

Care Quality Commission

Inspection Evidence Table

The Wellspring Surgery (1-566900285)

Inspection date: 11 December 2018

Date of data download: 06 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice **had** clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: We saw up to date safeguarding policies accessible to all staff via the practice intranet; and all staff had enhanced DBS checks every three years. Weekly clinical meetings were held which covered safeguarding; and we saw a staff training session on safeguarding children during our visit. This was efficiently run, was interesting and interactive, and included group work. Staff were given protected time for relevant training; and records on the practice intranet were monitored to ensure everyone was up to date. We saw that some male staff were also trained as	

Safeguarding	Y/N/Partial
<p>chaperones.</p> <p>We saw examples of coding of vulnerable patients on the electronic records such as for frailty of some older patients, vulnerable adults and children at risk.</p> <p>Community staff such as health visitors and midwives were based in the same building enabling easy informal liaison and regular meetings were held with practice staff.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (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 required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider had access to independent recruitment and HR advice from an external provider.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: (next test booked for 18/12/18)</p>	<p>Y</p> <p>18/12/17</p>
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p>	<p>Y</p> <p>19/12/17</p>
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check:</p>	<p>Y</p> <p>04/12/18</p>
<p>There was a log of fire drills.</p> <p>Date of last drill:</p>	<p>Y</p> <p>19/09/18</p>
<p>There was a record of fire alarm checks.</p> <p>Date of last check: (next check booked for 08/01/19)</p>	<p>Y</p> <p>Dec 2017</p>
<p>There was a record of fire training for staff.</p> <p>Date of last training:</p>	<p>Y</p> <p>07/12/18</p>
There were fire marshals in place.	Y
<p>A fire risk assessment had been completed.</p> <p>Date of completion:</p>	<p>Y</p> <p>July 2018</p>
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The premises were leased from and managed by the Healthy Living Centre (HLC); and some records relating to HLC responsibilities regarding fire safety and health and safety systems were held by HLC</p>	

as landlord. However, provider had copies of relevant documents, for example, we saw a risk assessment for the room used by provider staff for meetings that was also used by HLC to support people with cooking classes.

An external cleaning company was employed by HLC and no practice staff carried out any cleaning or had access to chemicals. The provider carried out an audit every two months of premises cleanliness and liaised with the cleaning contractor and HLC to address any issues.

Actions from fire risk assessment carried out by the landlord had been identified and some were completed. However, we saw in an interim report that some were still being discussed with other providers who shared the building. For example, whilst fire marshals were in place, employed by HLC, we saw that practice staff were to be trained in December to ensure additional cover for any unplanned absences; and fire blankets had been installed by the provider in addition to the fire extinguishers provided by HLC as landlord in the practice and shared areas.

Health and safety		Y/N/Partial
Premises/security risk assessment had been carried out.	Date of last assessment:	Y July 2018
Health and safety risk assessments had been carried out and appropriate actions taken.	Date of last assessment:	Y July 2018
Explanation of any answers and additional evidence:		
We saw evidence that Legionella checks (to ensure the safety of the water system) were undertaken monthly (last check 27/11/18). We also saw that, although HLC was responsible for safety systems and processes as landlord, the practice had carried out their own health and safety audit of the areas occupied by practice staff. This had identified that some fire extinguishers were apparently overdue for checks; and this was raised as a significant event and referred to the landlord. We saw that these actions were being addressed by the landlord.		

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

		Y/N/Partial
An infection risk assessment and policy were in place.		Y
Staff had received effective training on infection prevention and control.		Y
Date of last infection prevention and control audit:		June 2018
The practice had acted on any issues identified in infection prevention and control audits.		Y
The arrangements for managing waste and clinical specimens kept people safe.		Y
Explanation of any answers and additional evidence:		
We saw that infection prevention and control (IPC) was effectively managed and was included as a topic within the practice Service Development and Improvement Plan. For example, actions identified in the last IPC audit had been addressed including implementation of a 'clear surface' policy in clinical rooms (with wall storage for items such as gloves); and deep cleaning of clinical rooms introduced every nine weeks.		

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
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.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: We saw that the practice intranet had clear guidance on 'red flag' symptoms that may identify severe infections such as sepsis; the electronic patient record system also highlighted symptoms; and staff we spoke to were aware of these flags and the action to be taken.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: We saw that clinical correspondence received was date stamped and, along with electronic test results, was allocated to relevant clinicians by administrative staff. We reviewed 41 outstanding	

results on the system during our visit and saw that all were allocated appropriately. We noticed that 11 had been received for the attention of a nurse who had left the practice the previous week and all were reallocated during our visit. None of these results raised any clinical concerns and the provider amended their process during our visit to avoid any future recurrence.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.77	0.84	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.0%	9.6%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y

Medicines management	Y/N/Partial
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found that the security of blank prescription stationery required improvement. Bulk stocks blanks for printing were stored securely, with serial numbers logged on receipt and when batches were issued to clinicians. These were stored in non-lockable printer trays in clinical rooms, presenting a risk should the clinician not be present in the room during normal hours. Whilst rooms were locked overnight they were accessible to contractors who may be on site out when staff were not. Clinicians regularly had to use different rooms and there was no audit trail in place to monitor which clinician was using which batch of blank prescription stationery in each printer. We spoke to the provider who within 24 hours of the inspection provided evidence that security had been improved. For example, a risk assessment had been documented; printer tray locks had been ordered for each printer in all clinical rooms; and the procedure for security of blank prescription stationery was being revised to include audit; and interim measures were in place until locks were installed.</p> <p>The provider did not keep any controlled drugs on the premises; and we saw that three patients on these medicines had received regular monitoring and reviews of their care and treatment.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and 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:	18
Number of events that required action:	10
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in December 2014 we reported that the provider should ensure all actions taken in response to significant events were recorded so there was a clear audit trail that included learning following the event. At this inspection, December 2018, there was an effective system in place for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses; these were discussed at regular staff meetings; and</p>	

learning was shared. The intranet system included an audit function that ensured all identified actions were addressed and any process changes had been embedded in practice.

