks were carried out regularly as part of their general audit of each premises process.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.80	0.93	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)	9.1%	9.6%	8.9%	Comparable to other practices

Medicines 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff could access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: The practice had carried out a review of the standard operating procedures for medicines in the last 12	

months and had planned regular review dates.

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
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.	Yes
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.	Yes
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.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	No
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>The practice was in the process of reviewing the remote collection points as they had identified that they may not be protecting people's information at these. They had already served notice on one of the collection points to terminate the service.</p>	

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.	Yes
Staff understood how to report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	29
Number of events that required action.	29

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

Event	Specific action taken
A patient and their relative raised concerns that the availability of a GP to undertake home visits was difficult and that an Advance Nurse Practitioner(ANP) was sent instead. This did not reassure them they were receiving the care and support they needed.	The practice reviewed the systems it had for supporting palliative care patients across all of the branch surgeries. They identified that the ANP provided the appropriate care although communication between the outside agencies and the practice needed to improve and implemented monthly meetings to ensure communication was maintained.
A patient collapsed at one of the branch surgeries which required the use of the emergency medical equipment.	The event was reviewed and it was identified that staff followed the correct procedures and the necessary equipment was ready and available to use. However, it did identify that there were gaps in the protocol following the event with regards to who undertook the responsibility to replenish equipment afterwards. A new protocol was implemented.
Incorrect patient record accessed for booking a patient appointment and incorrect blood test results added to the wrong patient record.	Clinicians were reminded to check the patients date of birth and not rely on patient's name. Changes to the patient record system EMIS and to the phone system were made to ensure that patients records were linked to their phone number to reduce the risk of this occurring in the future.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes

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)	0.76	0.96	0.90	Comparable to other practices

People with long-term conditions

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)	80.2%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (140)	15.9%	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)	82.6%	81.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (105)	9.2%	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)	80.7%	81.4%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.2% (163)	14.9%	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)	77.3%	75.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (27)	9.8%	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)	92.3%	91.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (15)	10.1%	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)	82.7%	81.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (97)	3.5%	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)	87.4%	85.9%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	6.2%	(36)	6.3%	8.2%

Families, children and young people

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)	179	188	95.2%	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)	170	178	95.5%	Met 95% WHO based target Significant Variation (positive)
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)	171	178	96.1%	Met 95% WHO based target Significant Variation (positive)
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)	168	178	94.4%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

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)	77.4%	76.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.7%	71.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	65.8%	59.6%	54.5%	N/A
The percentage of patients with cancer,	66.9%	72.9%	71.2%	N/A

diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	59.7%	56.8%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

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)	95.5%	93.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (14)	13.2%	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)	97.4%	92.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (11)	12.7%	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)	73.3%	81.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (9)	4.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG	England
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		average	average
Overall QOF score (out of maximum 559)	557	544	539
Overall QOF exception reporting	4.2%	5.5%	5.7%

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) <small>(QOF)</small>	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) <small>(QOF)</small>	95.0%	94.7%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (48)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored that consent was sought appropriately through the audit of activities/treatments such as the use of chaperones, the insertion of contraceptive devices and the immunisation programme.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	14
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0
Patients interviewed during the inspection by Healthwatch	76

Examples of feedback received:

Source	Feedback
CQC Comment cards. Healthwatch interviews with patients during inspection.	Positive: <ul style="list-style-type: none"> • Supportive and caring GPs • All staff supportive and caring. • 97% of patients interviewed told us they were treated with respect. • Excellent, good, time given to listen.
CQC Comment cards. Healthwatch interviews with patients during inspection.	Negative: <ul style="list-style-type: none"> • One patient felt that at times staff could be a little dismissive. • Difficulty getting to surgery if it wasn't their usual one. • Appointments rushed.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
26,054	224	117	52.23%	1%

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)	89.7%	82.0%	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)	92.0%	90.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	98.7%	96.8%	95.5%	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 GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	89.7%	86.3%	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)	94.3%	92.3%	91.4%	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 nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.0%	91.2%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
June 2018 Befriending Service and Patient Connect (10 Patients).	Both the Befriending Service (volunteers) and the Patient Connect (practice staff) service have been running since the latter part of 2017. A monitoring check by the practice was carried out prior to the CQC inspection to establish how the service was working for patients using it. The outcome was positive for all patients involved, people valued the service and felt reassured and supported.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment Cards, Healthwatch patient feedback and Healthwatch interviews with patients.	<p>Positive:</p> <ul style="list-style-type: none"> • Patients stated they felt cared for. • 97% of patients who were interviewed told us they felt they were involved in their care and treatment decisions. • Patients told us about how they felt about individual GPs care and treatment and how health concerns or problems were dealt with promptly and sympathetically. • End of life care – relatives expressed that a patient was made very comfortable and care from the GP was good.

