Churchdown Surgery

Quality Report

24 St John's Avenue
Churchdown
Gloucester
Gloucestershire
GL3 2DB
Tel: 01452 899762
Website: www.churchdownsurgery.co.uk

Date of inspection visit: 13 July 2016
Date of publication: 12/08/2016

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

The six population groups and what we found 6

What people who use the service say 10

Detailed findings from this inspection

Our inspection team 11

Background to Churchdown Surgery 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Churchdown Surgery on 13 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice employed a pharmacist practitioner who reviewed the medicines of patients who have been discharged from hospital and those who have long-term conditions. He also reviewed the practice's prescribing to ensure this was in line with national guidelines for safe prescribing.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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?

Good

The practice is rated as good for providing responsive 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. The practice participated in a Gloucester clinical commissioning group scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.
- 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 operated an appointment system which gave patients control to decide how urgent they needed to see a GP or nurse.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a district nurse who visited patients at risk of hospital admission. She reviewed and updated care plans for those patients and also reviewed older patients who have been discharged from hospital or attended A&E department. She could also offer and administer flu vaccine to housebound patients.
- The practice held bi-monthly multi-disciplinary meeting to discuss patient on the palliative care register.
- The practice supported two local nursing homes and there was a dedicated GP who carried out fortnightly “ward round”.
- The practice held annual flu vaccine clinic at the local community centre.
- The practice participated in a range of enhanced services including shingles and pneumococcal vaccine service.

People with long term conditions

Good

The practice is rated as good for the care of patients 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.
- There was a lead GP and practice nurse for each long-term condition. One of the practice nurses visited housebound diabetic patients to ensure the health of those patients were reviewed and not overlooked.
- The practice achieved 100% of the targets for care of patients with diabetes in 2014/15 which was above the clinical commissioning group average of 95% and above the national average of 89%.
- Longer appointments and home visits were available when needed.
- The practice provided an in-house blood testing service for patients on blood thinning medicines who required regular monitoring.

Summary of findings

- 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85% which was comparable to the clinical commissioning group of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- One of the advanced nurse practitioners held a weekly sexual health clinic where young patients could book an appointment or drop in for sexual health advice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (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. Patients could book appointments with a GP, practice nurses and advance nurse practitioner online.
- 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 offered extended hours from Mondays to Thursdays between 6.30pm and 7pm and between 7.30am and 8am on Wednesdays and Fridays.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There was a lead GP for vulnerable patients including those with learning disabilities.
- 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 took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

People experiencing poor mental health (including people with dementia)

Good

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

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was below the clinical commissioning group (CCG) of 86% and national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 93% which was comparable to the CCG average of 93% and above the national average of 88%.
- There was a lead GP for patients experiencing poor mental health (including patients living with dementia).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. Two hundred and thirty-six survey forms were distributed and 130 (55%) were returned. This represented approximately 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, of which, 31 were all positive about the standard of care received. Patients commented on the caring and professional service they received from all staff at the practice. One comment card had both positive and negative comment. The negative comment related to poor attitude from reception staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test for April 2016, where patients were asked if they would recommend the practice. The results showed 87% of respondents would recommend the practice to their family and friends.

Churchdown 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 and a practice manager specialist adviser.

Background to Churchdown Surgery

Churchdown Surgery is a GP partnership located in Churchdown which is approximately four miles from Gloucester City centre. The practice premises has four consulting and two treatment rooms on the ground floor and five consulting rooms and one treatment room on the first floor.

The practice provides its services to approximately 13,800 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following address:

24 St John's Avenue,

Churchdown,

Gloucester,

Gloucestershire,

GL3 2DB.

The practice partnership has nine GP partners and two salaried GPs making a total of approximately seven and a half whole time equivalent GPs. There are four male and seven female GPs. The nursing team includes two advanced nurse practitioners, four practice nurses and one diabetes nurse who were all female. The practice also employed two advanced health care assistants, a pharmacist practitioner, a phlebotomist and a health care support staff (the health care supports the health care team with administrative tasks). The practice management and administration team included a practice manager, a reception manager, nine reception staff, four secretaries and six administration staff. The practice is approved for training qualified doctors who wish to become GPs and teaching medical and nursing students.

