

Care Quality Commission

Inspection Evidence Table

Gloucester City Health Centre - WG (1-594429323)

Inspection date: 30 May 2018

Date of data download: 16 May 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
Monthly safeguarding meetings with Midwives, Health Visitors, Safeguarding leads, nurses and GPs working on the day.	
Chaperone policy states only nurses and HCA will chaperone. They have received an enhanced DBS check and this is repeated every three years.	

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: 23/05/2018	Y
There was a record of equipment calibration Date of last calibration: 02/06/2017	Y
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 23/05/2018
Actions were identified and completed. Additional directional signage was required to highlight escape routes and leaflet and boxes to be removed from under the reception desk. These actions have now been completed.	Y
Additional observations: Fire alarms and fire drills were undertaken by the 2gether Trust who were responsible for the building. The practice manager kept a record of the fire checks and drills.	
Health and safety Premises/security risk assessment? Date of last assessment: 22/05/2018	Y
Health and safety risk assessment and actions Date of last assessment: 22/05/2018	Y
Additional comments: The practice held monthly half day protected learning time for all practice staff. We saw that the practice held infection, prevention and control training in April 2018 and resuscitation and fire training were booked for October 2018.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 26/04/2018</p> <p>The provider acted on any issues identified</p> <p>Detail: The audit was undertaken by an external infection control lead from the Gloucestershire Care Services. Some actions were identified such as scuffs to walls and edges that exposed the plaster beneath, to be repaired. These actions have been completed.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</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
Staff and skill mix are reviewed when planning recruitment. There is a rota system place. A dedicated member of staff plans the rota and they take into account periods of high demand.	
Training was provided to staff so they were able to cover each other during periods of absence. For example, a member of the reception team could also undertake secretarial duties.	

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

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)	1.20	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)	9.1%	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). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. 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
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/A
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
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) between 07/2016 to 06/2017 was 2.68 compared to the clinical commissioning group of 1.03 and national average of 0.90. We discussed the we discussed the higher	

that average prescribing of hypnotics with the practice and they explained that this was due to a number of reasons, such as a younger population, high unemployment, social deprivation and drug and alcohol issues. The practice worked closely with a local mental health organisation to support young patients and we saw they invited patients on hypnotic medicines to attend reviews to reduce those medicines. The practice also had leaflets to encourage patients to reduce the use of those medicines with support from the practice.

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	Y
Number of events recorded in last 12 months.	14
Number of events that required action	14

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

Event	Specific action taken
Cancer patients who presented with unclear symptoms.	Meetings were held between the late patient's family and GPs who were involved in their care to answer the families concerns and questions. GPs were reminded to raise patients' awareness of the reason for referrals and to keep track of notification from the hospital where patients had not attended their appointment so that GPs can follow up on this.
Wrong immunisations given to a 2-month-old child. Child given immunisation appropriate to a 12-month-old child.	Prompt apology, explanation and reassurance. In future nurses will work in pairs when giving immunizations whenever possible.
Alleged bullying of a member of staff by external staff.	All parties involved were interviewed and made statements. It is clear that the practice approached this issue in an open minded, non-prejudicial way. There was evidence of reflective practice, learning and support of staff in a stressful situation. There was evidence that the practice has systems in place to respond to bullying and harassment issues if and when they occur.

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:</p> <p>The practice manager receives the alerts who shares this with all clinicians. Clinicians are then required to respond to the practice manager about the actions taken. Those were recorded to ensure management oversight.</p>	

Any additional evidence

Legionella Risk Assessment undertaken on the 23/05/2018. The practice manager monitors the water temperature of taps in the building.

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)	2.68	1.03	0.90	Variation (negative)

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)	66.4%	82.0%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.0% (87)	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)	66.4%	80.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (82)	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)	61.0%	81.1%	80.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.4% (89)	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)	72.5%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	44.1% (218)	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)	95.0%	93.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.4% (56)	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)	80.6%	84.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (103)	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)	79.0%	90.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (3)	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)	107	115	93.0%	Met 90% Minimum (no variation)
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)	96	119	80.7%	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)	94	119	79.0%	80% or below Significant 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)	95	119	79.8%	80% or below Significant variation (negative)

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)	64.0%	76.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.1%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.4%	61.8%	54.5%	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)	66.7%	73.3%	71.2%	N/A

Comments on immunisation and screening indicators
We discussed the lower achievements for childhood immunisation with the practice. The practice explained that they had a transient population with many patients from Eastern Europe who do not always bring immunisation records of their children.

