

Underwood Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Underwood Surgery on 14 January 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there was a lack of evidence of learning from reported incidents.
- Risks to patients were not always assessed and well managed, for example the providers chaperone policy and fire safety.
- There were inconsistencies and lack of scrutiny and oversight in the arrangements to safeguard children and vulnerable adults from abuse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.

The areas where the provider must make improvements are:

- Establish and operate an effective system to assess, manage and mitigate the risks associated in relation to safeguarding.
- Establish and operate an effective system to assess, manage and mitigate the risks associated in relation to non clinical staff performing chaperone duties.

In addition the provider should:

- Review arrangements for identification of carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was an effective system in place for reporting and recording significant events however lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems and processes to address these risks were not implemented to ensure patients were kept safe, for example non clinical staff who acted as chaperones had received no formal training and a Disclosure and Barring Service check (DBS check) had not been undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice procedures for identifying vulnerable adults and children were not robust. There was inconsistency in system alerts and documentation of identified vulnerable adults and children. Staff were not clear who the safeguarding lead was and there was a lack of scrutiny and oversight related to safeguarding.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals. However, not all staff had received appraisals where training, learning and development needs were identified and recorded.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs for example the practice supported the local food bank by collecting food at the practice and identifying people who would benefit from its services.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked closely with university student services to identify improvements that could be made for the benefit of students such as mental health support.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, changes to the annual recall system for chronic diseases were made to minimise the number of times patients were asked to attend the practice for reviews
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice did not have a clear vision and strategy and supporting business plan. Staff were not clear about the future

Summary of findings

plans of the practice, due to uncertainty about the continuation of the contract to provide medical services to students. Staff were unsure how this would impact the practice and individual staff.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews that included a development plan.
- Regular meetings were held for clinical staff however meetings for non-clinical staff did not take place regularly.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care for three nursing homes. Patients were reviewed every two weeks by a designated GP. The practice worked with a community pharmacist linked to the homes to review people on multiple medicines.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 75% and comparable to the CCG and national averages.
- Longer appointments and home visits were available for older patients when needed

Good



People with long term conditions

The practice is rated as good for the people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Individualised care plans were discussed and updated at each review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We spoke with district nurses attached to the practice who confirmed that team working with the practice was effective and that GP's responded to requests by the district nursing team on the same day.
- Multidisciplinary meetings were held regularly with community based health staff.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 72% Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women aged 25-64 had had a cervical screening test in the preceding five years (01/04/2014 to 31/03/2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care for example early morning commuter surgeries were available on Mondays and Tuesdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided extensive online health promotion, advice and support which were tailored to meet the needs of its student population.
- Services offered to students had been adapted to meet their needs. For example, sports physiotherapy and additional sexual health services.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for people whose circumstances may make them vulnerable.

- The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check.
- Some staff were unaware of who the safeguarding lead within the practice was. The practice did not hold a register of vulnerable adults and did not proactively identify vulnerable children.

Good



Summary of findings

- The practice held a register of those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had no homeless patients. All staff were aware of a local service that offered medical care to the homeless and signposted people appropriately. There were no policies or arrangements to allow people with no fixed address to register or be seen at the practice.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia for example the practice employed a community mental health nurse to work with students at the university and we saw that people were referred to alternative services appropriately. The practice also employed a community mental health nurse who held clinics weekly at the practice for those with complex mental health needs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on GP 2 July 2015. The results showed the practice was performing in line with local and national averages. 435 survey forms were distributed and 117 were returned. This represented 27% response rate.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. All commented positively regarding the caring and respectful attitude of staff.

We spoke with 13 patients during the inspection. All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The friends and family test results had a low number of responses; however 100% of these patients would recommend this practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Establish and operate an effective system to assess, manage and mitigate the risks associated in relation to safeguarding.

- Establish and operate an effective system to assess, manage and mitigate the risks associated in relation to non clinical staff performing chaperone duties

Action the service **SHOULD** take to improve

In addition the provider should:

- Review arrangements for identification of carers.

Underwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Underwood Surgery

Underwood Surgery, is located close to the city centre of Cheltenham with good transport links.

The practice area includes the whole of the Cheltenham Borough. The practice also has a branch surgery at the Gloucestershire University Park Campus, providing medical services to students of Gloucestershire University. The practice has a higher than average patient population in the age group 15 to 35 years. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 10,000 patients. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the mid-range for deprivation nationally.

The practice is managed by five GP partners, three male and two female and supported by three female salaried GP's as well as four Practice Nurses three being nurse prescribers, one phlebotomist and an administrative team led by the practice manager. Underwood surgery is a Training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available 8.40am to 12.20pm every morning and 2pm to 5.40pm every afternoon.

Extended hours surgeries are offered between 7am and 8am on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance.

The practice has a Primary Medical Services contract to deliver health care services; the contract includes enhanced services such as extended opening hours, online access and diabetes services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Underwood Surgery is registered to provide services from the following locations:

Underwood Surgery, 139 St Georges Road, Cheltenham, Gloucester GL50 3EQ,

and at the Branch surgery,

University of Gloucestershire Medical Centre, Park Campus, The park, Cheltenham, Gloucester, GL50 2RH.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we:

- Spoke with a range of staff for example, GP's, nurses and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events

- Staff told us they would inform the practice manager of any incidents. Summaries of incidents were logged electronically.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice held clinical governance meetings to discuss any significant events and complaints. We saw that a practice discussion had taken place, actions put into place and learning outcomes documented.

Overview of safety systems and processes

- There were inconsistencies in the arrangements to safeguard children and vulnerable adults from abuse, for example in the patient notes we looked at, child protection plans were not available in some. The practice identified children at risk from information they received from the health visitor, however there was no evidence of a system to identify and monitor children over the age of five. The practice were unable to provide evidence that they had a register of vulnerable older children.
- The practice had no register of vulnerable adults meaning that the practice could not guarantee that vulnerable patients were receiving the appropriate care and support. We also identified inconsistencies in practice procedures with regard to the use of computer alerts to identify vulnerable adults. In the two sets of notes we looked at one did not have documentation or an alert within the notes.
- The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, however a number of staff were not clear on who the safeguarding lead was.

- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. We found that some non-clinical staff had not received formal chaperone training and were unclear of their role when acting as a chaperone. Non clinical staff acting as chaperones had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and there was no appropriate risk assessment in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior partner, the practice manager and a practice nurse were identified as the infection control team within the practice policy. However there was no named individual taking responsibility and identified as the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had identified people at risk of developing diabetes and invited them to attend for a lifestyle review.
- The practice had identified patients who had not attended for a respiratory review following three invitation letters. These patients were followed up by telephone to identify those who were poorly controlled and they were then verbally invited for a face to face review providing opportunity for improved management of their condition

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 11% exception reporting (CCG average 10% and national average 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from (01/04/2014 to 31/03/2015) showed;

- Performance for diabetes related indicators was 99% which was similar to the CCG (95%) and higher than the national average (89%).

- The percentage of patients with hypertension having regular blood pressure tests was 83% and comparable to the CCG (84%) and national average (83%).
- Performance for mental health related indicators was 92% and comparable to the CCG (96%) and the same as the national average (92%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included agreement by the practice to use a national tool in consultations for the diagnosis of depression. Further auditing demonstrated that documented assessment had improved the diagnosis of depression.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice met with the university welfare team and counsellors to ensure the needs of the student population were met.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 however we found that nursing staff had not undertaken formal training.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service for example the practice worked closely with a local weight loss group. Those people identified as suitable, were given vouchers which entitled them to free weight loss classes.
- The practice worked closely with the university welfare team to provide health advice to students. Each year the practice attended the universities registration day to provide students with information and advice on accessing health care effectively. We saw that the practice provided additional community mental health input for students with mental health issues, physiotherapy support for sports injuries, and additional sexual health and contraceptive services. The surgery had regular meetings with the university welfare team and counsellors.
- Smoking cessation advice was available at the practice. In the last 12 months 67 people had set a quit date and 30 had successfully quit.

The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Females, 50-70, screened for breast cancer within six months of invitation were 73% (CCG average 77% and national average 73% average). Persons, 60-69, screened for bowel cancer within 6 months of invitation was 57% (CCG average 61% and national average 55%).

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 97% and five year olds from 80% to 99%.

Flu vaccination rates for the over 65s were 75% and at risk groups 47%. These were also comparable to the national averages of 73% for over 65's and 53% for at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. However the practice did not hold this information in a register of carers which could be used proactively to provide support and health checks. Written

Are services caring?

information was available to direct carers to the various avenues of support available to them. For example, we saw a dedicated notice board for carers which gave details of local support services available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday and Tuesday mornings 7am to 8am for working patients who could not attend during normal opening hours. The practice had trialled alternative extended hour's options and had implemented early morning surgeries in response to patient preference.
- There were longer appointments available for patients with a learning disability, long term chronic diseases and others with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice delivered medical services to the student population at the University of Gloucestershire. The practice branch surgery on the university campus was open daily and offered GP and nurse appointments in addition to a sexual health clinic.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.40am to 12.20pm every morning and 2pm to 5.40pm afternoon. Extended hours surgeries were offered between 7am and 8am on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 84%, national average 73%).
- 90% patients said they always or almost always see or speak to the GP they prefer (CCG average 68%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. All complaints were reviewed by the senior partner and practice manager as well as the member of staff involved.
- We saw that information was available to help patients understand the complaints system. A notice was displayed in the waiting room and a comprehensive complaints procedure and leaflet were also available online.

We looked at three complaints received in the last 12 months and found that there was openness and transparency in dealing with the complaints and they had been dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following one complaint, we saw that discussions had taken place, actions agreed and implemented to prevent a future occurrence.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice did not have a robust strategy and supporting business plans which reflected the vision of the practice and staff we spoke to were unsure of the management's future vision for the practice. There was uncertainty regarding the contract held to provide student medical services. There was no evidence that the practice had planned for the future and considered implications of the contract ending and alternative opportunities. However staff were aware of the values of the practice as detailed in their mission statement.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However minor improvements were required. for example with regard to non clinical staff performing chaperone duties who had not had a DBS check and safeguarding.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular clinical team meetings. However, non-clinical team meetings were not held regularly to ensure key messages and any concerns were communicated effectively between the leadership team and staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, a patient survey had been conducted to collect

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

feedback on using mobile phone texting to request repeat prescriptions and receive normal test results. We saw the results had been fed back to people via the practice newsletter. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested that the practice provide suitable facilities for securing bicycles and we found that a bicycle rack had been installed within two weeks.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

The practice had adopted social media and technology, for example facebook and twitter and online services to meet the needs of its young adult population to inform and communicate with them. This was effective to promote health and advise on use of health services.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include: Risk assessments relating to the health safety and welfare of people using services must be completed and reviewed regularly by the people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks.</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to identify the risks associated with non clinical staff performing chaperone duties with no formal training and no DBS checks.</p> <p>This was in breach of regulation 12(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none">• Service users must be protected from abuse and improper treatment in accordance with this regulation. <p>How the regulation was not being met:</p> <p>The registered person did not have robust procedures and processes to identify and protect vulnerable adults and children who could be at risk</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.