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 (01/01/2017 to 31/03/2017)	96.6%	88.6%	86.4%	Variation (positive)
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 (01/01/2017 to 31/03/2017)	87.1%	83.3%	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 (01/01/2017 to 31/03/2017)	86.2%	89.7%	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 (01/01/2017 to 31/03/2017)	78.0%	84.1%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified.	The practice informed us that 3.7%(975) of the patient population they supported had been identified as carers.
How the practice supports carers.	The practice had Carers Champions across all the locations who were the link for signposting carers to different resources of information. Carers were offered influenza seasonal vaccination.
How the practice supports recently bereaved patients.	The last GP in contact with the patient or relative was informed and usually contacted the bereaved family to offer support and information.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Using information from the Healthwatch Enter and View visits carried out in November/December 2017 the members of the Healthwatch team had observed that conversations at the reception desks for Pudding Pie Lane, Congresbury and St Georges could be overheard by others in the reception/ waiting areas. All surgeries had space for a private conversation, a room away from the main reception desk if it was required.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Comment Cards, Healthwatch patient feedback and Healthwatch interviews with patients	<p>Positive:</p> <ul style="list-style-type: none"> 98% of patients interviewed said they felt their privacy and dignity was maintained during examination and treatment. This experience was supported by the additional written comments received.
Healthwatch interviews with patients.	<ul style="list-style-type: none"> 76% of patients knew of the chaperone service available to them at the practice. Of those patients who thought that a chaperone could have been applicable to their appointment 51% were offered a chaperone.

Responsive

Responding to and meeting people's needs

Practice Core Reception Opening Times for Pudding Pie Lane, St Georges and Yatton	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Practice Core Reception Opening Times for Congresbury	
Day	Time
Monday	08:00 – 13:30
Tuesday	08:00 – 13:30
Wednesday	08:00 – 13:30
Thursday	08:00 – 13:30
Friday	08:00 – 13:30

Appointments available	
The individual GP availability at the different locations was advertised on their public website. However, this information may not be accessible to all patients and was not included in the patient leaflet.	
Extended hours opening.	
Early morning, late evening and Saturday mornings – pre-booked appointments with a GP, nurse or health care assistant.	Tuesday mornings from 06:00 at Pudding Pie Lane Thursday evenings from 18:30 at Yatton Saturday mornings 08:30 at Pudding Pie Lane and St Georges.
Additional times when appointments were not available.	For staff training the practice closes on the third Wednesday of the month from 14:00 – 17:00 when a duty Doctor was available for patient's urgent needs.

Any additional evidence
Using information from the practices website: <ul style="list-style-type: none"> GP appointments are only available at Congresbury on Mondays, Tuesdays and Wednesday mornings. At St Georges there is only one GP on duty Friday mornings and afternoons.

Home visits	Y/N
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The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
If yes, describe how this was done	
Patients were informed to contact the practice before 10:30 each morning to request a home visit. Each visit request was reviewed by the duty doctor before a GP or ANP was assigned to the home visit.	

Timely access to the service

National GP Survey results

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26,054	224	117	52.23%	1%

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)	79.7%	81.6%	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)	79.0%	70.0%	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)	93.4%	80.9%	75.5%	Variation (positive)
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)	83.6%	74.5%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Negative:</p> <ul style="list-style-type: none"> • Difficulty getting through on the phone. • Difficulty getting an appointment with your own GP. • Necessity to travel to other surgery locations. <p>Positive:</p> <ul style="list-style-type: none"> • Able to get a last-minute appointment.