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

Event	Specific action taken
Reduced levels of child immunisations following handover to new staff.	We saw that the provider had identified lower than expected levels of child immunisations due to inadequate handover to new staff and lack of coding on computerised patient records. A search had been carried out to identify and code patient records for all new babies delivered; improved liaison had been implemented with midwives and health visitors; and an improved procedure had been implemented to send invites for baby eight-week checks. We saw that searches were then carried out for any non-attendees; reminders sent and if three non-attendances occurred; and there was a notification to the lead GP for safeguarding children who then followed up with parents, in liaison with health visitors.
A patient called complaining of vomiting symptoms and was referred by practice staff to her midwife and to call the next day for a same day appointment.	The case was reviewed and it was agreed that the patient should have been offered a same day appointment when she first called. Revised guidance was shared with reception staff to clarify symptoms that should result in offer of same day appointment or discussion with a GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw an effective system in place for safety alerts on the practice intranet system. This included automatic population into the system of alerts received that related to medicines; and an audit function to ensure actions were completed. Alerts were reviewed by relevant staff and actions agreed, underway or completed were recorded. For example, we saw an alert relating to a medicine with a record that two patients had been identified as having received the medicine; and confirmation of action taken, including copies of letters sent to patients in their medical records.</p>	

Effective

Rating: Good

Please note: QOF data relates to 2017/18 unless otherwise indicated.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: We saw that a holistic, patient centred approach was provided to patients; and joint working with the Healthy Living Centre (HLC) provided access to a wide range of health and social care support schemes.	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.86	0.78	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. This ensured that their care plans and prescription for medicines were updated to reflect any additional or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age. We saw evidence of effectively managed care, support and liaison with a local nursing home where many residents were older patients with a diagnosis of dementia. Two GP sessions were provided each week by the practice and GPs provided a comprehensive admission review and ongoing monitoring of patient care.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, we saw that the provider employed a clinical pharmacist who carried out medicine reviews for patients with conditions such as heart disease, epilepsy and coeliac disease.
- We saw that patients with chronic pain were identified by the provider and offered access to support through a gentle exercise scheme developed with the Health Living Centre to improve mobility; and reduce pain and reliance on medicines.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. For example, we saw an annual audit undertaken to identify patients who may have a diagnosis of diabetes and provide access to support schemes for pre-diabetic and diabetic patients.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	68.9%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	19.0% (70)	20.6%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	71.9%	78.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	20.9% (77)	14.4%	9.8%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	86.6%	83.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	21.1% (78)	16.5%	13.5%	N/A

Explanation of any answers and additional evidence:

We saw evidence that the practice recognised and addressed the needs of individual groups of patients. For example, there was a larger proportion than average of younger patients, with Somali heritage, who had diabetes. A clinician at the practice recognised the need to improve engagement and advice for patients with diabetes. As a result improvements were introduced.

We spoke to the provider about the apparently higher than average rates of exception reporting of patients with diabetes. We reviewed the process for exception reporting and found appropriate recording was in place. For example, the four patient records that were seen included relevant notes and evidence of attempts to contact patients by letter and phone. We saw that non-attendance at an appointment did not result in exception reporting if not appropriate.

Other long-term conditions	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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	74.6%	74.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	14.4% (69)	12.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.4%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.9% (33)	14.4%	11.5%	N/A

Explanation of any answers and additional evidence:

We spoke to the provider about the exception reporting of patients with other long-term conditions. We reviewed the process for exception reporting and found appropriate recording was in place. For example, three patient records were seen to be coded to ensure they were recalled regularly, despite previous non-response or poor attendance.

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 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.6%	82.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.9% (78)	6.0%	4.2%	N/A
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	93.2%	89.6%	90.0%	No statistical variation

treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	16.1% (14)	6.2%	6.7%	N/A

Any additional evidence or comments

Explanation of any answers and additional evidence:

We spoke to the provider about the exception reporting of patients with atrial fibrillation. We saw evidence that recording had improved since data for 2017-18 had been published. For example, a search of the electronic patient records on the day of this inspection indicated, from unverified data, that only one patient was exception reported.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. We spoke to the practice who were aware of a number of cultural and religious beliefs that discouraged some groups of patients from having their children immunised. We saw evidence of a wide range of measures in place to address this.
- We saw evidence that effective safeguarding procedures were in place. For example, we attended an efficiently managed meeting where identified concerns were discussed, actions agreed and coding on clinical records was being improved.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. We saw evidence of this in the safeguarding meeting held during our visit.
- Young people could access services for sexual health and contraception. We saw a clear awareness of safeguarding issues such as female genital mutilation (FGM) and measures were in place to identify patients at risk and refer to local support services.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	161	177	91.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	113	134	84.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	112	134	83.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	110	134	82.1%	Below 90% minimum (variation negative)

Any additional evidence or comments

We spoke to the provider regarding the lower than average rates of child immunisations. They told us they had a significant proportion of diverse and transitory patients in the practice population; and were aware of a number of cultural and religious beliefs that discouraged some parents from having children immunised. For example, some groups were unwilling to accept vaccines that contained derivatives of pork.

