

Kingsholm Surgery

Quality Report

Alvin Street
Gloucester
Gloucestershire
GL1 3EN

Tel: 01452 522902

Website: www.kingsholmsurgery.co.uk

Date of inspection visit: 7 November 2016

Date of publication: 10/01/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Kingsholm Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsholm Surgery on 7 November 2016. Overall the practice is rated as requires improvement.

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. However, safety alerts were disseminated to relevant staff members but there was no system in place to log and record any actions taken.
- The practice did not have an up to date completed fire risk assessment, no fire drills had been undertaken and fire procedures were not displayed in patient areas. There was no log in place to check emergency medicines and equipment; we found that one of the two oxygen cylinders was empty.
- 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. However, we found that staff had not completed the following mandatory training: infection control and fire safety. Staff members' appraisals had lapsed and had not been completed for two years.
- 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.
- The practice provided patient access to urgent appointments which were scheduled for the same day and routine appointment could be scheduled within one week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Complete a fire risk assessment, detailing and undertaking any relevant actions as required, fire drills must be undertaken at the frequency identified within the fire risk assessment. Fire procedures must also be visible for patients.
- The practice must complete a risk assessment for non-clinical staff who act as chaperones but do not have a Disclosure and Barring Service (DBS) check.
- Establish and operate an effective system to check, manage and mitigate the risks associated with the emergency equipment and medicines.

- The provider must implement and undertake appraisals for all staff and ensure all mandatory training including infection control and fire safety is completed by all staff.

In addition the provider should:

- Ensure that safety alerts are logged with actions taken recorded and discussed at relevant staff meetings.
- Continue to monitor and improve outcomes for patients with long term conditions.
- Improve their identification of carers.
- Establish patient participation engagement within the practice to ensure feedback is proactively sought.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there were areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, at the time of our inspection the significant event policy was under review. Safety alerts were disseminated to relevant staff members however there was no system in place to log and record any actions taken. Lessons learned were not communicated widely enough through documented staff meetings to support improvement.
- 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 to keep patients safe and safeguarded from abuse. All staff who acted as chaperones were trained for the role however, not all staff 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).
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not have an up to date completed fire risk assessment, no fire drills had been undertaken and fire procedures were not displayed in the waiting room. There was no log in place to check emergency medicines and equipment; we found that one of the two oxygen cylinders was empty.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there were areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average. The practice Quality and Outcomes Framework (QOF) results for 2014/15 showed that the practice was performing below average for patients with clinical conditions such as diabetes and mental health. (QOF is a

Requires improvement



Summary of findings

system intended to improve the quality of general practice and reward good practice). We were advised that this was partly due to incorrect coding and new processes had been implemented to improve care for these conditions.

- 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. However, we found that staff had not completed the following mandatory training; infection control and fire safety. Staff members appraisals had lapsed and had not been completed for two years.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 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 (CCG) to secure improvements to services where these were identified. For example, the CCG pharmacist visited the practice once a week as part of a prescribing initiative plan to reduce antibiotic prescribing.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.

Good



Summary of findings

- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or social isolation 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 provided a regular GP visiting service and urgent care to a local care home and nursing home. A named GP or deputy visited fortnightly to provide a “ward round review” and assess all new residents on admission.
- 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.

Are services well-led?

The practice is rated as requires improvement 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. However, the significant event policy was in the process of being reviewed.
- 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. However, the practice had a number of areas to improve the governance of such as in relation to fire safety, training, staff appraisals, management of emergency equipment and the chaperone procedure.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken, although this was informal and needed to be documented through staff meeting minutes.

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice were in the process of trying to form and engage a patient participation group.
- There was a 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

The practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice. For example,

- 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 dementia, influenza, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had access to a named GP to enable continuity of care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for overall diabetes related indicators in 2014/15 was 73% which was below the clinical commissioning group average of 95% and above the national average of 89%. Over the past two years there had been significant staff changes triggered by some members of staff retiring. The practice had employed a health care assistant to support the practice nurses.

