

# Dr Weir & Partners

## Quality Report


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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Weir & Partners on 25 November 2015. Overall the practice is rated as outstanding. This includes all patient groups.

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.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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. We found the premises to be clean and tidy.
- 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 practice had signed up to the compassion in practice campaign.

We saw several areas of outstanding practice:

# Summary of findings

- The practice identified alternative funding opportunities to fund additional services such as exercise classes, counselling and acupuncture.
- The practice was aware of the poor public transport network in Minchinhampton and responded by arranging transport for patients with mobility issues.
- The practice had won a quality award from the Primary Care Respiratory Society for the work it had undertaken to improve staff training, equipment and patient pathway from diagnosis to treatment at the practice.
- The practice funded additional training for staff, for example, masters in science in respiratory care for the senior nurse practitioner, masters in science in health informatics and in management for the practice manager.

**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.

Good



- 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 there were safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

### Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data showed that patients rated the practice higher than others for almost all aspects of care. For example 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to a clinical commissioning group average of 98% and a national average of 97%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.

# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we saw a member of the nursing team reassuring a young patient with complex needs who was anxious having the flu vaccination.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patient's needs. For example the practice was working closely with NHS England and the patient participation group (PPG) to acquire new premises to meet the needs of its local population.
- There were innovative approaches to providing integrated person-centred care. For example the practice provided space for counselling and acupuncture services to its patients which were underwritten by the charitable trust.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice installed two information screens in the waiting area following feedback from the PPG that this would benefit patients.
- Patients could access appointments and services in a way and at a time that suited them. The practice had an automated telephone system where patients could book an appointment at any time. Patients could still access a member of reception staff during the practice's opening time. The practice also offered online appointment booking.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

**Outstanding**



# Summary of findings

## Are services well-led?

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

- It 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 this.
- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example, the practice had set up a twitter account so that it can improve communication with patients.

**Outstanding**



# 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 outstanding for the care of older people. They are rated outstanding in their caring, responsiveness and well-led to patients' care.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- It invited patients for a health check when they reach the age of 75 to ensure their health and social needs were met. All patients over the age of 75 had a named GP.
- The practice's patient participation group organised a volunteer transport service to assist patients to attend GP and hospital appointments due to poor public transport in Minchinhampton.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. They are rated outstanding in their caring, responsiveness and well-led to patients' care.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, one of the GPs and the senior nurse practitioner were trained in insulin initiation.
- The practice achieved 98% of the targets for care of patients with diabetes in 2014/15 which was above the clinical commissioning group average of 95% and a national average of 89%.
- The practice offered a full phlebotomy and international normalised ratio (INR) service every day.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that 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 operated a formal appointment recall system for patients with long-term conditions and patients who did not attend were followed up by text message or letter.

Outstanding



# Summary of findings

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young patients. They are rated outstanding in their caring, responsiveness and well-led to patients' care.

- 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 achievement for cervical screening was 88% which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The waiting area had recently been refurbished to provide a brighter and more welcoming area for children.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Flu immunisation clinics were held during half term to avoid parents having to take children out of school. At risk group were invited by letter or text message for flu immunisation and patients who did not attend were sent reminders.
- A drop in 'Under 25' clinic is held two evenings a week where patients aged between 13 and 25 can get confidential advice and information on sexual health.
- The practice had registered 35 young patients with complex needs living in a local residential home following the closure of another practice. The practice also had a lead GP for this home to provide continuity of care.
- The practice had set up a twitter account to improve communication with younger patients

Outstanding



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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). They are rated outstanding in their caring, responsiveness and well-led to patients' care.

- 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.

Outstanding





# Summary of findings

- 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. For example, a drop in 'Under 25' clinic was held two evenings a week.
- Patients could request to view their records and test results online.
- Patients could book, check or cancel appointments at any time using the telephone automated system and could also request repeat prescriptions with a PIN.
- Extended hours were offered and patients could book appointment as early as 6.15am on a Monday and until 8.15pm on a Wednesday.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. They are rated outstanding in their caring, responsiveness and well-led to patients care.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. At the time of our inspection, the practice register had 91 patients with a learning disability. Data for the year 2014/2015 showed that 92% of patients with learning disability had an annual review.
- There was a lead GP who ensured patients were offered annual health checks. Patients living in residential and nursing homes were offered flu vaccinations either at home or at the practice.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told 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 arranged specific training for staff to improve its services to patients whose circumstances may make them vulnerable, for example, staff recently attended 'What is Autism' training.

