

Dr Nicholas & 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 | Good |  |
| Are services safe? | Requires improvement |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nicholas & Partners on 22 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure all staff have appropriate pre-employment checks prior to starting employment.

The areas where the provider should make improvement are:

- Ensure the security of prescriptions forms in printers are reviewed and addressed.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place.
- However, 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, not all staff had the required pre-employment checks.
- Prescription forms in printers were not secure when clinical rooms were unoccupied.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition to fortnightly meetings, the community health care team and primary care health team could discuss patients with a GP at any time as the practice had created a "Doctors Hub" room where there was always a GP available.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice provided additional appointments between January and March for all patients and those diagnosed with chronic obstructive pulmonary disease (COPD) had a specific 30 minutes review appointment to avoid unnecessary hospital admissions. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.
- Most 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- 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, we found that those policies were not always followed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified that they had a higher than average elderly population and in response employed a care co-ordinator who visited elderly patients who were at risks of hospital admissions and isolation and carried out reviews and liaised with other professionals to ensure older patients' health and social needs were being met. This showed good outcomes for older patients, for example, the number of emergency admissions for 19 ambulatory care sensitive conditions (conditions where effective community care and case management can help prevent the need for hospital admission) per 1,000 population (04/2014 to 03/2015) was 10% which was lower than the clinical commissioning group average of 12% and national average of 15%.
- The practice provided a blood testing service for patients on blood thinning medicines.

People with long term conditions

Good



The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 100% of the targets for care of patients with diabetes in 2014/15 which was above the clinical commissioning group average of 95% and above the national average of 89%.
- Practice data showed that 100% of patients with diabetes had a medicines review in the last 12 months (04/2015 to 03/2016)

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a systematic approach to reviews for patients with long-term conditions. There was a dedicated member of staff who had oversight of patients with long-term conditions and ensured patients were recalled for their annual reviews. Patients with multiple conditions were colour coded and were seen by a healthcare professional who was trained in those specific conditions, in a single appointment. This system also made it easier for patients to be booked in for an appointment when phoning the practice. The practice received recognition for this in a Royal College of General Practitioners publication in 2013

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 96% which was above the clinical commissioning group of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Appointments were available from 7.30am Monday to Friday. Extended hours were available from 6.30pm to 8pm on Wednesdays and 8am to 10.30am on the first and third Saturday of each month.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was above the clinical commissioning group of 86% and national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 97% which was above the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. The practice had a dementia lead GP who developed an annual dementia review form in conjunction with secondary care memory leadership team. The practice sought feedback on this form from patients and made necessary amendments. We were told that the CCG were planning to roll this form out to other practices countywide.
- The practice provided in house memory testing for the early identification and diagnosis of dementia. This resulted in increased prevalence of dementia and enabled the practice to offer patients and their carers access to appropriate support and treatment. For example, the practice's prevalence in dementia was 2% compared to the national average and CCG average of 1%. The practice also funded for one of the healthcare assistant to complete a diploma in dementia care to enable them to offer memory testing, assessment and support.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. Two hundred and forty survey forms were distributed and 128 (53%) were returned. This represented approximately 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, 26 of which were all positive about the standard of care received. Patients told us that they received excellent and professional care and that they were treated with dignity and respect. The other five comments cards were a mix of positive and negative. Of these comment cards, two were about difficulties getting an appointment with a named GP, one was about historical difficulties getting an appointment and the other two were about dismissive attitude of some GPs.

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

We looked at the NHS Friends and Family Test for March 2016, where patients are asked if they would recommend the practice. The results showed an average of 91% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff have appropriate pre-employment checks prior to starting employment.

Action the service **SHOULD** take to improve

- Ensure the security of prescriptions forms in printers are reviewed and addressed.

Dr Nicholas & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Nicholas & Partners

Dr Nicholas & Partners also known locally as The Leckhampton Surgery is a GP partnership located about one and a half miles from Cheltenham town centre. The practice's premises are within an Edwardian house and has five treatment rooms and ten consulting rooms and has been extended over a number of years to accommodate the growing needs of the local population.

The practice provides its services to approximately 12,800 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following address:

17 Moorend Park Road

Cheltenham

Gloucestershire

GL53 0LA.