However, there were examples of good practice. For example,

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Requires improvement



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

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice. For example,

- 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 Accident and Emergency (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 women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years in 2014/15 was 89% which was above both the clinical commissioning group average of 84% and the national average of 82%.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice. For example,

Requires improvement



Summary of findings

- 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.
- Telephone consultations were available for patients who may not need to be seen at the practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice. For example,

- The practice registered patients living in vulnerable circumstances including homeless people, travellers 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.
- 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 displayed information for carers in the waiting room and offered carers health checks.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The provider was rated as requires improvement for safe, effective and well led. The provider was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

However, there were examples of good practice. For example,

- 83% 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 comparable to both the clinical commissioning group average (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was 80% which was below both the CCG average of 97% and national average of 82%.
- 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 to follow up patients who had attended emergency A&E 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 on July 2016. The results showed the practice was performing above and in line with local and national averages. Two hundred and fifty-five survey forms were distributed and 122 were returned, a completion rate of 49% (which represents 2.7% of the patient population).

- 89% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 92% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and a 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 a CCG average of 83% and a national average of 79%.

- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients commented on the professional, helpful and caring service they received from the GPs and staff at the practice. Five of the comment cards although positive also advised that they it was difficult to get routine appointments.

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

Kingsholm 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 CQC Assistant Inspector.

Background to Kingsholm Surgery

Kingsholm Surgery is a GP practice located in Gloucester city centre. The premises are wheelchair accessible with consultation and treatment rooms available on the ground floor. The practice list has significantly increased within the past few years with additional patients registering with the practice through patient recommendations.

The practice provides general medical services to approximately 4,500 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (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 has two GP partners and one salaried GP (two female and one male) which is equivalent to approximately two full time equivalent GPs. The clinical team includes a practice nurse and a health care assistant. The practice manager is supported by a team of nine receptionists, secretaries and administrators.

Information from Public Health England 2015 shows the practice population age distribution is comparable to both local and national averages. The practice cares for patients from different cultural backgrounds with approximately 89% of patients registered being white British.

The practice is located in an area with high social deprivation and is placed in the third most deprived decile by Public Health England. The prevalence of patients with a long standing health condition is 63% compared to the local clinical commissioning group (CCG) average of 55% and the national average of 54%. People living in more deprived areas and those with long-standing health conditions tend to have greater need for health services.

The practice is open from 8.30am to 1pm and 2pm to 6pm Monday to Friday. Appointments are available from 8.30am to 1pm in the morning, and 2pm to 6pm in the afternoon. During the following periods; 8am to 8.30am, 1pm to 2pm and 6pm to 6.30pm every weekday, telephone calls are 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. Appointments can be booked up to three months in advance and urgent on the day appointments are also available.

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following address:

Alvin Street
Gloucester
Gloucestershire
GL1 3EN

Detailed findings

This was the second inspection of Kingsholm 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 7 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, a practice nurse and two members of the reception teams.
- We spoke with nine patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 46 comment cards where patients 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 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. However, at the time of our inspection the significant event policy was under review.
- Safety alerts were disseminated to relevant staff members however there was no system in place to log, analyse and record any actions taken.

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, following an incident of a patient being verbally abusive to the reception team, the practice was arranging for panic buttons to be installed in reception and the consultation rooms, this was in addition to the keyboard panic button already in place. The incident was discussed and staff reminded to call the police if they felt threatened by a patient.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices 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. The practice nurse was trained to level two and all administration staff were trained to a minimum of child safeguarding level one.

- A notice in the waiting room and in all consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Not all staff 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). We were advised that the chaperone policy and recent in house chaperone training highlighted that chaperones must not be left alone at any time with patients.
- 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 and staff had received training although for most staff training had not been undertaken since 2013 and there was no training plan in place to update. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing emergency medicines and equipment and we were advised that these were both checked on a monthly basis. However these needed to be reviewed to ensure patients safety. For example, we observed that one of the two oxygen cylinders were empty and that there was no log in place for staff to sign that the emergency medicines or equipment had been checked. We checked the

Are services safe?

emergency medicines on the day of our inspection and found stock held to be appropriate and in date. A replacement oxygen cylinder was immediately ordered and replaced within 24 hours of our visit.

