

# Chipping Surgery

## Quality Report

Symn Lane  
Wotton Under Edge  
Gloucestershire  
GL12 7BD  
Tel: 01453 842214  
Website: [www.thechippingsurgery.co.uk](http://www.thechippingsurgery.co.uk)

Date of inspection visit: 29 September 2016  
Date of publication: 10/11/2016

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	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Chipping 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 Chipping Surgery on 29 September 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.
- The practice was participating in a research programme for the early identification of patients at risk of stroke. There was a monitor in the waiting area where patient could place their hands on the machine and this would inform them if they were at risk or not. If patients were at risk, they would be referred for further treatment.
- 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.

The areas where the provider should make improvement are:

- Review the location and provision of emergency medicines.

# Summary of findings

- Ensure that a legionella risks assessment (a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place) is carried out.

**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 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.

However,

- The location of the emergency medicines was not suitable as they were stored on a high shelf.
- Although the practice took actions to monitor legionella (bacteria which can contaminate water systems in buildings), a risk assessment had not been carried out.

Good



### Are services effective?

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.
- The practice was participating in a research programme for the early identification of patients at risk of stroke. As part of this research, they had a monitor in the waiting area where patient could place their hands on the machine and this would inform them if they were at risk or not. If patients were at risk, they would be referred for further treatment.
- 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.

Good



# Summary of findings

## Are services caring?

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.
- 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.

Good



## Are services responsive to people's needs?

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 took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial 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.
- An ultrasound clinic was hosted every other week so patients could access this service locally.
- The practice offered an SMS text message service for results and appointment reminders.
- The practice established a medicines delivery service for patients who were less mobile and had systems to monitor this system. They also provided a safe medicines compliance aid system for those patients who required assistance with taking their medicines.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.

Good



# Summary of findings

## Are services well-led?

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.
- 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 focus on continuous learning and improvement at all levels.

Good



# 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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in avoidance of admission to hospital and end of life care.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Patients on the hospital admission avoidance register were put through to their named GP immediately if they called for an urgent appointment.
- The practice arranged for home delivery of medicines. There were local medicines collection points in outlying villages for patients who found it difficult to attend the surgery to collect their medicines.

Good



### People with long term conditions

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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 93% which was above the clinical commissioning group of 90% and national average of 88%.
- 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.
- The practice supported some patients who had home monitoring through Telehealth (a system where information about the patient's condition is monitored remotely and the information sent to a clinician at the practice without the need for the patient to attend the practice).

Good



# Summary of findings

## Families, children and young people

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 patients 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 86% which was comparable to the clinical commissioning group average of 84% and national average of 82%.
- The practice held weekly "walk in" sexual health clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

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.
- 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 opening hours on Mondays from 6.30pm to 7.30pm and from 7.30am to 8am from Tuesdays to Fridays.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provided additional GP appointments for patients with acute on the day problems at various locations in the county.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations through social prescribing.
- 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.

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

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

- 91% 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 above the clinical commissioning group (CCG) average of 86% and the 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 100% compared to the CCG average of 93% and national average of 88%.
- 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.
- 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 were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and nineteen survey forms were distributed and 129 (a response rate of 59%) were returned. This represented 1.5% of the practice's patient list.

- 95% 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%.
- 96% 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 89% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 93% 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 37 comment cards, of which, 33 were all positive about the standard of care received and four had mixed reviews. Four comment cards contained mixed feedback and were not aligned with any patterns. Patients commented on the excellent service they received and highlighted that all staff at the practice were helpful and friendly.

We spoke with seven patients during the inspection. All seven 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 May 2016, where patients are asked if they would recommend the practice and for any additional comments regarding the services provided. The results showed 100% of respondents would recommend the practice to their family and friends.

# Chipping 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, an assistant Inspector and a member of the CQC Medicines Team.

## Background to Chipping Surgery

Chipping Surgery is a small rural dispensing practice which provides primary care services to residents in the town of Wotton Under Edge and surrounding villages. All patient services are located on the ground floor of the building. The practice also has three consulting rooms on the lower ground floor and there is level access to these.

The practice provides its services to approximately 8,500 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 location:

Symn Lane,  
Wotton Under Edge,  
Gloucestershire,  
GL12 7BD.

The practice has four GP partners and two salaried GPs making a total of approximately five whole time equivalent GPs. There are two male and four female GPs. The clinical team includes three practice nurses and two health care assistants, all of which are female. The practice management and administration team consist of a practice

manager, an accounts clerk, a senior medical secretary, one medical secretary, a senior medical receptionist, a reception manager, a medical record summariser and five receptionists.

The practice is approved for teaching medical students and training qualified doctors who wish to become GPs.

The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses medicines for approximately 5,500 patients and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary. The practice also employed a dispensary manager and three dispensers.