The practice partnership has nine GP partners making a total of approximately seven and a half whole time equivalent GPs. There are four male and five female GPs. The nursing team includes one nurse practitioner and four

practice nurses who were all female. The practice also employed two health care assistants, a care co-ordinator and a pharmacist. The practice management and administration team included a practice manager, an assistant practice manager, a patient services manager, an office manager, nine reception staff and six administration staff. The practice is approved for training qualified doctors who wish to become GPs and teaching medical and nursing students.

The practice had a higher than average patient population aged above 45 years old. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 82 and 86 years, which is above the national average of 79 and 83 years respectively.

The practice reception desk is open from 8.30am to 6.30pm Monday to Friday and there is a duty doctor on site from 7.30am. Appointments with a GP are from 7.30am to 6.30pm Monday to Friday. Patients have access to the building via the main door and can use the check in screen to inform the GP they have arrived for their appointment. The GPs always collect patients from the waiting area. Extended hours are available from 6.30pm to 8pm on Wednesdays, and 8am to 10.30am on the first and third Saturday of the month.

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

Detailed findings

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Dr Nicholas and Partners.

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 22 June 2016. During our visit we:

- Spoke with a range of staff including five GPs, three nurses, two healthcare assistants, the care co-ordinator, three members of the reception and administrative team and the practice manager.
- We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a child's parent reported that the treatment that was prescribed for asthma was not working, the practice found that the GP had prescribed a nasal spray instead of an inhaler. This was discussed with all prescribers in the practice and the formulary was reviewed to ensure prescriptions were clear when they were issued.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Health care assistants and nurses were also trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we found that two of the nurses had not received a DBS check. We were told that the practice had collated all the information required to carry out a DBS check but did not realise that they had not initiated the process as the member of staff handling this had left. The practice immediately initiated the process for DBS checks for the two members of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, blank prescription forms were not securely stored. For example, we found that prescription forms in printers were not secure during the day and the rooms were not always locked. Following

Are services safe?

our inspection, the practice reviewed its policy and we were told that they would be installing locks on the printers and had ordered these. There were systems in place to monitor the use of prescription forms. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

- Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had a dementia lead GP who developed an annual dementia review form in conjunction with secondary care memory leadership team. The practice sought feedback on this form from patients and made necessary amendments. We were told that the clinical commissioning group were planning to roll this form out to other practices countywide.

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 100% of the total number of points available. The practice's exception rate overall was 8% which was below the clinical commissioning group (CCG) of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

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

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

There was a systematic approach to reviews for patients with long-term conditions. There was a dedicated member of staff who had oversight of patients with long-term conditions and ensured patients were recalled for their annual reviews. Patients with multiple conditions were colour coded and were seen by a healthcare professional who was trained in those specific conditions, in a single appointment of appropriate length. This system also made it easier for patients to be booked in for an appointment when phoning the practice. The practice received recognition for this in a Royal College of General Practitioners publication in 2013.

The practice identified that they had a higher than average elderly population and in response employed a care co-ordinator who visited elderly patients who were at risks of hospital admissions and isolation and carried out reviews and liaised with other professionals to ensure older patients' health and social needs were being met. This showed good outcomes for older patients, for example, the number of emergency admissions for 19 ambulatory care sensitive conditions (conditions where effective community care and case management can help prevent the need for hospital admission) per 1,000 population (04/2014 to 03/2015) was 10% which was lower than the CCG average of 12% and national average of 15%.

The practice provided in house memory testing for the early identification and diagnosis of dementia. This resulted in increased prevalence of dementia and enabled the practice to offer patients and their carers access to appropriate support and treatment. For example, the practice's prevalence in dementia was 2% compared to the national average and CCG average of 1%. The practice also funded for a health care assistant to complete a diploma in dementia care to enable them to offer memory testing, assessment and support.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice measured their performance against practices in the area with similar patient demographics and disease prevalence. For example, the practice had the lowest anti-biotic prescribing in 2015/16 compared to nine other local practices.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the close monitoring of patients taking medicines for gout (a type of arthritis) and ensuring that those patients had received regular blood tests. For example, practice data showed that 82% of patients had the required blood tests in 2016, which was an improvement on the previous year (2015) where 79% of patients had the tests and 33% of patients in 2009.

Information about patients' outcomes was used to make improvements such as: changing the way patients were recalled for reviews to increase uptake to ensure effective monitoring of patients with chronic diseases.