A weekly list was run by the practice to identify children who have had their immunisations and this was provided to Child Health. Child Health would also update the practice with a list of children who were due their immunisations and being chased to attend. The practice also writes to the parents of children to invite them for an appointment.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 46%, compared to the CCG average of 62% and national average of 55%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 66%, compared to the CCG average of 75% and national average of 70%. The practice also explained that they had a high turnover of patients which contributed to the low uptake of screening. The practice also sent eligible patients a personalised letter encouraging them to attend screening.

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)	90.9%	94.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.7% (28)	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)	79.6%	93.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.9% (29)	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)	78.9%	86.8%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.3% (8)	7.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	503	550	539
Overall QOF exception reporting	10.0%	6.3%	5.7%

Comments on QOF, exceptions and additional evidence.
<p>The practice discusses QOF at the beginning of the financial year and monitors this periodically throughout the year.</p> <p>In previous years, GPs were assigned lead areas, this was changed so that all GPs had oversight of QOF. However, the practice found that this was not working and will be reverting back GPs being assigned lead areas.</p> <p>Data provided by the practice for the year ending March 2018, which was unverified showed that there was an improvement in achievement in:</p> <ul style="list-style-type: none"> • 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 from 66.4% to 72.4%. • 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 from 61% to 67%. • Those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation drug therapy from 79% to 84%. • The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months from 78.9% to 83.9%. <p>We reviewed the areas of high exceptions and lower than average achievements. We found that the practice's achievements have improved. The practice explained that they had experienced recruitment challenges in the previous 12 months and three GPs had retired in the last 18 months. They also explained that although patients were sent three invitation letters for reviews of their long-term conditions, the practice demographic were generally poor at taking up those invitations. The practice had approximately a 20% patient turnover annually.</p> <p>Data from the practice showed that 47 out of 65 patients (72%) with a learning disability had an annual health check in the year 2017/18.</p> <p>The practice worked closely with a local organisation who supported asylum seekers. The practice shared an example where a patient exhibiting mental health problems was referred to the mental health team and with successful intervention, prevented a deterioration in the patient's mental health. One of the GPs also had a special interest in developing services for asylum seekers. They had identified 0.5% of the practice's patient population as asylum seekers and provided longer appointments for those</p>

patients. The GP had also completed additional training to provide reports for patients in detention centres to the court

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>Any further comments or notable training:</p> <p>The practice had plans to give each non- clinical member of staff one day a week to catch up on their mandatory training.</p> <p>Staff were able to request training. For example, the paramedic practitioner has been supported to enrol on a prescribers course.</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)	Y

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)	87.4%	94.8%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (14)	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)	41.4%	53.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Written consent were obtained for all minor surgical procedures. Consent forms were scanned onto patient notes. GPs had undertaken training in the Mental Capacity Act.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patients commented on the CQC comment cards that reception staff and GPs were polite and treated them with respect. Although all of the comment cards we received were positive about the service experienced, four of them contained comments relating to difficulties in getting an appointment.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,838	310	This represented approximately 1.3% of the practice population.	103	33.23%

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)	84.6%	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)	98.9%	91.9%	88.8%	Variation (positive)
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) (GPPS)	98.3%	97.6%	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) (GPPS)	94.3%	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)	95.2%	93.3%	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) (GPPS)	95.0%	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
March 2018	The practice scored highly in the areas that patients were surveyed.

Any additional evidence
The survey covered consultation with individual GPs, nurses and the paramedics. A report was available for each member of staff. These survey results we were told would be used as part of the clinician's revalidation process and discussed at meetings to identify how further improvements can be made.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The five patients we spoke with told us they were involved in decisions about their 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 (01/01/2017 to 31/03/2017) (GPPS)	96.0%	90.0%	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) (GPPS)	92.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	93.4%	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 (01/01/2017 to 31/03/2017) (GPPS)	88.2%	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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	73 (approximately 1% of the practice's population group).
How the practice supports carers	Annual health check were offered with a Health Care Assistant as well as flu vaccinations. The practice also had links with the Gloucestershire Carers Association. There was a dedicated member of staff who led on carers.
How the practice supports recently bereaved patients	Nurses and the Health Care Assistant would contact or visit the family of the deceased patients.

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	If patient would like to speak to a member of staff in private, a private room was available and would be offered to patients. Staff on reception were also able to move away from their desk to a private area should they need to speak to patients privately over the phone.

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

Source	Feedback
Comment cards	Patients commented on the comments cards we received that they were treated with respect and dignity. They also commented that the GPs and nurses were polite, helpful and always listened.
NHS Choices	We reviewed three comments on the NHS Choices website. Patient awarded the practice a score of five out five for the service experienced. Patients commented that the GPs were kind and considerate.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:30
Monday	13:30-18:00
Tuesday	08:00-12:30
Tuesday	13:30-18:00
Wednesday	08:00-12:30
Wednesday	13:30-18:00
Thursday	08:00-12:30
Thursday	13:30-18:00
Friday	08:00-12:30
Friday	13:30-18:00
Saturday	08:00-11:00
Appointments available	
Morning	9am to 12pm
Afternoon	3pm to 5.20pm
Extended hours opening	
Wednesday and Friday	7.30am to 8am appointments available with a nurse
Saturday morning	Appointments available with a GP.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>When patients request a home visit, reception staff will add this to the GP's list. GPs would assess the patient then would ask reception to print out a summary of the patient. Patients were discussed between clinicians and assigned a GP to visit the patient in the afternoon. If an urgent visit was requested, this would be assigned to the duty doctor or the paramedic practitioner.</p>	

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)	86.6%	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)	71.4%	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)	81.3%	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)	82.0%	79.4%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comment card	<p>Four patients commented that they found it difficult to get an appointment and preferred the previous system. Patients we spoke with on the day of the inspection told us that they sometimes had to wait a long time to get an appointment.</p> <p>The practice told us they had changed their appointment systems to reduce the number of patients who did not attend their appointment by providing appointments two days ahead. However, clinicians had the ability to override the system to book patients in for reviews. They recognised that some patients found it hard to get through on the phone in the morning and had plans to change the phone systems to enable more phone calls to be answered. They were also encouraging patients to use the online services to book appointments, although patients commented that the online systems did not work for them. The practice had produced information leaflet to assist patients in using the online system.</p>

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	none
Additional comments:	
Complaints leaflets are sent to patients which include other avenues they could escalate their complaint if they do not feel that the practice had satisfactorily handled this.	

Well-led

Leadership capacity and capability

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

The practice employed a paramedic practitioner to support GPs. The practice told us that the introduction of this role into the practice had been beneficial. They were also able to demonstrate that they supported, monitored and reviewed consultations undertaken by the paramedic practitioner to ensure they were appropriate and to provide opportunities to develop their skills.

Vision and strategy

Practice Vision and values

To provide an appropriate and rewarding experience for patients whenever they need support, provide better healthcare and improve access to services.

Culture

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

Source	Feedback
staff	Staff told us they enjoyed and felt proud to work at the practice.
staff	Staff told us they felt confident and comfortable to raise concerns and would not hesitate to do so and were supported if they had concerns.

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

Source	Example
staff	When the new appointment system was introduced, staff fed back that the telephone line was very busy in the morning. Therefore, more staff was allocated to support receptionists to answer phone calls in the morning.

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

Source	Example
complaint	Patient arrived late for their appointment and was refused to be seen. The practice manager spoke to the patient and their family and apologised. Discussions were held with staff that if patients were not routinely late and always attended, then every effort should be made to see the patient. An apology was offered to the patient and their family.
Complaint	Patient requested a telephone appointment with their preferred GP but this was unavailable. Patient complaint that the member of staff was rude. The practice manager spoke with the patient and apologised. Staff were reminded to be flexible in their approach and seek advice from the duty doctor or the practice manager if patients were insisting to speak to their preferred GP and no appointments were available.

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
Practice Manager	A member of staff was offered a wider desk, headsets and new chair following discussion with their manager that their existing working environment was not suitable.
Practice manager	Scanning facility moved to a different area of the building as this was too noisy in the reception area.

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

Source	Example
Training	Staff have access to and have completed equality and diversity training
Staff	Staff of the Muslim faith were offered support during the Ramadan period and time given for prayers should staff need this.
Staff	The practice told us they had arrangements with the local representatives of the Muslim community where GPs could be contacted to issue death certificate for patients who have passed away on weekends and avoid delays in funeral arrangements to meet their cultural needs.

Examples of actions to improve quality in past 2 years

Area	Impact
Improving Access to a GP for patients	The practice worked with other local practices to provide additional appointments with a GP between 6.30pm and 8pm. Practices took it turn on a roster basis to provide the service.
Clinical	As part of working within a cluster of practices, they had access to a mental health support worker and a pharmacist, jointly employed by the cluster.

Examples of service developments implemented in past 2 years

Development area	Impact
Frailty project.	The Pharmacist employed by the cluster, provided support to the practice twice weekly and undertook medication reviews of patients on the frailty register and advised clinicians on medicine optimisation and polypharmacy. One of the nurses also undertook home visits for those patients where their medical and social needs were assessed and appropriate referrals to other professionals such as, the district nurses and social services were made where necessary.
Sexual Health service	The practice had set up a sexual health service in November 2017 for all residents of Gloucester. The service was offered from the practice on Wednesday from 3pm to 5pm. Information from the practice showed that 100 patients had used this service with 25 patients having Intra-Uterine Device fitted and approximately 30 patients have had an implant fitted. The service also included testing for sexually transmitted infections and condom distribution.

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	The practice had systems and processes in place to learn from significant events and complaints and implement actions so that these did not happen again.

Practice specific policies	Staff had access to a range of policies and procedures which were practice specific including safeguarding and whistle-blowing.
Other examples	The practice had a comprehensive business continuity plan and had to use the plan a few weeks ago following the loss of their computer system.
Staff were able to describe the governance arrangements	yes
Staff were clear on their roles and responsibilities	yes

Managing risks, issues and performance

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
Staff being confronted by a violent patient.	The practice wrote to the patient to remind them that their behaviour was unacceptable and if this occurred again, staff would contact the police and the patient would be removed from the practice list. Staff felt reassured by this action and that they could call the police whenever they were exposed to potentially dangerous behaviour.

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

	Method	Impact
Patients	Flu clinic	Awareness of carers were raised so patients could identify themselves if they also had caring responsibilities when flu vaccination invites were sent out.
External partners	Cluster meeting	One of the GPs was the lead for the Cluster and worked with other leads to develop partnership working to improve access and services for patients.

Feedback from Patient Participation Group;

Feedback
Feedback from the patient participation group (PPG) were positive about the practice. We spoke with two members of the PPG who told us they practice listened to feedback and implemented changes to improve services.

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

Examples	Impact
Meetings with the patient participation group (PPG).	The PPG told us they met with the practice approximately four to six times a year. One of the PPG members promoted the identification and support for carers. The practice had a dedicated board in the waiting area with information for carers. They also told us that they had suggested the practice installed a digital information screen and this had been implemented.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Developing services for patients who were asylum seekers.	The practice worked closely with a local organisation who supported asylum seekers. The practice shared an example where a patient exhibiting mental health problems was referred to the mental health team and with successful intervention, prevented a deterioration in the patient's mental health. One of the GPs also had a special interest in developing services for asylum seekers. They had identified 0.5% of the practice's

	patient population as asylum seekers and provided longer appointments for those patients. The GP had also completed additional training to provide reports for patients in detention centres to the court.
--	--

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

Audit area	Impact
Clinical	The practice carried out an audit on patients who were on blood thinning medicines to ensure those patients were followed up appropriately in line with best practice guidelines. The first audit in March 2017 identified that no recall systems were in place for those patients and six out of 79 patients had not had a blood test in the last 12 months. Following this audit, a recall and coding system was introduced for those patients. A Re-audit in September 2017 showed that all patients (92) on this medicine had a code on their records, 74 out of 92 patients had a recall system in place and two out of 92 patients had not received a blood test. This demonstrated an improvement where patients were being treated in line with best practice guidelines.

Any additional evidence

GPs held a training session for staff at their house where staff listened to podcast relating frailty, dementia and carers.

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>