The practice population demographic shows there is a lower than average patient population aged between 20 to 39 years and higher than average patient population aged between 45 to 69 years and above compared with local and national averages. 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. It is important to remember that 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 79 and 83 years, which is in line with the national average of 79 and 83 years respectively.

The practice is open from 8.30am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closes at 5pm on Wednesdays. Extended hours are available from 6.30pm to 7pm on Mondays and 7.30am to 8.30am from Tuesdays to Fridays. When the practice is closed between

# Detailed findings

8am and 8.30am on Mondays and 5pm to 6.30pm on Wednesdays, calls are diverted to a call handling service (Message Link), which diverts any urgent calls to a designated member of staff at the practice.

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

## 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 29 September 2016. During our visit we:

- Spoke with a range of staff including four GPs, one health care assistant, two practice nurses, the dispensary manager, two dispensers, the practice manager, the reception manager and two receptionists.
- We also spoke with patients who used the service and three members of the patient participation group.

- 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 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, a young diabetic patient's parent contacted the practice to seek advice due to the young patient being unwell for 48 hours. A urine test was carried out which highlighted abnormal results. However, the clinicians at the practice were unsure of the significance of the result and the appropriate course of action. The practice referred the patient to appropriate specialist services and subsequently the patient was admitted to hospital. The practice researched the parameters of normal urine results for diabetic patients, highlighting the range when clinicians should be concerned and take immediate actions. This information was laminated and made available to all clinicians at the practice and discussed at clinical meetings.

### 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 and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room 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 practice nurse was 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, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines in the dispensary and treatment rooms were stored securely and there was an expiry date checking process in place. There were systems in place to monitor the temperature of all the fridges and staff took appropriate action when they recorded temperatures outside of normal ranges.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe

## Are services safe?

prescribing. Staff had completed a number of dispensary audits including one looking at uncollected prescriptions. These resulted in changes to improve patient safety.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions and authorisation for nurses or other staff who are competent to administer certain medicines but not authorised to prescribe. This enables 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 certain vaccines and medicines against a patient specific prescription or direction (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.
- Processes were in place for handling requests for repeat prescriptions which included reviews of high risk medicines. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions. We were told that the practice had recently reviewed their repeat prescription process to further improve patient safety.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents relating to medicines were raised as significant events and 'near misses' were recorded in line with a standard operating procedure. These incidents were reviewed to make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had opportunities for continuing learning and development. Dispensary staff showed us a comprehensive range of standard operating procedures which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines).

These were up to date and accurately reflected current practice. The dispensing process was safe and effective. Staff used a bar code scanner to double check dispensed items matched what was prescribed. The practice signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients and help ensure processes were suitable and the quality of the service was maintained.

- The practice established a delivery service for patients who were less mobile and had good systems to monitor how these medicines were managed. They also provided a safe medicines compliance aid system for those patients who required assistance with taking their medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

### 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 and a poster in the corridor on the lower ground floor 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.
- The practice did not have a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw the practice sent water samples for testing and had certificates to show that their water system was safe.

## Are services safe?

The practice immediately arranged for an external contractor to carry out a legionella risk assessment and showed us evidence to confirm this had been arranged to take place in October 2016.

- 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 an automated external defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available in the reception area.
- There were emergency medicines available in the practice and these had been recently reviewed to ensure they were appropriate.
- Emergency medicines were accessible to staff and they knew of their location. All the emergency medicines we checked were in date. The location of the emergency medicines was not suitable as they were stored on a high shelf in the reception area. Staff would have to stand on a stool to reach this in an emergency situation.
- 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 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 showed 98% of the total number of points available were achieved which was comparable to the clinical commissioning group (CCG) of 98% and above the national average of 95%. The practice's exception rate overall was 6% which was below the CCG 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).

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%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last two years, one of these was completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice held daily morning meetings among the GPs where they discussed referrals and complex cases to share their expertise.
- The practice was participating in a research programme for the early identification of patients at risk of stroke. As part of this research, they had a monitor in the waiting area where patient could place their hands on the machine and this would inform them if they were at risk or not. If patients were at risk, they would be referred for further treatment. The practice have had this monitor in place for approximately three months and since then, had identified and diagnosed three patients at risk of stroke and are now on appropriate treatment. The PPG and the practice also told us they had promoted this service by placing an article in the local paper so that patients were aware this service was available.
- Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audits included ensuring patients who are taking medicines for thyroid problems are followed up appropriately and their medicines dosage reduced if their blood results are outside of the recommended parameters. Clinical audit and re-audits showed that the number of patients requiring follow up was decreasing due to close monitoring.

Information about patients' outcomes was used to make improvements such as:

- Developing an information leaflet for patients who had been prescribed a short term course of Benzodiazepines (a group of medicine usually prescribed for the short term relief of severe anxiety) and advising them of the benefits of stopping those medicines as soon as possible to avoid the risks of dependence.
- One of the GPs had a special interest in dermatology and minor surgery. The practice was able to offer these services locally.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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.
- 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.