- 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 local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The CCG pharmacist visited the practice once a week as part of a prescribing initiative plan. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) 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. The practice health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. A PSD is a written instruction, 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 did not have a fire risk assessment, no fire drills had been undertaken and fire procedures were not displayed in patient and public areas. . 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system 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 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 and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.
- The practice had a comprehensive business continuity plan 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 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 87% of the total number of points available. The practices overall exception rate was 8% which is below the 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 an outlier for the following clinical conditions; diabetes and mental health. The GP specialist advisor investigated this further during the inspection. They looked into the clinical care and measures to taken to complete reviews for these patients and found the care to be appropriate. We were advised that this was partly due to incorrect coding on the new practice system. A manual check sheet had been introduced for GPs to complete to ensure coding was being entered correctly, these were routinely checked by an administrator. The practice had changed their recall system for diabetic patients to ensure that they were all contacted automatically for an annual review.

Data from 2014/15 showed:

- Performance for diabetes related indicators were below both the local and national averages, for example:
- The percentage of patients with diabetes whose last blood pressure reading (in the last 12 months 2014/15) was 57% which was below both the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- The percentage of patients with diabetes who had a foot examination and risk classification (in the last 12 months 2014/15) was 69% which was below both the CCG average of 90% and the national average of 88%.
- Performance for mental health related indicators were below both the local and national averages at 80% which was below both the CCG average of 97% and the national average of 82%.
- The percentage of patients with dementia whose care plan has been reviewed in the last 12mths (2014/15) was 83% which was comparable to both the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last two years, three of these were completed audits where the improvements 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, the practice carried out an antibiotic prescribing audit 2014. In order to reduce their antibiotic prescribing, the lead GP downloaded and discussed various educational materials with the team. A reaudit undertaken in 2015 showed that the practice had decreased their antibiotic prescribing by 21%.

Information about patients' outcomes was used to make improvements such as: due to increased demand for appointments during the winter months the practice adapted their appointment system to increase urgent appointments over the winter to meet patient need.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. The practice nurse had recently completed a respiratory course and the health care assistant was scheduled to undertake a spirometry course.
- 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 meetings and informal 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. Staff member's appraisals had lapsed and had not been completed for two years.
- Staff received training that included: safeguarding, equality and diversity, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice was awaiting installation of a new online training system to ensure that all mandatory training was available to staff members. However, we found that staff had not completed the following mandatory training updates in infection control and fire safety.

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.

Supporting patients to live healthier lives

The practice identified patients who might 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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- Dietary and smoking cessation advice was available from local support groups.

The practice's uptake for the cervical screening programme was 89%, which was above both the CCG average of 84% and the national average of 82%. There was a policy to telephone patients who did not attend for their cervical screening test to remind them to schedule an appointment. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were

Are services effective?

(for example, treatment is effective)

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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 73%, which was comparable to both the CCG average of 76% and the national average of 72%. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 59% which was comparable to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 98% compared to CCG averages of 90% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 89% to 100% compared to CCG averages 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.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Five of the comment cards although positive also advised that they it was difficult to get routine appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients who said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to national and local results for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 86% 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%.

- 96% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 85% 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%.
- 90% 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. We saw notices in the reception areas informing patients this service was available. In excess of 50 alternative languages could be selected to translate the patient website.
- Information leaflets were available in easy read format.
- The practice had a hearing loop in reception to assist patients with hearing aids.

Patient and carer support to cope emotionally with care and treatment

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 40 patients as carers (0.8% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. There was a carer's folder available in the waiting room and all carers were offered annual health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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. For example, the CCG pharmacist visited the practice once a week as part of a prescribing initiative plan to reduce antibiotic prescribing.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or social isolation 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.
- Monthly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice provided a regular GP visiting service and urgent care to a local care home and nursing home. A named GP or deputy visited fortnightly to provide a "ward round review" and assess all new residents on admission.