Outstanding



# Summary of findings

- The practice used picture reference to help patients with limited communication understand treatment. For example, a photo of the practice nurse and a picture of an arm and needle were used to communicate with patients about flu vaccination or blood test and by whom this was going to be done.

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

The practice is rated as outstanding for the care of patients experiencing poor mental health (including people with dementia). They are rated outstanding in their caring, responsiveness and well-led to patients' care.

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Which was above the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months 04/2013 to 03/2014 was 97% which was well above the national average of 86%.
- The practice had developed a dementia template which was used for dementia annual review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice liaised with the community mental health team and provided a room for consultation so that patients could be seen at the practice.
- There was a lead GP for this population group and flexible appointment times were offered including same day emergency appointment and telephone consultation.
- It 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.
- It 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.

Outstanding



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The survey was completed between July and September 2014 and January to March 2015. The results showed the practice was performing well above local and national averages. Two hundred and fifty six survey forms were distributed and 129 were returned this was a 50% completion rate.

- 94% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 84% and a national average of 73%.
- 100% of patients found the receptionists at this surgery helpful compared to the CCG average of 90% and national average of 87%.
- 95% 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 90% and a national average of 85%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and a national average of 92%.

- 92% of patients described their experience of making an appointment as good compared to the CCG average of 81% and a national average of 73%.
- 74% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and a national average of 65%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received and how excellent and proactive the care from all the staff at the practice was. Some patients commented on how they were always listened to even if appointments had over run.

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

## Outstanding practice

We saw several areas of outstanding practice:

- The practice identified alternative funding opportunities to fund additional services such as exercise classes, counselling and acupuncture.
- The practice was aware of the poor public transport network in Minchinhampton and responded by arranging transport for patients with mobility issues.
- The practice had won a quality award from the Primary Care Respiratory Society for the work it had undertaken to improve staff training, equipment and patient pathway from diagnosis to treatment at the practice.
- The practice funded additional training for staff, for example, masters in science in respiratory care for the senior nurse practitioner, masters in science in health informatics and in management for the practice manager.

# Dr Weir & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, and a practice manager specialist advisor.

## Background to Dr Weir & Partners

Dr Weir & Partners, also known locally as Minchinhampton Surgery, is a GP practice providing primary medical services under a General Medical Services (GMS) contract to the patients of Minchinhampton. (GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). Minchinhampton Surgery provides services from a 1970s purpose built building on one floor.

The practice delivered service from the following address:

Bell Lane

Minchinhampton

Stroud

Gloucestershire

GL6 9JF

The practice has a much higher population between the ages of 55 to 85+ than both the CCG and national average registered, while much lower in the 24-39 and 0-4 population ages. The practice serves a registered population of approximately 7500 patients.

The Practice has six partners which is equivalent to four and a quarter whole time equivalent and three partners are

female. The practice team include one prescribing nurse practitioner, three practice nurses, three healthcare assistants and a practice manager. The administrative team included four medical secretaries and seven receptionists. The practice supports both training and teaching of doctors. The practice had two qualified doctors training to be GPs working with them at the time of our inspection.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 10.40am every morning and 4pm to 6pm daily. Extended hours surgeries are offered on Mondays from 6.15am and on Wednesdays until 8.15 pm.

The practice has opted out of providing out of hours service to its patients. Patients are redirected to the out of hours service via the NHS 111 service.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Minchinhampton 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015. During our visit we:

- Spoke with a range of staff including two nurses, one healthcare assistant, one receptionist, two medical secretaries, the practice manager, five GP partners and one registrar and spoke with three patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff described a vaccination error which occurred. When this happened staff contacted the public health service to get advice on the course of action, reported this as a significant event, and informed the affected patient and their family about the incident. The practice revisited its processes and made appropriate changes to ensure this did not happen again.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. The staff we spoke with all knew who the safeguarding leads were

and described how they could access the practice safeguarding policies and procedures. GPs were trained in Safeguarding Adults and to Safeguarding level three for children.