Effective staffing

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

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

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition to fortnightly meetings, the community health care team and primary care health team could discuss patients with a GP at any time as the practice had created a "Doctors Hub" room where there was always a GP available.

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 people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. Older patients were visited by the care co-ordinator who liaised with other professionals to ensure their health and social care needs were being met.
- Smoking cessation advice was available from the nursing team. The practice's smoking cessation programme had been running for 20 years and practice data showed that the number of smokers registered at the practice has reduced from 16% in 1996 to 9% in 2013 and 4% currently.

The practice's uptake for the cervical screening programme was 96%, 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 70% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 83% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 76% to 97% compared to the CCG average of 72% to 96%; and five year olds ranged from 88% to 93% compared to the CCG average of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 31 patient Care Quality Commission comment cards we received, 26 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The other five comment cards were a mix of positive and negative comments. Of these comment cards, two were about difficulties getting an appointment with a named GP, one was about historical difficulties getting an appointment and the other two were about dismissive attitude of some GPs.

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

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 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%.
- 95% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 233 patients as

carers (2% of the practice list). The practice had a dedicated carers lead and we were told of examples where they used opportunities to identify carers and provide them with information that may be beneficial to them. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the winter resilience program. They provided additional appointments between January and March for all patients and those diagnosed with chronic obstructive pulmonary disease received a specific 30 minutes review appointment to avoid unnecessary hospital admissions. Practice data showed that 92 additional appointments were offered in January 2016, 97 in February and 102 in March 2016. Uptake of these appointments was 78% in January, 77% in February and 66% in March. The practice was also open on every Saturday between January and March and offered additional appointments as part of the program.

- The practice offered appointments from 7.30am in the morning from Monday to Friday and extended hours were from 6.30pm to 8pm on Wednesdays and 8am to 10.30am on the first and third Saturday of the month.
- 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.
- The practice could offer a routine appointment within two days and when there were increased demands for routine appointments, the practice implemented a contingency plan, where one additional appointment was added to each of the GPs sessions or an additional session was put on. Waiting times for routine appointments were monitored weekly by the partners.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided a blood testing service for patients on blood thinning medicines.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice reception was open from 8.30am to 6.30pm Monday to Friday and there was a duty doctor on site from 7.30am. Appointments with a GP were from 7.30am to 6.30pm Monday to Friday. Extended hours were available from 6.30pm to 8pm on Wednesdays, and 8am to 10am on the first and third Saturday of the month.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% 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.

The practice had a system in place to assess:

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

The practice operated a Doctor triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit as appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the complaints leaflet.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 19 complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient

complained that the information on the practice's website about booking an appointment for a specific clinic was not consistent with what she had been told when she telephoned the practice for the appointment, the practice reviewed the information on their website and made changes to clarify the process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we found that those policies were not always followed. For example, the policy on the security of prescription had not been followed to ensure prescription security in printers.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that two of the nurses had not received a DBS check.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was virtual and did not meet regularly. However, we were told by the patient's representatives that the practice used to have a PPG group who met regularly and due to

Are services well-led?

Good 

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

the practice's proactive nature in implementing changes for improvement, they felt there was not much else they could do and therefore became a virtual group with new members.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff fed back that one of the rooms had no windows and that it was not a pleasant environment to work in. When the practice had some building work carried out, they fitted windows to this room as a response to feedback from staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either the Gloucester Health Access Centre or Matson Lane surgery. The appointments were triaged at the practice and available under strict criteria and this resulted in greater emergency appointment availability for patients.
- The practice was an early adopter of pharmacist in practice and had employed a pharmacist since 2006. This contributed to effective medicine reviews for patients with long term conditions. For example, practice data showed that 100% of patients with diabetes had a medicine review in the last 12 months.

This section is primarily information for the provider

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>19.—(1) Persons employed for the purposes of carrying on a regulated activity must—</p> <p>(a) be of good character,</p> <p>(3) The following information must be available in relation to each such person employed—</p> <p>(a) the information specified in Schedule 3, and</p> <p>(b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered person had not retained the information specified in Schedule 3. The practice had not carried out DBS checks on two members of the clinical staff team could not be sure these staff were of good character. <p>This was in breach of regulation 19 (1) (a) and (3) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |