

# The Royal Crescent Surgery

## Quality Report

11 Royal Crescent  
Cheltenham  
Gloucestershire  
GL50 3DA

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Website: [www.royalcrescentsurgery.nhs.uk](http://www.royalcrescentsurgery.nhs.uk)

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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

**This practice is rated as Good overall.** (Previous inspection March 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Requires Improvement

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Royal Crescent Surgery on 8 November 2017 as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff ensured that care and treatment was delivered according to evidence- based guidelines.
- Although the practice had systems for the safe management of medicines, these had not been applied consistently to ensure that safety incidents were less likely to happen. For example, actions had not been taken when one of the three vaccine fridges operated outside of the required range.
- A number of patients had been excluded from reviews of their long term conditions, however, there was no clear rationale with regards to these exclusions.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

The practice recognised the needs of patients with dementia and had developed a template providing a summary of the consultation for patients living with dementia. This had been devised so that those patients had a record of their consultation to take home to aid their memory of the discussions held during their appointment.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way for patients with regards to vaccines and the monitoring of long term conditions.

The areas where the provider **should** make improvements are:

- Continue to improve the identification of carers so these patients receive appropriate support.

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

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# The Royal Crescent Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to The Royal Crescent Surgery

The Royal Crescent Surgery serves the whole of Cheltenham as well as some of the surrounding villages. They provide their services to a population of approximately 7,400 patients at the following address:

11 Royal Crescent

Cheltenham,

Gloucestershire

GL50 3DA

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice shows the practice is in the fourth 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 80 and 84 years, which is in line with the national average of 79 and 83 years respectively.

The practice is situated in the centre of Cheltenham with good access links. The building is spread over three floors with level access on the lower basement floor from the rear of the building. Clinical rooms are situated over the upper and lower floors.

The practice team consists of four GP partners and one salaried GP which is equivalent to approximately four whole time GPs. Three are male and two are female GPs. The nursing team includes a nurse practitioner, two nurse prescribers, one practice nurse and a health care assistant. The practice management team included a practice manager who is supported by an assistant practice manager and a range of reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.50am every morning and 2pm to 6pm daily which are variable according to demand on the day. Extended surgery hours had been suspended since January 2016 due to the temporary GP shortage. The practice told us that they had recently recruited a GP partner and were considering implementing extended hours in the near future. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed and at weekends the out of hours GP cover is provided by G-Care which patients can access via NHS 111.

The practice has a General Medical Services (GMS) contract to deliver health care services. (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)

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

The practice was rated as requires improvement for providing safe services because:

- The practice had not identified that one of the three vaccine fridges had been operating outside of the required temperature range and there was no evidence that appropriate actions had been taken to address this. This meant the practice could not ensure vaccines were safe and effective to use.

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, these had not been applied consistently to ensure vaccine fridges were monitored appropriately.

- The systems for managing medicines, including medical gases, and emergency medicines and equipment

## Are services safe?

minimised risks with the exception of arrangements for vaccines. The practice kept prescription stationary securely and monitored its use. We noted that one of the vaccine fridges had operated outside of the normal temperature ranges between August and November 2017. There was no evidence that actions had been taken to ensure the vaccines could still be used. Following the inspection, the practice sent us information on the actions they had taken. They had contacted the fridge manufacturer to investigate any potential defect with the fridge. The practice told us that if the fridge had been operating outside of the normal range for longer than 15 minutes, an alarm would have sounded to alert staff. As the alarm had not sounded, as a precaution the practice has emptied the fridge and monitored the temperature closely including undertaking a test to ensure the alarm is triggered should the fridge operate outside the normal range for 15 minutes or longer. They have also purchased a device to monitor the temperature of vaccine fridges over a 24 hours period. The practice also sent us evidence that they have contacted the manufacturer of the vaccines that were held in stock to check its effectiveness if they had been stored outside of the normal range. The practice had a plan to recall all patients who may have been affected by those vaccines, should those tests show that the vaccines were affected.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had received support from the clinical commissioning group pharmacist to audit antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a patient became unwell in the waiting area, the practice recognised that patients waiting for their appointment in the waiting area were not visible to a member of staff. They had therefore introduced CCTV to ensure patients were visible to a member of practice staff should they become unwell.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and for all population groups except for patients with long-term conditions where we rated the practice as required improvement.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group (07/2016 to 06/2017) was 1.57 which was comparable to the clinical commissioning group (CCG) of 1.03 and national average of 0.90.
- Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (07/2015 to 06/2016) was 1.05 which was comparable to the CCG average of 0.99 and national average of 1.01.
- The practice had systems and processes in place to ensure there was no discrimination when making care and treatment decisions.
- The practice used their computer systems to undertake searches of patients to undertake clinical audits and monitor performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as good.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- The practice had identified 160 patients over the age of 75 who had not been identified for needing other reviews, for example for a long-term condition. The practice had ensured that 97 of these patients had received either a blood pressure or blood test since April 2017.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group was rated requires improvement because:

- There were a high number of patients with their long-term conditions who had been identified as not being appropriate for condition reviews. However, there was limited rationale why those patients were not appropriate.
- Patients with long-term conditions who had received a review had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification was 91% compared to the clinical commissioning group (CCG) average of 92% and the national average of 90%.
- The percentage of patients with chronic obstructive pulmonary disorder (a chronic lung disease) who have had a review in the last 12 months (2016/17) was 93% compared to the CCG average of 93% and national average of 90%.

Families, children and young people:

This population group was rated good.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% or above. For example, the percentage of children under two years old receiving the



# Are services effective?

## (for example, treatment is effective)

recommended vaccines (2015/16) ranged between 82% and 89%. However, 100% of children aged one had the full course of recommended vaccines. Data from the practice for 2016/17, which was unverified, showed that the percentage of children under two years old receiving the recommended vaccines ranged between 91% and 97%.

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

This population group was rated good.

- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

This population group was rated good.

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) of 87% and national average of 84%.
- 91% of patients with severe mental health problems had a comprehensive care plan documented in their record in the last year (2016/17) which was below the CCG average of 94% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 93%; national 91%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed one complete cycle clinical audit where actions had been implemented and improvements monitored. For example, an audit of patients who had been prescribed the contraceptive pill was undertaken to ensure they had received regular health checks. The first audit identified that 19% of those patients had not had a blood pressure check and 51% had not had their Body Mass Index (BMI) recorded in the last 12 months. The practice removed all contraceptive pills from repeat prescriptions and only issued a small amount until the patient had attended for a review. A re-audit showed that 99% of patients had received a blood pressure check in the last 12 months and 98% had their BMI recorded.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was working with the CCG and other neighbouring practices to implement improvement initiatives such as improving patient access to a GP and sharing pharmacists to assist in the monitoring of medicines and prescribing patterns.

The most recent published QOF results showed the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate at the practice was 19% compared with the CCG average of 12% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The percentage of patients on the diabetes register with a record of a foot examination and risk classification

# Are services effective?

## (for example, treatment is effective)

was 91% compared to the CCG average of 92% and the national average of 90%. However, exception reporting rate was 15% which was above the CCG average of 10% and national average of 8%.

- The percentage of patients with chronic obstructive pulmonary disorder (a chronic lung disease) who had received a review in the last 12 months (2016/17) was 93% compared to the CCG average of 93% and national average of 90%. However, exception reporting rate was 28% which was above the CCG average of 13% and national average of 11%.
- The percentage of patients with a heart condition who have had their risk of stroke assessed in the last 12 months was 94% compared with the CCG average of 97% and national average of 97%. None of those patients were excepted.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, that includes an assessment of asthma control using a recognised assessment tool, was 81% compared with the CCG average of 76% and national average of 76%. Exception reporting rate was 24% which was above the CCG average of 9% and national average of 8%.

We discussed the areas of higher than average exception reporting with the practice and found that there was limited rationale where some patients had been excluded. The practice told us that some patients were excluded on the grounds that the recommended target treatment would not be achieved due to their age, being housebound or living in a nursing home.

The practice held regular meetings where the performance of the practice in relation to QOF was monitored by the management team. However, exception reporting was not discussed at those meetings and the areas of high exceptions had not been identified for further investigations. The practice recognised that they needed to explore this further to ensure patients received effective care and had therefore started an audit, during the inspection, of patients who had been excluded from reviews. Following our inspection, the practice sent us information where they had identified shortfalls in the way patients were excepted from reviews. In some cases, they identified that some patients had received the appropriate reviews after being excepted. For example, four patients received a review of their asthma after they were coded as

excepted on their computer record. The practice told us that they have implemented an action plan to rectify the issues identified. This included reviewing the existing policy on excepting patients, reviewing the current financial year's exception coding, exception coding would only be undertaken by clinical staff and re-auditing patients who have been excepted from reviews in two months' time to ensure the actions implemented were effective.

The practice had invested in a software package as it provided updated templates for chronic disease management and links to useful websites for patient information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

# Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. For example, the practice had undertaken an audit of patients at risk of developing diabetes to ensure all patients at risk have been identified and ensure that they were referred for a structured educational programme.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received seven Care Quality Commission comment cards, of which, six were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. One patient commented that it was difficult to get an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty-two surveys were sent out and 98 were returned. This represented about 1.4% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.

- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice also provided appointment cards in larger formats for patients who would benefit from these.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (approximately 1% of the practice list). The practice recognised that they could improve the number of patients identified as carers, and therefore had implemented a dedicated carers boards in the waiting area. They had also devised a carers information pack with information about the various avenues of support available for patients who were also a carer.

## Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

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

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.

- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups except for patients experiencing poor mental health (including patients living with dementia) where we rated the practice as outstanding.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments and Saturday flu vaccine clinics.
- The practice offered text messaging appointment reminders.
- The practice improved services where possible in response to unmet needs. For example, the practice improved their facilities to include baby changing facilities following patient feedback.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, appointments for patients with reduced mobility were arranged on the lower ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice participated in a clinical commissioning group led initiative called Choice Plus which meant additional emergency slots were available for patients at other GP practices participating in the initiative. The appointments were triaged at the practice and available under strict criteria which resulted in greater emergency appointment availability for patients.
- The practice had created a wall display in the reception area to inform patients of the various avenues of support available to them.

Older people:

This population group was rated good.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice provided medical support to patients living in two local residential care homes. They visited each home every two weeks. They had identified that the care homes required more regular and longer visits and had changed their visit plans so one home was visited every other week and not both once a fortnight.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

This population group was rated good.

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered blood monitoring service for patients on blood thinning medicines.
- The practice provided referrals to local weight management clinics and exercise classes for patients who could benefit from these.

Families, children and young people:

This population group was rated good.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice held monthly meetings with the health visitors where vulnerable children and pregnant women were discussed to ensure their health needs were being met.

# Are services responsive to people's needs?

## (for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had identified other organisations that can provide support, such as with mental health problems, to young patients.
- One of the receptionists had designed and painted a wall mural in one of the waiting areas to keep children and parents occupied and reduce the stress of waiting. They also provided crayons and paper, and encouraged children to draw pictures which were displayed in the reception area.

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

This population group was rated good.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example online services such as repeat prescription requests and advanced booking of appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- Reception staff had a list of patients with complex needs to ensure those patients saw their usual GP as opposed to seeing a locum GP or being referred to the Choice Plus clinics.
- The practice issued food vouchers for patients who needed these.

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

This population group was rated outstanding.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice recognised the needs of patients with dementia and had developed a template to provide a summary of consultation for patients living with dementia. This had been devised, so the patient had a record of their consultation to take home following their appointment.
- The practice hosted a weekly mental health clinic led by a senior mental health nurse so patients could access this service locally.
- The practice had identified local social groups which would be of benefit for patients with mental health problems and signposted patients to these groups where appropriate.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 94% of patients who responded said they could get through easily to the practice by phone; CCG – 81%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 89%; national average - 84%.
- 73% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

The practice had created a wall display in the reception area to inform patients of the various avenues of support available to them which included other services such as Choice Plus clinic where additional appointments to see a GP was available.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed all these complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained about a comment made by a member of staff and how they had performed a procedure. The practice completed a full investigation and found the procedure had been carried out correctly. Learning points identified included reminding staff of the importance of keeping conversations neutral to avoid misinterpretation. The investigation also identified that the manufacturer had an informative video on their website of how to perform the procedure which was shared with the nursing team.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients received an apology when things went wrong and were informed of actions to prevent the same things happening again. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received an annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

# Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- However, the governance arrangement had not ensured oversight of some activities which could compromise patient safety. For example, a breach in the cold chain for vaccine held in one of the vaccine fridges had not been identified.
- Although the practice held regular performance meetings, they had not identified the high number of patients who had been excepted from reviews and the reasons for these had not been explored.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. However, not all the relevant information had always been considered, for example, in relation to QOF. There were plans to address identified weaknesses and the practice had started to work on this during the inspection.

## Managing risks, issues and performance

There were clear processes for managing risks, issues and performance. However, these had not been applied consistently.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made, this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, following suggestions from the patient participation group (PPG), the practice had improved their telephone systems to enable patients to cancel appointments through a voicemail system and enabled patients to send text messages to the practice when they wish to cancel their appointments to reduce the number patients not attending appointments. The PPG had also encouraged the practice to engage with social media.
- There was an active PPG and were told that the practice held regular meetings with the group.

# Are services well-led?

Good 

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

- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was working with other neighbouring practice as part of the clinical commissioning group initiative to provide extended appointments at several locations locally. This would enable patients to access GP appointments until 8pm.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Actions had not been taken when there were signs that the vaccine fridge operated outside of the normal range.</li><li>• The registered person did not demonstrate that systems in place were effective in monitoring the care and treatment of patients diagnosed with long term conditions. The risks associated with this had not been appropriately assessed.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>