Access to the service

The practice was open from 8.30am to 1pm and 2pm to 6pm Monday to Friday. Appointments were available from 8.30am to 1pm in the morning, and 2pm to 6pm in the afternoon. During the following periods; 8am to 8.30am, 1pm to 2pm and 6pm to 6.30pm every weekday, telephone calls were diverted to the practice's call handling service (Message Link). They referred urgent matters to the practice that had members of staff on standby to respond to issues if needed. Appointments could be booked up to three months in advance and urgent on the day appointments are also available.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 79%.
- 89% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them, with the exception of five comment cards which advised it was difficult to obtain a routine appointment.

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.

Patients requiring home visits were added to the GP morning list and where appropriate the duty GP would telephone the patient prior to the home 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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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. There were complaint leaflets available from reception and details were available on the practice website.

We looked at five 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, a complaint

was received from a patient who was unhappy at having to receive travel vaccines at another surgery as the practice was unable to facilitate due to lack of appointments and not being advised of the fee for this service. The practice investigated this complaint, apologised to the patient and updated their travel vaccine information. The practice had placed notices in the waiting room advising patients to book their travel vaccine appointments in advance of travelling to ensure they were able to get an appointment. The practice also updated their website to advise patients to book in advance and also that the vaccine may incur a fee.

Are services well-led?

Requires improvement 

(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 provide high quality primary care in a safe and timely fashion. The practice aimed to always treat their patients with respect.

- The practice had a mission statement which was available to staff on the practice intranet 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.

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 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. However, at the time of our inspection the significant event policy was under review and incomplete.
- 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, the practice had a number of areas to improve the governance of, such as in relation to: fire safety, training, staff appraisals, management of emergency equipment and the assessment of staff who are chaperones.

Leadership and culture

On the day of inspection the partners in the practice 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 practice had sustained significant staffing changes due to

retirements over the past two years; there had been a complete turnover in GP partners and practice management. The practice had recruited a health care assistant to support the nursing team and a nurse practitioner to join the team in January 2017 at which point the staffing would be complete. The practice manager and partners were near the end of the process of reviewing and updating policies and procedures to reflect the changes.

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. Safety alerts were disseminated to relevant staff members however there was no system in place to log and record any actions taken. 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 people 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 and staff felt supported by management.

- Staff told us the practice held monthly 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 building events were held twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

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

- The practice were in the process of trying to form and engage a patient participation group and were working collaboratively the clinical commissioning group (CCG) to achieve this.
- The practice had gathered feedback from staff through staff meetings and discussion.
- Staff told us that due to a changeover in management, staff members' appraisals had lapsed and had not been completed for two years.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example; the practice nurse had informed the practice manager that they felt more clinical support was required for the nurses. The

partners and practice manager recruited and trained a health care assistant in response to this concern. 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 CCG pharmacist visited the practice once a week as part of a prescribing initiative plan to reduce antibiotic prescribing.
- A health care assistant was recruited to support the practice nurses.
- The practice installed a new computer system and manual checks were put in place to ensure coding on the system was correct; this was overseen by an administrator.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment</p> <p>12.-(1) Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found the registered person had failed to complete a fire risk assessment, detailing and undertaking any relevant actions as required, fire drills had not been undertaken and fire procedures were not visible for patients in the waiting room.• The practice had failed to establish and operate an effective system to check, manage and mitigate the risks associated with the emergency equipment and medicines. There was no log in place to check emergency medicines and equipment; we found that one of the two oxygen cylinders was empty. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Good Governance</p>

Requirement notices

17.—(1) Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part.

How the regulation was not being met:

We found the registered provider did not have effective systems or processes in place in relation to ensuring full staff completion of mandatory training and completion of risk assessments such as fire and DBS.

- The practice had failed to complete a risk assessment for non-clinical staff that acted as chaperones but did not have a Disclosure and Barring Service (DBS) check.
- The practice had failed to ensure that all staff had completed the following mandatory training updates in infection control and fire safety.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 (2)(a)HSCA 2008 (Regulated Activities) Regulations 2014
Staffing

18- (2) Persons employed by the service provider in the provision of a regulated activity must-

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

- We found the registered person did not have effective appraisal procedures in place to ensure persons employed all received a formal written appraisal.

This was in breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.