However, we saw evidence of a wide range of measures to improve the rates of child immunisation. For example:

- The provider worked closely with Health Visitors, based in the same Healthy Living Centre (HLC) premises, to arrange meetings with local community groups, including local mosques, to provide information, advice on the risk from diseases and reassurance of the benefits of immunisation.
- MMR vaccines were obtained that contained no pork derivatives.
- Funding from the local Clinical Commissioning Group (CCG) was secured by the provider in September 2018 to carry out a project to increase uptake of MMR vaccination. We saw the project included text reminders to patients, additional clinics, and liaison with local community and religious groups to encourage uptake. We saw the uptake had increased from 55 patients in April – June 2018 to 158 patients in July – September.
- The Health Links Somali link worker attended child immunisation clinics to provide advice, support and encourage uptake of vaccinations.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. We saw the provider was encouraging further uptake and boosters for other childhood vaccinations including MMR and BCG.
- Patients had access to appropriate health assessments and checks including referrals to HLC for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified	60.3%	73.9%	72.1%	Variation (negative)

period (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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.3%	71.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44.9%	56.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	67.9%	72.4%	71.3%	N/A
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)	51.6%	56.7%	51.6%	No statistical variation

Any additional evidence or comments

Explore reasons for & action to address variation

We spoke to the provider regarding the lower than average rates of cervical cancer screening for eligible women. They told us they had a significant proportion of diverse and transitory patients in the practice population; and were aware of a number of cultural and religious beliefs that discouraged some women from having this procedure. For example, in some groups it was not considered culturally acceptable for unmarried women to have a cervical examination.

The practice had identified that patients who did not use English as their first language used 50 different languages as their first language. There was a significant rate of transition in the patient population, including refugees and asylum seekers. For example, there were over 1,450 new patient registrations in the last 12 months (representing 16% of the 9,100 patients on the practice list).

We saw evidence of a wide range of measures in place to address these issues. For example: There was a significant cohort of patients of Somali heritage who lived within a close local community. A Health Links Somali link worker was employed to work at the practice for five sessions per week; they undertook outreach work with the local community to win the trust of diverse cultural groups. The link worker provided advice and guidance to encourage patient engagement; and assisted with translation in consultations and of correspondence. We saw an example of the link worker encouraging and supporting a female patient, aged 50 years, from the Somali community to attend her first cervical screening appointment. Invitation letters had been translated into Somali; the health Links worker spoke to other women in the community; and the patient was encouraged to talk to her friends to further promote attendance.

People whose circumstances make them vulnerable.

Population group rating: Good

Findings

- We saw a wide range of measures in place to address the identified needs of the diverse patient population. For example, a range of social prescribing schemes were available and provided at the HLC. These had been developed through joint working with the Healthy Living Centre (HLC) and GPs from the practice had supported developments, for example, by provided clinical governance and ensuring escalation procedures were in place for the safety of participating patients.
- End of life care was delivered in a coordinated way, using the Gold Standard Framework, which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. Patients had access to and were supported on site by substance misuse support workers from a local service.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. For example, annual reviews were carried out for patients with serious mental illness.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia by GPs who were trained to diagnose dementia. Patients who needed specialist support were referred to the Dementia Wellbeing Service who provided follow up and support services.
- Clinical staff had received dementia training in the last 12 months and we saw plans for all other staff to be trained before the end of March 2019.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) (QOF)	93.5%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	26.2% (22)	20.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.0%	91.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.9% (15)	17.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.0%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (3)	6.6%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	530.6 (95%)	533.2	537.5
Overall QOF exception reporting (all domains)	10.3%	7.2%	5.8%
Explanation of data and additional evidence: We spoke to the practice regarding the data that indicated higher than average rates of exception reporting. We saw evidence in all patient records examined that an appropriate process had been carried out and reasons for exceptions were recorded.			

