

# Romney House Surgery

## Inspection report

41-43 Long Street  
Tetbury  
Gloucestershire  
GL8 8AA  
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Romney House Surgery on 9 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had merged with another practice in Cirencester and the partners were working on developing the practice.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice involved staff in future planning and staff were encouraged to make suggestions for improvement.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- The practice had recently introduced six monthly joint visits between the lead GP for the care homes and the local psychiatrist to review those patients care and medicines to ensure care was optimal.

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

- Review the systems for monitoring all prescription forms, fridge temperatures and for the handling and recording of safety alerts.
- Monitor patients' experience of the service and implement actions to improve these.
- Identify and implement actions to improve uptake for the cervical screening programme.

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

## Population group ratings

<b>Older people</b>	<b>Outstanding</b>	
<b>People with long-term conditions</b>	<b>Good</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>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a member of the CQC medicines team.

## Background to Romney House Surgery

Romney House Surgery is situated in the town of Tetbury in Gloucestershire. The practice is based in an extended and refurbished building with level access from the front and rear of the building. All the clinical rooms are on the ground floor.

The practice merged with another practice, based in Cirencester a town approximately 20 minutes away, in December 2016. GPs from the practice in Cirencester had joined the partnership at Romney House Surgery. Some of the partners for the previous partnership had left while others had remained as salaried GPs. GPs worked across the provider's two practices which are registered separately.

The practice delivers its services 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) to approximately 7,800 patients at the following address:


41-43 Long Street  
Tetbury  
Gloucestershire  
GL8 8AA

Information about the practice can be obtained through their website at:

The practice partnership includes eight GP partners. They also employ six salaried GPs. Five are male and nine are female GPs. The nursing team includes a nurse manager, and advanced nurse practitioner, three practice nurses, a health care assistant and phlebotomist. The practice management and administration team includes a practice manager, a deputy practice manager, an assistant practice manager, a finance manager and a range of administration and reception staff.

Romney House Surgery is also a dispensing practice. The practice could offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensary team includes a dispensary manager and two.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice, shows the practice area population is in the second least deprived 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). The practice has a higher than average patient population aged 65 and over.



The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.

- 
- Family Planning.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by Care UK via the NHS 111 service and are advised of this on the practice's website.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Each consulting room contained a safeguarding folder which included policies and procedures for staff to follow. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.). Reception staff who undertook chaperone duties had not received a DBS check. However, a risk assessment was in place for these members of staff which showed the practice had mitigated risks associated with this.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis. There was information about sepsis displayed in each consulting room and treatment room as well as the waiting areas.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for handling medicines at the practice could be improved, however, no patients had come to harm.
- The fridge temperature had been recorded daily however the minimum and maximum temperature had not been recorded. The records could not give assurance that medicines were being stored at the temperatures recommended by the manufacturers. The practice confirmed to us on the day of inspection that medicines given to patients were safe and effective.

## Are services safe?

Following the inspection, the practice sent us information to demonstrate that they had taken steps to prevent this from happening again by reviewing their policies and purchasing a device which continuously monitors the fridge temperature. We also saw evidence that the practice had taken appropriate actions when there were other issues with fridges. For example, following a power cut, the practice took appropriate actions to ensure affected vaccines were removed from stock as well as checking the integrity of the vaccines with the manufacturers. On another occasion, one of the fridges showed signs that the temperature was outside of the normal fridge. This resulted in the practice purchasing a new fridge. These had also been recorded as significant events.

- Systems were in place to deal with medicines alerts or recalls, and records were kept of any actions taken however it was not evident that these actions were shared with management. Following the inspection, the practice sent us information to show that they had reviewed their policy to ensure the lead GP signed each alert once all actions had been taken. Safety alerts were discussed at clinical meetings and we saw there was an information board with a copy of all recent alerts in the administration area.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks.
- Blank prescription pads and forms were stored securely and there was a system in place to monitor the use of

handwritten prescriptions. However, printed prescriptions were not tracked throughout the practice. The practice sent us information to demonstrate that a log had been put in place to track blank prescription forms in the practice.

### Track record on safety

The practice had a good track record on safety.

- There were 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 of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall except for the older population group which we rated as outstanding .**

*(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)*

## 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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used their clinical systems to identify patients on specific treatment and to check whether those patients received care in line with best practice guidance.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had introduced a 30 minutes coffee break each morning at 11am where they used this time to discuss innovations, best practice guidelines, or individual complex cases. This was also used as an opportunity for nurses and staff to speak with a GP if they wanted to. Staff we spoke with valued this meeting.
- The practice had introduced a personal list system whereby each GP had a list of patients. The practice believed this would promote continuity of care and enable good relationships between patients and their usual GP.

Older people:

We rated this population group as outstanding.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice had played a key role in the development of the South Cotswold Locality Frailty service. This service provided high level specialist frailty nurse assessment to patients with support from a clinical pharmacist and a consultant psychiatrist to reduce the risk of hospital admission and increase patient's independence at home. The practice hosted and employed the frailty team on behalf of the clinical commissioning group and the practice manager provided HR management to the team.
- The practice undertook weekly "ward rounds" at two local care homes. The practice had also recently introduced six monthly joint visits between the lead GP for the care homes and the local psychiatrist to review those patients care and medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

We rated this population group as good.

- Patients with long-term conditions 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.
- One of the nurses had previous experience in delivering structured education for diabetes and could offer advice to patients at risk of developing diabetes as well as those recently diagnosed with this condition.

## Are services effective?

- One of the nurses who led on diabetes also undertook home visits to review housebound patients who were also diabetic.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 61%, compared to the CCG average of 62% and national average of 55%. 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 78%, compared to the CCG average of 75% and national average of 70%.
- 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.