CQC Comment Cards	<p>Negative:</p> <ul style="list-style-type: none"> • Making appointments – the telephone call back system doesn't work – calls not returned. • Making appointments on line – if an appointment is already booked for one clinician such as a practice nurse it won't allow another appointment with another practitioner, such as a GP, to be booked.
Healthwatch patient feedback and interviews.	<p>Positive:</p> <ul style="list-style-type: none"> • Good experience in making and receiving a same day appointment. <p>Negative:</p> <ul style="list-style-type: none"> • Long distance between surgery locations and travel difficulties. • Difficulty in making appointments. • Access to appointments. <p>Interviews:</p> <ul style="list-style-type: none"> • Patients said the usual distance travelled to an appointment was 0 to 10 miles. • 60% of patients interviewed stated they could obtain an appointment at the choice of location, 62% at the time of their choice when they needed it. Of those patients 29% could have an urgent appointment on the same day, around half of these patients were called through the duty doctor same day appointment system. • 46% of patients interviewed could pre-book an appointment, the average waiting time was 14 days. • 7% of patients interviewed stated they used the online facilities to book their appointment. • 51% of patients interviewed stated they could see the GP of choice, 14% of patients were not offered a choice. • 50% of patients interviewed stated their appointments ran to time. • 48% of patients said they were not informed of the delays in appointments. Others told us they were sent home and called back when appointment was available. • 70% of those patients interviewed of the over 75 years of age knew their named GP.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	183
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
Additional comments:	
<p>The complaints we examined were from April 2018. We reviewed additional information where complaints made were escalated as part of a significant event analysis process. We also reviewed the system of quality assurance implemented since the last inspection process in August 2017 which had included a quarterly assessment and analysis of complaints and significant events across the five locations. Themes and trends were identified, actions implemented and learning shared across to all the staff teams. They practice had implemented an annual report to be provided to the partners which showed for the year 2017/2018 that the number of complaints had fallen over the quarters - the main issue in quarter one and two was regarding medicines (50), including the changes to 28-day prescribing. The provider had identified the other main issues were regarding appointments and communication (82). This appeared to have settled as patients were made more aware of the availability of appointments at other locations. During this 12-month period there were 24 complaints about clinical treatment and 16 regarding attitude of staff.</p>	

Example of how quality has improved in response to complaints
<p>Complaints highlighted that patients were attending the wrong location for appointments. The practice had implemented a system for staff to check when patients were making appointments over the telephone or at a main reception desk that they understood at which location this was taking place.</p> <p>Regarding clinical complaints the clinical care provided was reviewed and any reflective learning encouraged and support given where needed. Changes to protocols or practice were implemented and learning shared across the clinical team. An example of additional support and training given was for phlebotomy techniques.</p>

Any additional evidence
<p>The provider has reviewed how it captured patient's compliments using a similar system to how they manage complaints, compliments were reviewed and themes and trends identified and shared with staff.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The provider had reviewed, developed and implemented a governance structure since the last inspection in August 2017. Key staff had lead roles and were accountable to the partnership, aspects of monitoring and reporting had improved and it could be seen in business meeting minutes how this had driven change in how the service was provided. The provider had instigated an executive team to lead on decision making at the practice, salaried GPs were encouraged to take up lead roles with succession planning in mind for the partnership. Additional staff had been employed within the leadership group, for example an ANP to support patients living in care services.

Any additional evidence

Additional changes were in progress to absorb two other local partnerships, adding 17,000 patients and 37 staff to the organisation. There was information to show that the provider had considered some of the aspects of impact upon the patients, staff and facilities involved. This had included incorporating existing staff from all the organisations in the future partnership and lead roles. This included lead roles in clinical care and the administration of the service and extra training to enhance roles. For example, the NHS Leadership programme for the Executive Manager.

Vision and strategy

Practice Vision and values

The practice provided information regarding their ethos, vision and values which included:

- To provide a safe, high performing, effective, sustainable and innovative person centred medical service.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Information in their business plan for 2018/2019 showed that they had an aim to provide a wider range of services in the locality, reducing the need for patients to travel to receive treatment and support in an acute hospital setting. To enable this aim they have employed Advance Nurse Practitioners (ANP) and Pharmacists and a lead nurse to coordinate the nurse team. A new role for an ANP has been recently introduced with the necessary training to lead the monitoring and care of patients living in local care and nursing homes. Individual GPs were assigned roles to support patients living in specific care and nursing homes.

Information from QOF shows that there is a focus on caring for patients with long term conditions to improve their care as their figures show improvement from 2016/2017. Steps have been taken to either re-introduce additional support for patients and their carers wellbeing. For example, hosting the Memory Café on Saturdays at St Georges and providing space for counselling services to hold clinics across some of the locations.