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

<p>We saw that the provider had planned and carried out a wide range of clinical and other quality improvement activities. This included:</p> <ul style="list-style-type: none">• close working with the Healthy Living Centre, through a Joint Work Plan, which included referral to a wide range of social prescribing services to cover issues such as musculoskeletal conditions; cooking and diet classes; and chronic pain management.• a programme of clinical audit and additional QOF analysis. For example, we saw evidence of improvements to identify and support patients with a diagnosis of pre-diabetes and diabetes.• a range of monitoring and review tools were in use including a Practice Dashboard (with a comprehensive set of parameters to monitor performance), a Risk Log, and 'Plan, Do, Study, Act' (PDSA) review and analysis approach. Plans, actions and progress was collated in the practice Service Development and Improvement Plan. This facilitated effective management and communication within the practice.• feedback was sought, analysed and actions agreed through the national GP patient survey and the provider's own local patient survey. The Patient Participation Group (PPG) was active in highlighting issues, discussing survey results and supporting the provider with improvement activities.• a structured programme of improvement work had commenced using the Productive General Practice (PGP) scheme, promoted by NHS England. This scheme aims to help practices release more time for clinical care through analysis of working practices and undertaking high impact actions.
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Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. 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 practice had a programme of learning and development.	Y
Staff had protected time for 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 regular appraisals, one to ones, 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
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider was supported by an external Human Resources company who provided advice and support for the recruitment and employment of staff.</p> <p>We saw that staff were trained on topics relevant to their roles, development needs were discussed at one to one meetings and appraisals; and there was a plan in place for core health and safety and mandatory training. We saw the staff had been supported to attend external courses relevant to their job role such as mentoring and coaching; and dementia awareness. The provider told us they were collating information within the recently introduced intranet system which would provide a single plan of learning and development, including an individual action plans for and the monitoring of learning.</p> <p>CQC survey forms completed by staff provided positive comments indicating that staff felt supported, and received additional training when requested.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	

We saw evidence of regular multi-disciplinary team meetings, including for example, participation by drug and alcohol misuse support workers and health visitors. Patients on the palliative carer register were supported using the Gold Standard Framework. There were regular meetings with a local hospice to ensure coordinated and timely care was provided; and to review patient deaths to identify if there was any learning and development required to improve patients' and families' experiences. The provider undertook clinical research projects in order to explore and implement improvements in clinical care.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: A wide range of health and social care services and schemes were available to patients through close working with the Healthy Living Centre (HLC). We saw that in addition to health checks for patients with a learning difficulty, free annual health reviews were also provided (but not NHS funded) to patients with coeliac disease and epilepsy. This reflected the patient centred approach demonstrated by the provider.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking always obtained status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.8% (26)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and	Y

recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of consent recorded in electronic patient records, for example, three patients had appropriate consent recorded for minor surgery procedures carried out by the provider.</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The staff all were aware of the diverse cultures of the patient population, including a significant number of patients with Somali heritage. Several staff were multilingual and there was easy access to translation services. A practical and flexible approach was in place for the registration of and care for asylum seekers and refugees.</p> <p>A Health Links Somali link worker was employed to work at the practice who understood the cultural needs of patients and liaised with community leaders and groups; and provided translation services. For example, we saw a range of measures and initiatives in place, to educate, advise and encourage uptake of child immunisations and cancer screening.</p> <p>Patients who felt vulnerable or lonely were signposted to and could access support from a befriending service.</p>	

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards.	We received eight CQC comment cards completed by patients and all were positive about the service. For example, patients felt they were treated with kindness and respect; GPs listened to them and were caring, informative and helpful; symptoms were thoroughly investigated and appointments were available when needed. One patient commented that waiting times could sometimes be long for appointments and return telephone calls from GPs.
Patients we spoke to.	We spoke to five patients who were in the waiting area during our visit. They told us that whilst sometimes they had to wait for routine appointments, they could be seen the same day for urgent matters and the online booking system was easy to use. The interpretation services were very effective and patients felt cared for and listened to by clinicians.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate %	% of practice population
9122	405	110	27%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	77.1%	90.5%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	76.2%	88.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.9%	96.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	77.4%	84.7%	83.8%	No statistical variation

Any additional evidence or comments

We saw evidence that action had been taken by the practice to improve performance where indicators were lower than local or national averages. For example:

- A Health Links Somali link worker was employed to work at the practice who understood the cultural needs of patients and liaised with community leaders and groups; and provided translation services. For example, we saw a range of measures and initiatives in place, to educate, advise and encourage uptake of child immunisations and cancer screening. Additional clinical capacity had been put in place during 2018 to address the pressure caused by slower consultations arising from the time needed for interpretation and some more challenging conversations. We were told about plans in place to move to longer routine appointment slots (15 minutes each instead of 10 minutes) to allow more time in the consultation.

Question	Y/N
The practice carried out its own patient survey exercises and had discussed the results with the Patient Participation Group (PPG). We saw that results had been analysed,	Y

improvements identified and incorporated in the service development and improvement plan. For example, improvements to the telephone system, staff training and additional staff capacity had been put in place as part of the introduction of the care navigation process.	
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Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The Wellspring Surgery is located in HLC which is a community hub which gives access to advice on housing welfare and debt; and NHS funded physiotherapy, osteopathy and chiropractic services. Several reception staff were multi-lingual, translation services were available, including via a Somali link worker; and all reception staff were trained in Care Navigation to help to identify patients' needs and direct them to the most appropriate clinician or other health or social care provider.</p>	

Source	Feedback
Interviews with patients.	We spoke to five patients in the waiting area and all gave positive feedback about the care they received. For example, they told us that new patients found the registration process had been very easy; it was now easier to get an appointment when needed; patients felt well cared for; reception staff were understanding and helpful, especially where translation services were required; and GPs listened to patients and took time in consultations.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	88.3%	94.0%	93.5%	No statistical variation

	Y/N/Partial
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 other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The staff all were aware of the diverse cultures of patient population, including 50 different first</p>	

languages other than English spoken by patients. We saw comprehensive arrangements in place to ensure all patients could access services. For example, staff used a phone interpretation service called 'Big Word'; there was access to sign language support; and several staff were multilingual and could interpret languages such as Polish, Pakistani and Bengali. The practice employed an interpreter who spoke Somali and Arabic; and staff were aware of cultural beliefs when only female GPs were acceptable to female patients. We saw examples of letters to patients written in their own language and Google Translate was also used for translation of documents.

Carers	Narrative
Percentage and number of carers identified.	The provider had identified 291 patients (3% of the practice list) as carers.
How the practice supported carers.	We saw that a member of staff took a lead role in supporting carers and ensured appropriate support was provided. For example, a pack of information was available to carers providing advice, guidance and signposting information to a range of health and social care support organisations and schemes. The carers lead was proactive in contacting carers and offering support, for example to encourage uptake of flu vaccinations and other well-being services.
How the practice supported recently bereaved patients.	The practice had a member of staff who led support to bereaved patients and GPs wrote to families that they had worked closely with.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
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
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: We saw that patients could use a room to discuss matters in private, however, there was some pressure on availability. We saw that improvement plans were being implemented to secure additional rooms for the practice to use within the Healthy Living Centre premises.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw a wide range of measures in place to address the identified needs of the diverse patient population. For example, a range of social prescribing schemes were accessible through the practice and had been developed through joint working with the Healthy Living Centre (HLC). The GPs from the practice had supported the development of these social prescribing schemes including, for example, by provided clinical governance and ensuring escalation procedures were in place for the safety of participating patients.</p> <p>The schemes accessible to patients and others living in the local area included:</p> <ul style="list-style-type: none"> • Social Prescribing for Regular Attenders. The provider led development of this scheme for patients who had more than 16 GP appointments per year. The provider collected evidence through a pilot scheme that informed a successful tender to Bristol City Council for a 4-year social prescribing service. • The provider led the development of a scheme to support patients through establishment of a pre-diabetes café commencing 2016. This was attended by a GP and nurse to provide medical checks, and staff from the HLC. • Chronic Pain pilot. The provider had led the development of an innovative support scheme for patients with chronic pain who were inactive. GPs developed the service specification and pathway for an exercise programme for chronic pain management, offered from early 2019. • Ageing and Wellbeing scheme. The provider had contributed to development of this scheme that provided a social prescribing service for older people living in the locality. • We saw that in addition to health checks for patients with a learning difficulty, the provider also offered free annual health reviews (that were not NHS funded) to patients with coeliac disease and epilepsy. This reflected the patient centred approach adopted by the provider. • Enhanced Health Checks. Since 2017, the provider has supported the HLC to deliver health checks in order to reach and access communities least likely to attend. Members of the practice nursing team coordinate patient invitations; and have carried out some checks, with the majority undertaken by HLC staff. To date, over 200 patients such as members of the Somali community and taxi drivers have received health checks. • Branching Out. This scheme was offered by the HLC and provided support to patients who presented with non-clinical needs; and worked with them to address the wider issues affecting health, such as debt and employment. It also supported them to engage with activities to improve 	

their own health and wellbeing. We saw evidence that Wellspring Surgery referred the highest number of patients (over 150) from the locality group of practices. 81% reported an improvement in their wellbeing measured using Warwick Edinburgh Mental Wellbeing Score questionnaire; and analysis of the ethnicity of the participants confirmed support was reaching the diverse local population (48% were non-white British ethnicity).

We saw an analysis of the outcomes of social prescribing that indicated for 60% of patients there was a reduction in their GP attendance rates in the 12 months after intervention compared to the previous 12 months. Other key outcomes were that patients perceived intervention was not only about achieving improved well-being, a return to work or training, but also helped to address embedded and undiagnosed conditions such as agoraphobia; and could be preventative by helping to avoid patients deteriorating into worse situations.

Practice Opening Times

Day	Time
Opening times (and Appointments available):	
Monday	08:00 – 20:00
Tuesday	08:00 - 18:30
Wednesday	07:00 - 18:30
Thursday	07:00 - 19:30
Friday	08:00 - 18:30
Saturday	09:00 – 12:00 once every three months

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9122	405	110	27%	1.2%
Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	89.8%	94.8%	94.8%	No statistical variation

Older people

Population group rating: **Good**

Findings

- We saw evidence of effectively managed care, support and liaison with a local nursing home where many residents were patients with a diagnosis of dementia. Two GPs sessions each week were provided, with a comprehensive admission review, including assessment of frailty, pain, mental capacity, hydration nutrition. Care and escalation plans were documented and shared with families; and we saw a spreadsheet in use to record and monitor care and ensure actions were completed.
- Older patients could access the 'Ageing and Wellbeing' scheme that provided support through a range of health and social prescribing services. A GP from the practice had been a member of the group that developed the service, along with the Healthy Living Centre (HLC) and Bristol Ageing Better. Carers of older patients were also offered immunisations, such as for influenza, to help keep them well.