Families, children and young people:

We rated this population group as good.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above with the target percentage of 90%. For example, 100% of children aged one had completed all the recommended primary course vaccine.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements for patients to access sexual health advice at their sister practice in Cirencester.

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

We rated this population group as good.

- The practice's uptake for cervical screening was 73%, compared to the clinical commissioning group (CCG) average of 76% and national average of 72%, however was below the national target of 80%.

People whose circumstances make them vulnerable:

We rated this population group as good.

- End of life care was delivered in a coordinated way which considered 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

We rated this population group as good.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.



# Are services effective?

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 94% and the 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, 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93% and the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## 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. For example, the practice undertook an audit in patient taking blood thinning medicine to ensure their treatment was optimised. In April 2017, 20 patients were identified as needing to be reviewed and where appropriate, a change in medicine was recommended. A re-audit in March 2018 showed that the number of patients needing a review had reduced to nine patients. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with other local practices in the area to provide improved access appointments to a GP. Practice's took it in turn to offer appointments to GPs and nurses between 6.30pm and 8pm Monday to Friday and Saturday mornings.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

## 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

## Are services 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 need 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

- 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.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Results from the National GP Survey for the survey undertaken between 01/2017 and 03/2017 showed that:

- 64% of patients who responded stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 84% and national average of 79%.
- 81% of patients who responded stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the CCG average of 90% and national average of 86%.

We discussed the areas of lower achievement with the practice. The practice recognised the lower than the CCG and national average score in some of the areas surveyed. They explained that this was around the time the practice went through several challenges, including GPs leaving the practice. They had implemented several actions including new partners joining the practice, developing the appointment system, and they feel that these would improve the result on the next survey. Eighteen out of the 22 comment cards we received were positive about the service experienced. Although comment cards contained positive comments, two also comment that some staff listened to them better than others. One of the comment cards related to the practice not providing private treatment and the other comment cards suggested that a

more private area to be available to discuss private matters. There was a poster and an area mark by tape to ask patient to stand back to ensure the privacy of patients at the reception desk.

## Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. Patients and their carers could also be referred to the social prescriber who held clinics at the practice. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- 79% of patients who responded to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 77% of patients who responded to the GP patient survey

## Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

## 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice had a policy to contact patients within one hour of them calling for an appointment.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example weekly or monthly blister packs and large print labels.

### Older people:

- 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 two local care homes and a named GP undertook "weekly" ward rounds.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

### People with long-term conditions:

- Patients with a long-term condition received 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.

### Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Arrangements were in place for patients to access sexual health advice and treatment at the provider's sister practice in Cirencester.

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

- 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, extended opening hours and Saturday appointments.
- The practice offered extended hours appointments on Wednesdays from 6.30pm to 8pm and on one Saturday each month between 8am and 12pm. Additionally, the practice worked with other local practices as part of a cluster to deliver an improved access to GP or nurse appointments initiative. Patients could see any GP at one of the local practices between 6.30pm and 8pm and on Saturday mornings.

### People whose circumstances 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

# Are services responsive to people's needs?

- The practice hosted social prescribing clinics where patients can book an appointment or be referred by their GP for advice and support on non-medical issues such as housing support, benefits and local support groups.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted a clinic with the community psychiatric nurse so patients could access support locally.

## Timely access to care and treatment

Patients could 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 kept minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use.

Results from the National GP Survey for the survey undertaken between 01/2017 and 03/2017 showed that:

- 72% of patients who responded said they were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours compared to the clinical commissioning group (CCG) of 83% and national average of 80%
- 68% of patients who responded stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG of 85% and national average of 76%.

We discussed the areas of lower achievement with the practice. The practice recognised the lower than the CCG and national average score in some of the areas surveyed. They explained that this was around the time the practice went through several challenges, including GPs leaving the practice. They had implemented several actions including new partners joining the practice, developing the appointment system, and they feel that these would improve the result on the next survey. A triage system had been introduced with a commitment from the practice to telephone patients within one hour of them calling to assess their needs and offer an appointment as necessary. Additionally, the practice worked with other local practices to provide additional appointments at one of the practices locally between 6.30pm and 8pm Monday to Friday and Saturday mornings.

## 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained about the answering service when the practice was closed and the way they were spoken with, the practice discussed this with the team at the call handling service to remind them of the service being provided, that they are representing the practice and to provide patients with good quality care.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They had a clear programme and time-scales to develop the practice.
- 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, sustainable care.

- 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. They were passionate about building relationship with patients and hence had developed a personal list system to promote continuity of care.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Practice leaders had also held an open session with staff to answer any questions they had following the merge with another practice. This was undertaken to alleviate any concerns staff may have.

- 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. The practice had introduced a suggestion box for staff and encouraged them to submit ideas for improvement.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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 had introduced the “Ride to Work” scheme in March 2018 where staff can sign up and purchase or lease a bicycle to ride to work.
- The practice actively promoted equality and diversity. 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, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.



# Are services well-led?

## Managing risks, issues and performance

There were clear and effective around processes for managing risks, issues and performance.

- There was an effective, 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 national and local safety 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.

- 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. There were plans to address any identified weaknesses.
- 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 involve 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. There was an active patient participation group. The patient participation group told us that they met with representatives of the practice every eight weeks. They told us the practice was open and honest and shared relevant information with the group, however, they felt disjointed at the moment due to several changes, such as the practice merging with another practice in Cirencester.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The practice had plans to improve and develop their website to enable patients to make more use of online services. The new website would enable patients to access self-care information, enable them to input information such as their blood pressure reading. The practice told us that this information would link directly with the patient record and if their blood pressure was outside the normal range, this would alert a GP. Patients would also receive an alert with information on what to do.
- 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.

**Please refer to the Evidence Tables for further information...**