

# Care Quality Commission

## Inspection Evidence Table

### The Royal Well Surgery (1-555957231)

Inspection date: 12 and 13 July 2022

Date of data download: 11 July 2022

## Safe

## Rating: Requires Improvement

- Staff were not all trained to appropriate levels for their role in infection prevention and control
- The practice did not always appropriately monitor the prescribing of controlled drugs.
- The practice did not always have a safe system in place to follow up on patients who did not attend reviews for high risk medicines.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes
Explanation of any answers and additional evidence: We reviewed training records on site, this demonstrated that all staff had completed the relevant level of safeguarding training. For example, non clinical staff had completed Level 1, healthcare assistants (HCAs) and the practice manager had completed Level 2, clinicians had completed Level 3, and the safeguarding lead had completed Level 4.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed three staff records, including a GP, nurse and an administrator. All necessary recruitment information was appropriately obtained.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2022. This had been included within the Health and safety review in April 2022 by the new building consultant.	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: June 2021 Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice shares the building with three other surgeries, the four surgeries within the building comprise the full Primary Care Network (PCN), the management of the building including risk assessments sat with the landlord, Estates within the PCN kept appropriate records, actions from risk assessments had been identified and completed.</p> <p>The practice fire risk assessment is currently due and had been planned.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 25th May 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We walked around the building on the day of inspection and found it to be clean and hygienic throughout.</p> <p>Training records demonstrated that 60% of clinical staff were up to date with their annual infection prevention and control (IPC) training. All staff had received IPC training as part of their induction.</p>	

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: The practice showed evidence of appropriate staff induction programmes having been given. All staff had completed Sepsis training as part of their induction, GPs told us they support each other at the end of their daily surgeries to clear any work left with the rotational daily duty doctor.	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: The provider told us pathology results were actioned daily. During the inspection, we checked the practice's pathology inbox and there was one blood test outstanding from that day. There were suitable arrangements to ensure staff were familiar with the process of reviewing and allocating the pathology cases in the case of staff absences.	

## Appropriate and safe use of medicines

### The practice did not always have 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.76	0.77	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	13.6%	9.4%	8.8%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.03	5.44	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	198.3‰	130.4‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.84	0.65	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	8.0‰	7.6‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Partial
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>As part of the inspection a number of set clinical record searches were undertaken by a Care Quality Commission (CQC) GP specialist advisor (SpA) without visiting the practice. The following results were identified:</p> <ul style="list-style-type: none"> <li>Controlled drugs were not always appropriately monitored. Our search showed 30 patients who had been prescribed Gabapentinoids had not been reviewed in the last 12 months. (Gabapentinoids are a controlled drug used for the treatment of epilepsy, postherpetic neuralgia, neuropathic pain associated with diabetic neuropathy, fibromyalgia, generalized anxiety disorder, and restless legs syndrome). We reviewed five records, there was evidence of patients over-ordering medication (the practice sometimes permitted early issue, a wide range of dose and a lack of a system for resetting the quantity supplied where variable dose had been permitted). This could potentially mean an uncontrolled condition or the drugs being abused by the patient. There was no safety net in place to prevent this happening as there had been no recent medication review. However, the practice shared with us an appropriate action plan to resolve this during the inspection and started to work on it whilst we were on site.</li> <li>High risk medicines were not always monitored. We undertook a remote search of the practice's clinical patient records system which showed 172 patients were prescribed DOAC'S</li> </ul>	

Medicines management	Y/N/Partial
<p>(Direct oral anticoagulants, which are medications to thin the blood) of which 14 had not had the required monitoring. We reviewed five of these records, two patients had got borderline dosing based on out of date measurements. The practice had attempted to contact the patients but when they had no response there did not appear to be a safe process for following up patients who did not respond.</p> <p>The practice did not always have an effective system to follow up on patients who did not attend monitoring as part of their medication review process.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a GP significant event lead and systems for identifying and recording significant events and demonstrated that there were actions and learning associated with these. The practice showed us that they discussed these in meetings (if relevant at the daily huddle, and they went through all open significant events at their Friday clinical meeting) and learning was shared. There was an incident policy in place. Staff told us as a training practice they encouraged openness for both positive and negative events and they had a 'no blame' culture.</p>	

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

Event	Specific action taken
Patient attended the practice for a review, a GP Registrar went through the notes and could see an old magnetic resonance imaging (MRI) scan which showed an issue but had not been acted on at any stage by the hospital.	<ul style="list-style-type: none"> <li>The GP Registrar explained what had happened to patient and apologised.</li> <li>The GP Registrar raised with the senior GP</li> <li>The patient was fast tracked to secondary care (and therapy started)</li> <li>The patient and their partner were both brought into discuss the communication issues around this in detail with senior partner.</li> <li>The senior GP partner informed the Hospital of their error for review and learning.</li> </ul>
Administration error where a wrong patient record was opened and incorrect notes added.	<ul style="list-style-type: none"> <li>The practice identified this had been a common theme</li> <li>Additional training was given to staff to reinforce to check two demographics when opening records.</li> <li>The practice manager checked the data tool kit, ready reckoner to understand if the surgery needed to report the information with the Information Commissioners Office (ICO).</li> </ul>
A clinician identified that a patient's record had not been coded appropriately to highlight when their contraceptive coil needed to be removed. As an outcome a patient was overdue	<ul style="list-style-type: none"> <li>The patient was seen, and appropriate care was given.</li> <li>The practice audited the use of codes to highlight patients with contraceptive coils who needed monitoring.</li> <li>Training was given to ensure this coding was not missed in future.</li> </ul>

to have their contraceptive coil removed.	
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes



## Effective

## Rating: Good

*QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: The practice encouraged its clinicians to expand their education and become specialists in specific areas. For example, diabetes care.	

## Effective care for the practice population

### Findings

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks 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.
- All patients with a learning disability were offered an annual health check, one of the practice nurses had a special interest in patients with learning disabilities.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had routine training with associations, such as Gay Gloucester (GayGlos), Gloucestershire Domestic Abuse Support Service (GDASS) and worked with these teams to support patients.
- The practice was an Armed Forces Veteran friendly accredited GP practice. They have a specialist GP and identified patients who were ex-military and coded them appropriately so they could be offered appropriate support and referrals as required.
- The practice (along with another practice within their PCN) look after a bridging hotel for asylum seekers. They were requested to do this by the CCG and within a week had completed initial health checks, including Flu/Covid vaccinations. All appointments were double length, and they used an appropriate translator service. The practice also advocated for better support locally for of its allocated group of Asylum seekers.
- The practice had access to three social prescribers, one of which specialises in adolescents (14–25-year-olds) via the PCN. The practice told us that the PCN were about to employ a forth, who specialises in younger children (5 – 14-year-olds). (Social prescribers offer support to hard to reach patients. Their remit supports a wide range of areas including mental health issues, schooling issues, social housing and financial support, they have multiple links with local support organisations).
- The practice assisted with the local set up of Covid weekend and bank holiday hot clinics for patients sent through the out of hours providers for the county (this was pre-vaccine). They worked quickly with the PCN and clinical software provider to build a module to support this new work stream.
- During Covid 19 pandemic the practice set up a home visiting service for the whole PCN to support all practices.

## Management of people with long term conditions

### Findings

- As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long term conditions were checked to ensure the required assessment and reviews were taking place. These searches were visible to the practice. The records we examined provided evidence to demonstrate patients with long term conditions had been monitored and reviewed appropriately. However:
  - We found patients with asthma who had been prescribed two or more courses of rescue steroids had received a further review and 12 month review. However, these had not always been recorded clearly. The total number of patients who had been prescribed two or more courses of rescue steroids was 37 out of 453 Asthma patients.
  - Asthma care plans when completed were good but appeared to be infrequent.
  - Patients who needed steroid alert cards had not always been identified.
  - Patients records demonstrated that when a patient with long term conditions did not attend for a routine review, there had not been a clear further recall process. For example: Patients requiring routine inhaler titration reviews, routine thyroid stimulating hormone (TSH) reviews or diabetic retinopathy whose HbA1C was greater than 74mmol/l reviews. The practice had awareness that there is a need to improve their recall process to ensure safe care. The practice told us that they invited patients to attend a monitoring review consultation three times. However, there was no clear process to follow up on patients who did not respond to invitations.
- A specialist respiratory consultant from the Hospital attended a primary care network (PCN) led clinic one afternoon a month. The clinic supported patients who did not engage with secondary care. It provided an opportunity for the consultant to follow up with the patients immediately. During this clinic time was also utilised to have a full multidisciplinary team (MDT) session around these patients where they formulated appropriate care plans. The practice has completed an audit on smokers over 50 years of age and was bringing in chronic obstructive pulmonary disease (COPD) patients for review.
- Staff who were responsible for reviewing patients with long-term conditions had received specific training. The practice had an experienced chronic obstructive pulmonary disease (COPD) and respiratory nurse, an experienced diabetic nurse, and a pharmacist with a special interest in diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had a full diabetic multidisciplinary team (MDT) available on a Wednesday afternoon, to allow them to review patients with diabetes, with the appropriate MDT clinician in attendance. It also allowed the team to discuss any complex case care plans.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	62	64	96.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	60	65	92.3%	Met 90% minimum
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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	59	65	90.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	60	65	92.3%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	60	70	85.7%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

The practice has a specific child health clinic, the nurses scheduled the child immunisations in advance for when the families brought in their babies for eight week check.
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Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	67.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	74.6%	65.6%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.0%	70.7%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	45.7%	60.1%	55.4%	No statistical variation

The practice had identified actions in order to improve uptake for cervical cancer screening and had recently embedded a system where patients were invited for screening via text. Patients could book directly into an appointment from a link within the text. Clinicians told us that this had initially increased patient up take of cervical cancer screening, but this had not been in place very long.

## 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.**

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Any additional evidence or comments
<ul style="list-style-type: none"><li>• We saw many examples of completed audits carried out by the practice including:<ul style="list-style-type: none"><li>○ Prostate Specific Antigen (PSA) test audit (a blood test that measures the amount of prostate specific antigen in the blood). It was a two-cycle audit completed in September 2020, and early 2022. The outcome being all relevant patients had their 12-month surveillance test, and there was a clear understanding of which patients were being supported within primary care, and which were within secondary care.</li><li>○ Rationalising Diabetes Medication in aging population audit: an one-cycle audit completed early in 2022, where 21 patients were identified to have met the search criteria of age greater than 80 on specific medication with an HbA1c less than 58. Of these, seven patients received changes to their medication, two patients on the specific medication had a dosage reduction and five patients on a blood sugar recovery drug had their medication stopped. All patients have reviews by a diabetic nurse scheduled for after 3 months with a repeat HbA1c.</li><li>○ Pregabalin Audit</li><li>○ Vitamin B12 audit</li><li>○ Coil removal audit</li><li>○ IPC audits<ul style="list-style-type: none"><li>▪ Sharps bin audit</li><li>▪ Personal Protective equipment audit</li></ul></li></ul></li><li>• In early December 2020 when the initial Covid vaccine was released it required refrigeration and therefore it could not be delivered in a straightforward way to care homes. The practice took part in the pilot to establish a process how this could be done and wrote a policy which has been nationally rolled out.</li></ul>

## Effective staffing

**The practice was able 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular s, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

## Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:  We saw a compliment from a mother of a patient who had been waiting for a secondary care agency to provide care, she praises the practice for putting real comprehensive intermediate care into place.	

## 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: The primary care network (PCN) social prescriber team have compiled a list of carers and offered referrals to the local carers association. During the Covid pandemic, a health care assistant contacted all carers to offer proactive support. The practice brought forward Covid vaccinations for carers.	

## Consent to care and treatment

### The practice was not always able to demonstrate that it always obtained 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Partially
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: We saw evidence of care plans that had been completed thoroughly with reference that a patient had a Recommended summary plan for emergency care treatment (ReSPECT) form in their notes. However, some patients' notes recorded memory impairment, but it had not been clearly recorded if the patient had the mental capacity to make a decision.	



## Responsive

## Rating: Not rated

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as Good.

### Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: The results from the national GP survey published in July 2022 stated the practice performed as follows: <ul style="list-style-type: none"><li>• 82% of patients found it easy to get through to the practice by phone (compared to the national result of 53%)</li><li>• 99% of patients found the receptionists at the practice helpful (compared to the national result of 82%)</li><li>• 70% of patients were satisfied with the practice's appointment times available (compared to the national result of 55%).</li><li>• 100% of patients had confidence and trust in the healthcare professional they saw or spoke with during their last appointment (compared to the national result of 93%)</li></ul> The practice continued to see patients face to face throughout the pandemic. The practice worked alongside other primary care network (PCN) practices to provide home visits for the whole of the PCN patient population, where appropriate, during the pandemic.	