- In recognition of the religious and cultural beliefs of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. The provider was aware of the diversity of the patient population and worked with local community and religious leaders to ensure cultural and other beliefs were respected.
- All patients had a named GP who supported them in whatever setting they lived. The provider arranged regular multi-disciplinary team meetings, which included clinicians from another local GP practice in order to co-ordinate care provision.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. We saw arrangements in place for regular liaison with the older adult care home liaison service and the community dementia wellbeing team.
- Patients who were identified as potentially feeling isolated or lonely were referred for support through a local befriending service.
- The practice pharmacist carried out regular reviews of medicines to ensure the most appropriate care and treatment was provided.
- Staff had attended dementia awareness training; and memory reviews were carried out where appropriate for older patients.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- We saw evidence that the practice recognised and responded to needs of groups of patients with diabetes. For example, there was a significant proportion of patients with Somali heritage within which a larger proportion than average of younger patients had diabetes. A connection to a common practice of drinking large amounts of fruit juice daily had been identified by a clinician at the practice. This resulted in significantly raised blood sugar levels and increased risk of diabetes. The provider's clinicians explained this to patients who were given advice and support to better manage their condition.
- The provider had led the development of an innovative support scheme for patients with chronic pain who were inactive. A GP proposed a project and mentored medical students to undertake research, visit hospital pain clinics, meet with practice and HLC staff and devise an evidence-based social prescribing programme for chronic pain. Funding was secured and patients could then access programmes of gentle exercise to help alleviate or manage their symptoms; and reduce reliance on medicines.
- The provider led the development of a scheme to support patients through establishment of a 'Pre-diabetes Café'. This followed an audit indicating previously limited support for pre-diabetic patients; and pressure on appointments with the nursing team. Patients who may be pre-diabetic were identified and invited to attend drop-in clinics run every three months. Events were held, in partnership with HLC in 2016 and 2017, prior to the start of the National Diabetes Prevention Programme. Here a GP or practice nurse provided preventive health advice and collected data on weight, exercise and smoking habits. Patients whose first language was not English were supported with translators; and they could also access support from other social care professionals such as healthy eating courses (food and health worker); health checks (health trainers); and to identify other relevant support (social prescriber).
- Patients with diabetes were identified by the provider and a GP developed and ran summer 2018 sessions to provide them with advice and guidance of nutrition. These patients were also

supported through the access to the 'Diabetes Café' events. These were organised by HLC, however, the scheme offered advice and support from the provider's nurse practitioner, including foot health checks. Patients could also access other social prescribing or local health and wellbeing schemes provided through the Healthy Living Centre.

- A referral pathway had also been developed jointly with HLC to provide a 'Kitchen on Prescription' scheme. This offered dietary and cooking advice and practical sessions on site in a teaching room/kitchen for people with long term health conditions such as diabetes.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. We saw that regular meetings were held and communication was prompt and effective as community staff were based in the same premises (HLC).
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. We saw that patients in the community and other care or nursing homes were monitored and cared for using the Gold Standard Framework for end of life care; and there was effectively managed care, support and liaison for patients in a local nursing home. Regular meetings were also held with a local hospice to monitor and coordinate care.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse and GP appointments were available, for example until 8pm each Monday and from 7am each Wednesday and Thursday, for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Health visitors, school nurses and midwives were located in the same premises and there was close liaison with the practice. For example, we saw effective safeguarding arrangements in place; multi-disciplinary meetings were held regularly to discuss families with safeguarding concerns; and children subject to protection plans were highlighted in clinical records.
- We saw that family planning services, including contraceptive device fitting was easily accessible; sexual health advice and testing services were available; and schemes to encourage uptake of immunisations were in place. For example, the provider delivered MMR vaccinations for patients aged 16-25 years; and birthday cards were sent to young patients inviting them for booster vaccinations.
- Patients from the local Somali community were supported by the Health Links Somali link-worker to encourage and support attendance at medical appointments.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients and communities who did not commonly access services were supported with enhanced

Health Checks, delivered on behalf of the practice by HLC. For example, members of the Somali community and taxi drivers.

- We saw that the practice website provided access to a wide range of self-help and advice information and video clips to help working patients who may find it difficult to contact the provider during normal opening hours. Approximately 100 topics were covered including allergies, diabetes, learning disabilities, mental health, sexual health, smoking and women's health.
- The practice was open until 8pm each Monday and until 7.30pm each Thursday; and from 7am each Wednesday and Thursday to enable patients to attend outside of normal working hours. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available one Saturday every three months at this practice and others in the local area all other Saturdays from 9am -12 noon.

People whose circumstances make them vulnerable.

Population group rating: Good

Findings

- Following participation in a research study, the provider GPs developed a scheme for 'Social Prescribing for Regular Attenders' to enable patients to access a range of support services. Patients who had more than 16 GP appointments per year were identified; along with the types of social problems they encountered; and evidence of interventions had been shown to work well for such patients. GPs trained the social prescribing workers from the HLC, including regarding medically unexplained symptoms; and obtained funding to implement the project, which has also been rolled out to other practices.
- The provider worked closely with the Healthy Living Centre (HLC) to deliver a joint work plan to support the holistic needs of vulnerable patients. Translation services were available and there was a Health Links Somali link worker was employed to work at the practice who understood the cultural needs of patients and liaised with community leaders and groups. For example, we saw a range of measures and initiatives in place, to educate, advise and encourage uptake of child immunisations and cancer screening.
- Patients whose circumstances made them vulnerable could access or be referred to a local 'Branching Out' service. This scheme provided support to patients who presented with non-clinical needs; and worked with them to address the wider issues affecting health, such as debt and employment; and also supported them to engage with activities to improve their own health and wellbeing.
- LGBTQ+ patients who had commenced transition journeys were supported by GPs whilst waiting for gender identity clinics; and patients who were victims of FGM were identified and referred to a local specialist clinic.
- Patients with drug or alcohol addictions could access specialist support services on site.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. We saw that the practice supported patients who had experienced trauma as asylum seekers or refugees with unconfirmed status.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. We saw that the provider supported significant numbers of transitory patients moving through social housing.
- The practice was active in the management and adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia).

Population group rating: **Good**

Findings

- Patients could access a range of specialist mental health services to address issues arising from, for example, childhood abuse, palliative diagnosis or trauma.
- There was a data sharing agreement in place with the local mental healthcare provider to enable GPs to access summaries of patient treatment and their care plan to enable continuity of care.
- Priority appointments were allocated when necessary to those experiencing poor mental health. Regular meetings were held with a local consultant psychotherapist to discuss individual cases.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. We saw close working with the Healthy Living Centre (HLC) to provide access to a range of health and social care support services.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: We saw effective systems in place to identify urgent needs of patients. For example, reception staff were trained as care navigators to identify needs and direct patients to the most appropriate clinician or other service. Home visit requests were triaged in liaison with the duty GP. There was a data sharing agreement in place with other local healthcare providers to facilitate referrals.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	70.8%	68.7%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	61.9%	68.4%	68.6%	No statistical variation

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 practice appointment times (01/01/2018 to 31/03/2018)	54.5%	65.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	62.7%	75.5%	74.4%	No statistical variation

Any additional evidence or comments

We saw that the provider had implemented new processes to improve patient access. For example:

- Reception staff were trained in care navigation in order to help to identify patients' needs and direct them to the most appropriate clinician or other health or social care provider.
- Digital innovations were in place including text message appointment reminders; electronic messaging with links to advice and guidance video clips; and on-line information in easy read format.
- Extended hours provided access to appointments in early mornings, evenings and on Saturdays.

Source	Feedback
NHS Choices	Five reviews had been posted in NHS Choices relating to patient visits during 2018. Four rated the practice with five stars out of five, all with positive experiences of clinical care. One review gave a rating of two stars out of five in relation to access to appointments, however, the visit was prior to the implementation of improvements such as care navigation training.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	22
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We spoke to the GP who undertook a lead role for the practice regarding clinical aspects of	

complaints; and saw evidence of advice from medical defence organisations and thorough investigation of and response to complaints. Duty of candour was clearly expressed in examples we saw.

Example(s) of learning from complaints.

Complaint	Specific action taken
We saw an example of a complaint alleging misdiagnosis.	We saw a thorough response to the patient, demonstrating duty of candour, including a full explanation and an apology. We saw the incident had been investigated as a significant incident, action agreed and learning discussed in a clinical meeting.
We saw an example of a complaint alleging delayed diagnosis of a serious condition.	We saw a thorough response to the patient, covering several pages and addressing each point of concern raised by the patient. This demonstrated duty of candour, with a full explanation, reflection on learning and an apology. Learning was also shared at a clinical meeting.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: <p>We saw a comprehensive set of documented management and service development arrangements in place, including a practice performance dashboard; risk log; service development and improvement plan (SDIP); patient feedback tracker spreadsheet; and joint work plan with the Healthy Living Centre. Staff told us leaders were approachable, listened to them and we saw evidence that staff were involved in improvement activities.</p> <p>For example, the SDIP had been developed with input from staff and set out a clear vision and action plan. It also used information from patient feedback and national and local policies. The document included both strategic goals and practical actions, including safety and quality of care; communications, partnership and team work; maintaining trust (covering patients, staff and other stakeholders); finance; premises; and information governance.</p> <p>The provider was a training practice for GP trainees and we saw evidence that the provider had volunteered to support two GP trainees who had additional needs and required additional support to complete their training. Another GP told us that they had sought to return to the practice as a salaried GP because of the quality of the support provided to them as a trainee and the positive environment at the practice.</p> <p>The provider was also a core teaching practice, providing learning opportunities for medical students across the all five years of the Bristol Medical School; and delivered annually a 3-week placement for 5th year medical students from the University of Bristol.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

The provider had commenced improvement work using the NHS England Productive General Practice scheme. This scheme aims to help practices release more time for clinical care through analysis of working practices and undertaking high impact actions.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We received positive feedback from staff we spoke to and those who completed confidential survey forms. We saw that the provider was registered under the Mindful Employer scheme to support staff who may experience stress, anxiety, depression or other mental health conditions. The Staff Handbook and appraisal scheme had both been revised and updated to improve staff welfare support. For example, managers had attended a resilience and risk training event; and the appraisal scheme had been strengthened to include precautionary 'burn-out' and resilience assessments to identify any concerns at the earliest opportunity.</p> <p>Support arrangements for groups of staff were in place, provided by appropriate leaders. For example, the nursing team were supported by a lead GP; and accessed support and guidance from the Avon Local Medical Committee (LMC) lead nurse.</p>	

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

Source	Feedback
CQC staff survey forms	<p>We received 11 confidential survey forms completed by staff. All provided positive comments indicating that staff felt supported, the management were approachable and listened to and acted upon their views.</p> <p>For example, additional training requested had been provided; and procedures had been improved. Some commented about increased demand on reception staff as a result of the care navigation role; longer opening hours; and covering for absent colleagues.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:

We saw a notice board displayed clear and succinct information on staffing including staff photos, roles, line management structure and a 'who to speak to about what' staff chart. The notice board also listed key policy documents and where to find them. All were easily accessible on the practice intranet. For example, there was clear information for staff on whistleblowing; freedom to speak up; fire safety; and staff responsibilities. We saw evidence of sharing of information and learning at a whole staff meeting held in September 2018; and plans for regular meetings in 2019.

There was a comprehensive and clear Joint Work Plan in place for collaborative activities between the provider and others who also occupied the Healthy Living Centre (HLC), along with liaison with the HLC management. The plan (and a progress report dated December 2018) set out joint working arrangements; progress and outcomes of various projects including a range of social prescribing schemes; shared patient information and referral pathways; joint staff training; and premises improvements.

For example, we saw a joint bid had been submitted to the Health Foundation to create a psychologically informed environment for patients and others who accessed HLC services; development of shared welcome packs; improvements to acoustics in waiting areas; and development of a referral pathway for patients with chronic pain who are inactive.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

We saw evidence of a thorough approach to managing risk and performance. For example:

- The provider had an electronic Practice Dashboard in place that included an effective and comprehensive set of parameters to monitor performance. For example, areas covered included practice profile (such as patient demographics, staffing levels and financial information); patient experience (key patient feedback indicators); safety (safeguarding, significant events and medicines optimisation); quality (QOF and Public Health performance and CQC rating); and leadership.
- The provider had a documented Risk Log and we saw this included a scoring system to assess probability and impact to inform priorities; and tracked progress with actions. It included issues relating to premises, staff welfare, management resilience and finance.
- There was a clear programme of clinical audit in place and we saw examples of audits carried out with follow up audits completed to measure improvement. Audits had been carried out since 2015 to identify patients who may be diabetic. The audits had started as a result of a significant event regarding a patient who had an abnormal test result that was recorded as normal. The wording provided by the test laboratory was changed to highlight that results were used for diagnosis, as

well as monitoring of known diabetics. The annual audit has identified small numbers of patients each year with abnormal test results who had been contacted and provided with diabetic care. We saw that the provider had improved the care for these patients; demonstrated duty of candour in their response; learning had been shared with all GPs; and also shared the local Clinical Commissioning Group (CCG), who had included it in their diabetes workstream.

- We saw evidence of the use of straightforward review tools to monitor individual projects. For example, a 'Plan, Do, Study, Act' (PDSA) review and analysis to monitor the implementation of and identify benefits and further refinements for the care navigation process.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: We saw that the provider was the first practice in the locality group of Bristol practices to sign a data sharing agreement with other healthcare providers. This facilitated easier referrals between services, providing more efficient care for patients.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: We saw that suggestions for improvement from patients and staff were included in monitoring and improvement plans. The practice worked closely with a variety of health and social care providers and voluntary groups who were also based in the Healthy Living Centre. For example, we saw evidence of the benefits to patients from initiatives delivered under a joint work plan between the provider and the Healthy Living Centre. For example, social prescribing under the Branching Out initiative included physical activities; gardening and nature activities; kitchen on prescription (diet and cooking support); and employment, debt advice and welfare support.	

Feedback from Patient Participation Group (PPG).

Feedback
We spoke to representatives of the PPG who told us they felt the PPG membership reflected the

diversity of the patient population with, for example, patients of a variety of ages, cultural backgrounds and socio-economic groups. They told us that the practice listened to their concerns and suggestions; and changes and improvements had been made. For example, improvements had been made to the phone system and reception arrangements to improve access; in the waiting area to improve information and guidance; and cultural issues, such as concern over immunisations, had been tackled.

Any additional evidence

The provider had carried out its own patient survey in September 2018 and had shared the results with staff, patients (via the practice web page) and had discussed these with the PPG. The provider reviewed the results from their own survey and those from the National GP Patient Survey and we saw a Wellspring GP Patient Survey Tracker document in use. This collated results from both surveys, along with comparative data with the previous year; CCG averages; and two other adjacent practices. Areas that the practice did best were highlighted and celebrated; and areas for improvement were identified and these informed the service development and improvement plan.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: We saw evidence of several systems and processes in place for continuous improvement, including: <ul style="list-style-type: none"> • The Wellspring Surgery Service Development and Improvement Plan. • The Joint Work Plan for The Wellspring Surgery and Wellspring Healthy Living Centre; and • Regular meetings were held by teams, management and as a whole practice; and we saw that information and learning was shared. 	

Examples of continuous learning and improvement

We saw examples of digital innovation in place. For example, the new phone system enabled the provider to analyse levels of demand and this was used to deploy staff resources to meet demand; patients were alerted and reminded regarding appointments by phone text messages; a 'chain SMS' facility provided messages including links to relevant on-line guidance materials; and patients could access a library of online advice a guidance video clips on the practice website. Information was also available on the practice web site in easy read format; and a translation facility covered over 90 different languages.

The provider had commenced improvement work using the Productive General Practice (PGP) scheme, promoted by NHS England, which provided a number of modules for development. For example, we saw that staff and management were meeting the day after our visit to progress the module on releasing time for care.

The provider worked with other practice in the Bristol Inner City & East locality group to progress improvements based on the NHS England Five Year Forward View.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-

score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.