The practice has a higher than average patient population aged 45 and above. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 85 years, which is above the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm from Monday to Thursday and until 6pm on Fridays. The practice telephone lines were closed between 1pm and 2pm to routine calls. Between those hours and 6pm to 6.30pm on Fridays, telephone calls were diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Extended hours were offered from Monday to Thursday between 6.30pm to 7pm and 7.30am to 8am on Wednesdays and Fridays.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

Detailed findings

This inspection is part of the CQC comprehensive inspection programme and this is the first inspection of Churchdown Surgery.

Why we carried out this inspection

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 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 13 July 2016. During our visit we:

- Spoke with a range of staff including four GPs, one GP registrar, one pharmacist practitioner, two nurse practitioners, one student nurse, four practice nurses, one advanced health care assistant, one health care assistant, the reception manager, a receptionist, a medical secretary, one administrator and the practice manager.
- We also spoke with two members of the patient participation group and 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when one of the nurses had to use a different room due to faulty computer accessories, she left some unused vaccine on the desk. The practice took appropriate actions to dispose of the vaccines and purchased additional computer accessories and a vaccine cool box to avoid the same incident happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses and healthcare assistants were also trained to safeguarding children level three.
- A notice in the waiting room and all the consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The two advanced nurse practitioners were the infection control clinical leads 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the pharmacist practitioner, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients

who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific directions (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four 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.

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 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 stored securely.
- 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.

Good

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99% of the total number of points available. The practice's exception rate overall was 12% which was higher than the clinical commissioning group (CCG) average of 10% and national average of 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).

We reviewed the practice's high exception rate and found that patients were appropriately excluded. Patients were actively encouraged to attend reviews and were sent three letters before being excluded.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 95% and the national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and the national average of 93%.

Data from 2014/15 showed that the practice exception rate for two clinical domains was significantly higher that the CCG and national averages. For example, the exception rate for asthma was 24% which was higher than the CCG average of 8% and national average of 7%. Exception rate for chronic obstructive pulmonary disease (COPD) was 30% which was higher than the CCG average of 13% and national average of 12%. (COPD is the name for a chronic lung disease)

We discussed the QOF exception rate with the practice and we were told that many patients did not attend asthma reviews as they may not have had the symptoms for a long time. The pharmacist practitioner told us that there were plans to review all patients diagnosed with asthma and as part of the process, the practice's processes for monitoring those patients will be reviewed. Patients with COPD were excepted on the grounds that those patients may either be elderly and frail or may be receiving palliative care.

The practice employed a district nurse who visited patients who had been identified as at risk of hospital admission. She would also prioritise visits to these patients if they had attended A&E department or recently been discharged from hospital. She reviewed the patient's care plan and updated the patient's clinical record so that their named GP was aware of any changes in their health needs. The GPs held weekly meeting with the nurse to highlight concerns so that she could follow up on those concerns during her visit.

The practice realised that they needed to improve prescribing because the way they were undertaking repeat prescribing was not effective. The practice was successful in a bid to acquire additional funds to employ a pharmacist. They subsequently employed a pharmacist practitioner in April 2016 who reviewed the medicines of patients who have been discharged from hospital and those who have long-term conditions. We saw various examples of how they have enabled patients to come off unnecessary medicines. The pharmacist practitioner also visited housebound patients and those in nursing homes.

The practice held a daily "clinical coffee break" where all the clinical staff met and could discuss any complex clinical issues with colleagues and get advice on those issues. It was also an opportunity for other members of staff to get hold of a GP if they needed it. We were told that the key aim of this break was to learn from each other and another opportunity to improve clinical practice.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the way patients on high risks medicines were monitored to ensure those patients were reviewed on a regular basis in line with current guidelines.

Information about patients' outcomes was used to make improvements such as learning from significant and auditing the number of patients on high risks medicines to ensure patients have had blood tests at regular interval as recommended by guidelines.

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. This 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 such as diabetes, staff were supported to attend training and mentored by the clinical lead for that area.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- When providing care and treatment for children and young patients, 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.
- The process for seeking consent was monitored through patient records audits.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those at risks of hospital admission. Patients were signposted to the relevant service such as social prescribing or visited by either the district nurse, the nurse for diabetes or the pharmacist practitioner where appropriate to the patient's needs.
- Smoking cessation advice was available from the nursing team.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 82%. 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. 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 64% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 75% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 72% to 97% compared to the CCG average of 72% to 96%; and five year olds ranged from 84% to 91% compared to the CCG average of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. The practice did not routinely offer NHS health checks for patients aged 40–74 as they found the uptake for these were poor. However, they told us patients would be offered a health check if requested. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

Of the 32 patient Care Quality Commission comment cards we received, 31 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The negative comment related to poor attitude from reception staff.

We spoke with two members of the patient participation group (PPG). 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:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and reviewed regularly.

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 above the local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a multi-lingual check in screen.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 195 patients as carers (1.5% of the practice list). The practice had a dedicated carers board in the waiting room. Carers were offered annual health checks and could be referred to a social prescribing service (a CCG initiative to identify appropriate services to patients with specific needs, beyond their medical needs). The practice worked closely with Carers Gloucestershire to promote various avenues of support for the practice's patients registered as carers. The practice was also planning to arrange a carers event in September 2016.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. A calendar reminder was also placed for the families' named GP four weeks after the patient had passed away to make contact with the family and offer any additional support they may need.

Good

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. For example, the practice participated in a Gloucester CCG scheme called 'Choice Plus', which provides additional GP appointments for patients with acute 'on the day' problems at various locations in the county.

- The practice offered extended hours from Monday to Thursday between 6.30pm to 7pm and 7.30am to 8am on Wednesdays and Fridays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. One of the practice nurses visited housebound diabetic patients to ensure the health of those patients were reviewed and not overlooked. The pharmacist practitioner visited housebound patients where their medicines needed to be reviewed and the district nurse also visited those patients if they were at risks of hospital admission or had been discharged from hospital.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice operated an appointment system which gave patients control to decide how urgently they needed to see a GP or nurse. Routine appointments were 15 minutes long.
- The practice offered a weekly sexual health clinic with one of the advanced nurse practitioners for patients aged between 15 and 25 who could either book an appointment or drop in.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Patients who required complex travel vaccines were referred to another local practice that could provide this.
- The practice arranged for annual flu vaccine clinics at the local community resource centre where patients could receive flu vaccine.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with mobility issues and unable to go upstairs would be seen in one of the practice's downstairs consulting or treatment rooms.
- The purchase of a plot of land was in the process of being completed by a company specialising in GP premises construction to build a new practice to cater for the needs of the growing population. Once completed, the practice would have expanded by approximately three times the size of the premises they are currently working from.

Access to the service

The practice was open from 8am to 6.30pm from Monday to Thursday and until 6pm on Fridays. The practice's telephone lines were closed between 1pm and 2pm to routine calls. Between those hours and 6pm to 6.30pm on Fridays, telephone calls were diverted to the practice call handling service (Message Link). They referred urgent matters to the practice that have members of staff on standby to respond to issues if needed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Online appointments were also available with a GP or advanced nurse practitioner.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did not operate triage system and operated a system where every patient would be seen by either the GPs or the nurses if they requested an urgent appointment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Home visits were fulfilled by the GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made in accordance with a practice protocol. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- We saw that information was available to help patients understand the complaints system, for example, on the practice's website and patient information leaflet.

We looked at three complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient requested a fit note for their child to attend nursery, the GP did not explain why they could not provide this. The patient complained about the GPs tone of voice and attitude. The GP apologised and stated this was not his intention. This was also discussed at the practice's partnership meeting and as a result, the practice devised a leaflet to explain administrative requests which also explained why they could not fulfil some requests.

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 had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 that 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. All staff commented on the supportive nature of the practice and how they thoroughly enjoyed working at the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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 team meetings.
- 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 and supported in doing so. We noted team away days were held once a year.
- 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. The practice had a notice board in the kitchen where staff were encouraged to write what they felt the practice could improve on. We saw the practice responded to those suggestions when improvements identified had been made.

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. The PPG met every other month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice informed patients of the reasons

Are services well-led?

Good

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

appointments can overrun and result in delays to be seen. We saw the practice had placed notes around the waiting areas to inform patients of some of the reasons why there are sometimes delays in appointment times.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in a clinical commissioning group (CCG) led initiative called Choice Plus which provided additional GP appointments for patients with acute on the day problems at various locations in the county
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit and could be seen at the practice.
- The practice organised PPG healthcare events on average twice yearly and included topics such as healthy living and heart disease awareness. We were told that the next event would be held in September 2016 and would be about supporting carers.
- The practice realised that their premises were not fit for purpose due to increase demands. They had utilised the premises to its full capacity and a specialist company are completing the purchase of a plot of land to build a more modern new practice to cater for the needs of the growing population. Once completed, the practice would have expanded by approximately three times of the size of the premises they are currently working from.