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:  Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The leadership team understood the challenges and were addressing them. One of the partners was the clinical director for the local primary care network (PCN). The practice worked closely with the other practices within the network. Another GP partner was the training programme Director at the Severn NHS Deanery. An NHS Deanery is a regional organisation responsible for all postgraduate medical and dental training within the NHS.  Staff said the practice was a great learning environment and there was a wide range of multidisciplinary team professionals in the building. With GP registrars, medical students, trainee nursing associates and physician associate students, we were told it helped to ensure the practice stayed up to date with the latest guidance. Leaders told us by being a training practice, it had supported them in retaining and recruiting staff.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

Explanation of any answers and additional evidence:

The freedom to speak up guardian worked within a different practice within the PCN and was based in the same building so staff were able to access support easily. We saw posters within the administration part of the building advertising this service to staff, staff were aware of the freedom to speak up guardian.

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

Source	Feedback
Staff survey provided by CQC	Staff told us it is a great place to work stating "It feels open, collaborative, safe, happy, and energetic". Other staff told us "There's an atmosphere of learning and mentoring and a real regard for staff welfare". Staff say the partners more than pull their weight and the staff feel protected by them.
Staff survey provided by CQC	Staff told us when asked what the practice does well, "they care for patients", "patients do not have too long waiting time for appointments and can be offered same day face to face appointments if required".
Staff survey provided by CQC	Staff tell us when asked what the practice does well that they are extremely busy, especially due to staff shortages, so it is a massive help having everyone supporting one another.

## 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 which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

## Managing risks, issues and performance

**There was not always clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partially
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
We highlighted concerns around medication reviews during the inspection, the practice shared with us an appropriate action plan to resolve these issues during the inspection and started to work on it whilst we were on site.	
The practice was aware of their recall process not always being effective and clinicians told us that they would be putting appropriate audit into place and reflect on how to resolve this.	
We reviewed the practice's continuity and disaster recovery plan which was up to date. Copies were kept both on the practice's shared document software, and on the notice board, in the administration area.	

**The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic**

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

## 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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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

**The practice involved staff and external partners to sustain high quality and sustainable care. However, the practice did not always involve the public to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

The practice told us they did not have an active patient participation group. However, they explained that the PCN was in the process of setting up a PPG for which a practice staff member would be a representative.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
As a training practice there was a strong emphasis on learning. We saw examples of thank you notes from previous medical students and an email of thanks from one of the local universities regarding the support given to a student.	

### Examples of continuous learning and improvement

- The practice manager was involved in the setup of the Institute of General Practice Management and is now accredited and is the regional representative, allowing them to bring best practice to the surgery through their networking.
- The practice was taking part in the NHS digital pilot scheme (Gloucestershire was a pilot area) for Home Albumin Creatinine Ratio (ACR) testing, for which relevant patients were sent a pack to test themselves at home. Results from those tests were received by the practice as either abnormal or normal, if the result was abnormal the practice called the patient to come in for a repeated test (to ensure the original test was accurate). Uptake on the test had increased supporting patient care and staff told us patient feedback had been positive as they do not need to come into the surgery to supply this test.
- The practice had trialled sharing access to relevant parts of its clinical software with one of their nursing homes, this allows direct communication by sharing tasks, requesting tests etc, which saves both the practice and the home time on the phone, and stops duplication of tests.
- In early December 2020, when the initial COVID-19 vaccine was released, it required refrigeration and therefore it could not be delivered directly to care homes. The practice took part in the pilot to establish a process how this could be done and wrote the policy which was then rolled out nationally for all practices and care homes to use.
- The practice set up Covid weekend and bank holiday clinics for patients sent through the out of hours GP providers for the county pre-vaccine, to see patients face to face who either had Covid 19 or suspected they had Covid 19). They worked quickly with the clinical software provider to build a module to support this work.
- During the COVID-19 pandemic, the practice set up a home visiting service for the whole PCN, this supported other practices with less clinical capacity to do so.

## 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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 uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- **%** = per thousand.