- A notice in the waiting room and on the information screens advised patients that nurses would act as chaperones, if required. Notices were also present in consulting and treatment rooms except in one of the treatment rooms which had recently been redecorated. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior nurse practitioner 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had signed up to the 'Sign up to Safety', a Department Of Health national initiative to raise awareness and improve safety within the NHS. One of the partners lead on this initiatives and the practice's patient participation group actively participated in this initiative as well.

## Are services safe?

- We reviewed six personnel files and found that 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. The practice had an appropriate fire risk assessment in place. We noted that most of the control measures identified from the risk assessment were being taken. However, the practice had not carried out fire drills at regular intervals. This meant that evacuation of the building in the event of a fire, or other emergency, had not been tested. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, part time doctors covered GP sessions when there were shortfalls.

### 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 emergency alert and instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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.
- The practice used a set of electronic templates which prompted the GPs and nurses to complete all actions associated with a range of diagnoses.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the clinical commissioning group (CCG) and national average. The practice achieved 98% of targets compared to a CCG average of 95% and national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was above the CCG average of 85% and national average of 84%. The exception rate was 1%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.
- The dementia diagnosis rate was 83% which was below the CCG average of 85% but above the national average of 82%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had increased the competency of the health care assistants so that they were able to carry out more routine and non-routine tasks such as height, weight and blood pressure recording so that more clinical time could be allocated to patients to see the GPs and nurses. This is equivalent to approximately 12 full clinical days being used more efficiently per year.

Information about patients' outcomes was used to make improvements such as re-allocating some appointments where it would be more appropriate for patients to see a healthcare assistant instead of the practice nurse in order to maximise the use of clinical expertise.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and relevant courses and seminars.
- The practice also funded additional training for its staff, for example, it had funded a masters in science in respiratory care for the senior nurse practitioner, masters in science in health informatics and diploma level five in management for the practice manager.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and counselling. Patients were then signposted to the relevant service. Some services were underwritten by the charitable trust such as acupuncture, counselling, MOT75 which was an ongoing scheme supported by the trust where patients are contacted when they reach 75 to ensure their health and social needs are met, Active October where the trust promoted exercises such as free pilates and tennis sessions and an extend class which was an exercise class for patients over 65 years old.
- Smoking cessation advice was available from a local support group. Patients with diabetes and other appropriate patients were referred to a dietician.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for bowel screening was 77% which was above the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 93% compared to CCG averages of 67% to 95% and five

## Are services effective?

(for example, treatment is effective)

year olds from 79% to 87%. CCG ranged from 90% to 95% for five year olds. Flu vaccination rates for the over 65s were 79% which was above the national average of 73%, and at risk groups 44% which was below the national average of 52%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 18 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They 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. Both patients and staff expressed the service had a holistic approach and culture which put patients first. Patients also spoke highly of the relationships between them and the staff at the practice.

The practice operated a formal appointment recall system for patients with long-term conditions and patients who did not attend were followed up by text message or letter. Older patients over 75 had a named GP.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and 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 national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 95% 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%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and a national average 81%.

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. The practice arranged specific training for staff to improve its services to patients whose circumstances may make them vulnerable, for example, staff recently attended 'What is Autism' training. The practice also used picture reference cards when working



## Are services caring?

with patients with poor communication skills to enable those patients understand what was happening. For example, we were told how the senior nurse worked with a residential home for people with learning disabilities and used a picture of herself, an arm and a needle to communicate that she was there to either take blood sample or administer flu vaccination. Data for 2014/15 showed that 92% of patients with learning disability had an annual review.

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

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

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 2.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a lead GP and provided health checks for patients who were registered as carers. Appointments were also provided at convenient times for carers and the patient they were caring for.

We saw a member of the nursing staff reassuring a young patient with complex needs who was anxious about having flu vaccination.

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. Patients could also access a local counselling service at the practice which was underwritten by the charitable trust. The practice referred patients to the local hospice which provided support services.

The information from patients showed patients were positive about the emotional support provided by the practice staff. We were told by one patient on the comment cards how they were supported with a new diagnosis and referred to the appropriate services very quickly. They also told us that reception staff were empathetic and sensitive throughout their treatment and the GP were attentive and quick to respond to any questions they had.

The patients and staff we spoke with on the day of our inspection and the comment cards we received gave examples of how the practice was caring towards its patients.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had secured funds to facilitate relocation to more suitable premises which would better cater to the needs of the local population.

- The practice offered extended hours on a Monday morning from 6.15am and Wednesday evening until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. There was a lead GP who ensured patients were offered annual health checks. Patients living in residential and nursing homes were offered flu vaccinations either at home or at the practice.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had level access to all treatment and consulting rooms with automatic doors at the main front door.
- The practice realised its responsibilities to the patients and had set up a charitable trust which underwrites acupuncture and counselling services so that patients can access these services locally. It organised health checks for patients over 75 and exercise classes for patients over the age of 65. Those services were arranged either at the practice or within local facilities so that patients did not have to travel too far to access services that were beneficial to them.
- The practice's patient participation group (PPG) organised a volunteer transport service to assist patients to attend GP and hospital appointment and visit family members in hospital.
- The practice arranged for satellite clinics such as ultrasound, physiotherapy, psychiatry, and alcohol service to be held at the practice to assist older patients to have access to these services.

- The PPG had also helped to fund spirometry equipment, a dermatoscope and ECG machines so that this could be done at the practice rather than patients having to travel to Stroud which is about four miles away. This also beneficial for patients due to poor public transport around Minchinhampton.
- The practice had installed two information screens in its waiting area following feedback from the PPG that this would be beneficial for patients.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. GP appointments were from 8.30am to 10.40am every morning and 4pm to 6pm daily. Extended hours surgeries were offered on Mondays from 6.15am and on Wednesdays until 8.15 pm. Nurse appointments were available from 8.30am to 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. There was a telephone system in place where patients could book, check or cancel appointments and order repeat prescriptions at any time of the day or night. Patients we spoke with told us they found this very useful. Patients who preferred to speak with the receptionist could still do so during working hours. The practice also had information about how to use this service on their website along with some frequently asked questions. The practice offered same day emergency appointments and telephone consultation to patients experiencing poor mental health (including patients diagnosed with dementia)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and a national average of 73%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 81% and a national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and a national average of 65%.

## 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 on the practice website and leaflets in the waiting area to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found all were investigated thoroughly, dealt with in a timely way and patients received an apology when something had gone wrong. All the responses to complaints we saw were open and honest. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that when a problem occurred with a deferred home visit the patient who was affected received an immediate apology and the correct use of the deferred home visit system was reinforced to all GPs.

# Are services well-led?

Outstanding



(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 vision statement which staff knew. Staff understood the values of the practice and our discussions with them showed they were committed to delivering friendly, helpful and approachable services.
- The practice had a strategy and supporting business plan which reflected the vision and values. We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke and comment cards.
- Leaders within the practice had an inspiring shared purpose; they strove to deliver and motivate staff to succeed. We found the partners in the practice understood their role in leading the organisation and enabling staff to provide good quality care. For example, each partner had a lead area which enabled them to provide advice and support to staff and patients.
- Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups. For example, the practice had set up a twitter account so that it could improve communication with patients who used twitter. A member of the patient participation group told us they found this very useful.
- The lead nurse at the practice was supported by the GP partners within and outside of the service to take on a leadership role. An example of this is where the lead nurse was a member of the Gloucestershire clinical commissioning group practice nurse education and development group.

### 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

- GPs and staff had a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- There are high levels of staff satisfaction. Staff are proud of the organisation as a place to work and speak highly of the culture. There are consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.

### Leadership, openness and transparency

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

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

When there were safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Outstanding



(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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested the practice display photos of the GPs working in the practice with some details of their special interests. We saw the practice had implemented this. The practice also implemented suggestion to install information screens in the waiting area.

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

## **Continuous improvement**

There was a strong 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. The practice realised its responsibilities to the patients and had set up a Charitable Trust which underwrites acupuncture and counselling services so that patients can access these services locally. It organised health checks for patients over 75 and exercise classes for patients over the age of 65. The practice had also funded further education for their practice manager and practice nurse.