### 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. Patients were signposted to the relevant service and to the social prescribing co-ordinator.
- Smoking cessation advice was available from the nursing team.

The practice's uptake for the cervical screening programme was 86%, 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

## Are services effective? (for example, treatment is effective)

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 67% 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 76% 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 96% to 100% compared to the CCG average of 90% to 96%; and five year olds ranged from 99% to 100% compared to the CCG average of 90% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.
- Some GP home visits for patients on end of life care were undertaken by two GPs to ensure they supported each other, especially for complex cases. They also provided their personal phone numbers to those patients for support and advice.

We received 37 comment cards, of which, 33 were all positive about the standard of care received. Four comment cards contained mixed feedback but did not contain any negative trends. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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 comparable for its satisfaction scores on consultations with GPs and above average for nurses. For example:

- 90% 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%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% 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%.
- 90% 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%.
- 99% 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.

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 local and national averages. For example:

- 92% 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%.
- 89% 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%.
- 95% 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%.

## Are services caring?

Results from the national GP patient survey showed patients rated the services offered by the nursing team higher than local and national averages on several aspects. For example:

- 98% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 98% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 98% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 98% and national average of 97%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

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 281 patients as carers (approximately 3% of the practice list). We were told that the PPG supported the practice at their last flu campaign to encourage patients to register as carers. The practice also told us that they had arranged for the PPG, Carers Gloucestershire and Village agents (Village agents work with the over 50s in Gloucestershire to provide access to information which would enable them to make informed choices about their present and future needs) to attend their flu campaign in October this year. Written information was available to direct carers to the various avenues of support available to them.

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.

# 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 took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial 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.

- The practice offered extended opening hours on Mondays from 6.30pm to 7.30pm and from 7.30am to 8am from Tuesdays to Fridays for working patients who could not attend during normal opening hours.
- The practice offered a SMS text message service for results and appointment reminders. Some patients commented that they found this service useful as it avoided having to ring the practice for their results.
- 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.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines. For example, the dispensary staff were able to offer medicines compliance aid boxes for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was safe.
- The practice had arranged a medicines delivery service for patients to secure collection sites in surrounding villages. Appropriate risk assessments had been undertaken for these sites and security and confidentiality had been assured. The surgery had a safe process to ensure prescriptions were tracked between the delivery sites and the dispensary.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.

- GPs offered a confidential 'teenage walk in clinic' once per week for support and advice on a range of sexual health issues.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8.30am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closed at 5pm on Wednesdays. When the practice was closed between 8am and 8.30am on Mondays and 5pm to 6.30pm on Wednesdays, calls were diverted to a call handling service (Message Link), which diverts any urgent calls to a designated member of staff at the practice. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultation were also available for patients 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. The practice had ensured there were enough GPs and adequate appointments available to respond to the needs of their population. This was reflected in the practice's GP patient survey results on patients' satisfaction on how they could access care and treatment at the practice.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 95% 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%.
- 95% 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%.
- 96% 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 89% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

People 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 had adopted a GP triage system where patients would be contacted to assess their medical needs and either an appointment, telephone consultation or a home visit would be offered. The practice informed us that due to the early appointments available, the GPs were able to undertake home visits usually before 12pm and patients did not have to wait until the afternoon for a visit. 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. 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 in the practice's information leaflet, the waiting area and on the practice's website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way 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, a patient complained that they had been waiting in the lower ground floor waiting area for over half an hour for her appointment and had not been called. They had to go to the reception desk on the ground floor to see a receptionist about this. The practice contacted the patient to apologise and highlighted that they had been waiting for a check in screen from the CCG. However, so that this did not happen again, they had fitted a door bell in the lower ground floor waiting area so that patient could call for assistance if they needed it.

# 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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that the attitude and communication between staff and patients supported the practice's ethos, of delivering a caring and compassionate service to ensure that patient experience was positive.
- The partners had ensured there were enough GPs in the practice to provide adequate appointments to respond to the needs of the practice's population and this was reflected in the patients' satisfaction on how they could access appointments at the practice.

### 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that the practice did not have a legionella risk assessment; although they had

been taking steps to ensure the water systems were safe. Once identified the practice took action and arranged for a specialist contractor to undertake the risk assessment in October 2016.

### 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.

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 used to hold regular team meetings and these had been changed to heads of department meetings. Heads of department would then cascade the information to their respective team members and minutes of those meetings were available. However, not all staff felt this worked for them.
- 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 the practice held social weekends away for all staff at least once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, when patients fed back that they found using the online services difficult to use, the PPG drafted some changes to help with access for online users. The PPG told us that the practice implemented those changes.
- 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.

- The dispensary carried out a patient satisfaction survey and had responded to the feedback received. For example, the practice had maintained telephone orders for frail patients so that those patients could easily order their repeat prescriptions and medicines.

## 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 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.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.