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

Source	Feedback
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<p>CQC staff surveys x 8 and interviews with staff.</p>	<ul style="list-style-type: none"> • Staff confirmed that information and learning is shared across the practice. This was through practice meetings, via the staff newsletter and weekly updates. • Staff told us that they have access to information through their electronic system called Intradoc – although they did find it difficult to find as there was an inconsistent approach to how it was named. • Clinical staff were provided with information and updates such as medicines safety alerts and NICE guidance. These were discussed at clinical staff meetings and at the daily meetings in the practice locations. • Staff felt the management of the service was open and transparent and that they could discuss anything they had concerns about. • Staff felt confident at approaching their line management for support and assistance.
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Any additional evidence

Staff told us how they were able to shape change at the practice to improve work streams and public image. These had included:

- The summarising staff team took over aspects of the nurse’s administration regarding recording cervical smears results for patient records.
- Public facing practice administration staff requested a uniform to improve their presentation to patients.
- A rota of roles and work stations implemented in the dispensary ensured that staff had equal experience and knowledge.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had implemented and consolidated during the last 12 months the structures and systems to support the delivery of good quality and sustainable care. These had included: <ul style="list-style-type: none"> • A quality assurance policy and procedure. • A monitoring framework. • A developing audit framework including ensuring a regular routine of a cycle of audits.
	Y/N
Staff were able to describe the governance arrangements.	Yes
Staff were clear on their roles and responsibilities.	Yes

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place.	Yes
Staff trained in preparation for major incident.	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Recruitment of GPs – potential of being unable to secure adequate clinical staff	Large multidisciplinary team now employed. Four new GPs to start which included three newly qualified meant there was flexibility in capacity to meet demand and number of GP sessions.
Duty doctor demand exceeded capacity.	Second duty doctor in place for peak days and a senior receptionist allocated to provide them with support. A third pharmacist has been employed for further capacity to manage medicines enquiries.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>Feedback from the chair of the Patient Participation Group (PPG) confirmed that members of the PPG were consulted and involved in how some aspects of the service was shaped and delivered. The PPG was instrumental in supporting the practice with changes to the telephone system and changes to the practice pamphlet given to new patients when they registered. The PPG were focused on encouraging other patients to join them including liaising with the patient groups from new practices merging with the provider and patients to feedback on any queries or concerns they have about the services provided. Open meetings of the PPG were in place where patients with an interest were encouraged to join or make comment. The PPG worked with the practice looking at feedback from NHS Choices, GP Survey and Friends and Family test. The PPG were informed of the themes of complaints and concerns received in and able to comment on developments the practice were planning in the future such as changes to the dispensary/ pharmacy provision at Pudding Pie Lane.</p>

Continuous improvement and innovation

Examples of improvements demonstrated as a result of repeated cycle of clinical audits in past two years

Audit area	Improvement
Uncomplicated urinary tract infection audit – to check compliance with Public Health England(PHE) guidance.	The repeated audit identified that the PHE and NICE guidance was not embedded in the practices clinician's response when the question of a urinary tract infection is raised and a urine sample provided by a patient. Actions were recently put in place to provide clinicians guidance to use the protocol and principals and how to inform patient of the new process.
NICE guidance: Fever in under 5's - a clinical guideline for the assessment and initial management.	In response to the guideline an audit was carried out in 2015 to check the recording of the temperature and other clinical observations when a feverish child under five years of age was identified. An EMIS template was developed to assist with recording patient information which was automatically triggered when the temperature was 37.5C or above. Further audits in 2017 and 2018 identified that there was improved record keeping and the use of a traffic light system to alert clinicians to gauge the patients progress. This meant that patients could be monitored more closely, parents given the correct advice regarding deterioration and reduce the risk of patients not obtaining any necessary treatment in a timely way.

Any additional evidence

Since the last inspection in August 2017 the practice has reviewed its system of clinical audits. The practice now has a recorded programme of repeat or cycle of audits to check the quality of care and treatment provided. There was also audits of work flow procedures including a review of the process and timescale of documented information received in to the practice for the attention of GPs. This audit showed that 23% of documents could have been filed directly without being seen by clinicians, 13% could have been forwarded to another clinician and another 13% to any of the GPs at the practice to be reviewed. Only 50% needed to be seen by a specific GP. Processes were changed to reduce the impact on GPs workload.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).