

# The Royal Well Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
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

We carried out an announced comprehensive inspection at The Royal Well Surgery on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour is a legal duty to ensure providers are open and transparent with patients who use services. It also sets out specific requirements providers must follow when things go wrong with care and treatment, including informing patients about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

The areas where the provider should make improvement are:

- Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Two of the practice GPs were dedicated for four local residential and care homes and ensured that patients received a planned review every at least every two weeks.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice above other practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice 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.
- Telehealth care monitoring was utilised at the practice. Telehealth is the remote exchange of data between a patient at home and their GP to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions. It can be used to measure and monitor temperatures, blood pressure and other vital signs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. A patient charter displaying the practice vision and values was displayed in staff areas, the waiting room and on the practice website.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had dedicated GPs providing care in four local residential and care homes who ensured a planned review was undertaken for all patients on a fortnightly basis.
- The practice worked closely with the community nursing team who visited weekly, focussing on caring for patients at the end of life.

Good



### People with long term conditions

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

- The practice nurses had dedicated roles in chronic disease management, diabetes, respiratory disease and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 97% which was above the clinical commissioning group average of 95% and national average of 89%.The practice had implemented dedicated diabetic clinic slots for reviews and a diabetic specialist nurse attended the practice weekly. One of the practice GPs was the diabetic lead who monitored and drove improvements, such as involving the diabetic specialist nurse.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Multidisciplinary meetings were held regularly with community based staff.
- Telehealth care monitoring was utilised at the practice to assist in diagnosis and monitoring typically used to support patients with long term conditions. It can be used to measure and monitor temperatures, blood pressure and other vital signs.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 75% of patients with asthma on the register had a review in the last 12 months which was comparable to the national average of 75%.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 92% which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, social workers, health visitors, and community nurses through minutes of monthly multidisciplinary safeguarding meetings.
- In addition to midwife run clinics, a weekly baby clinic was run by a lead GP for baby checks and immunisation programmes.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.
- Clinics available included in house ear, nose and throat clinics, minor surgery, joint injections, baby clinics, Electrocardiogram, International Normalised Ratio monitoring and NHS health checks.

Good



# Summary of findings

- The practice offered one Saturday morning surgery a month for working patients who could not attend during normal opening hours. Extended hours were also available on Monday and Friday mornings from 7.30am to 8am and Wednesday evenings from 6.30pm to 7pm.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice 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.

Good



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

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

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Performance for mental health related indicators was 100% compared to the CCG average of 97% and national average of 82%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and a mental health worker visits every two weeks.

Good





# Summary of findings

- The practice manager had a Dementia Leadership Award and was providing additional education and staff awareness in the practice.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice ran a nurse led clinic for mental health reviews which was supported by a practice GP with a special interest in this area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 304 patients and 111 were returned, a completion rate of 37%. This represented approximately 2% of the practice's patient list.

- 90% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 87% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.

- 84% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, with a CCG average of 83% and a national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 13 comment cards of which 12 were positive about the standard of care received. Patients told us that the staff were caring, professional and respectful and that the practice provided a welcoming, safe and clean environment.

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

We looked at the NHS Friends and Family Test from 1 December 2015 to 31 December 2015, where patients are asked if they would recommend the practice. The 10 results submitted showed 100% of respondents would recommend the practice to their family and friends.

## Areas for improvement

### Action the service SHOULD take to improve

Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

# The Royal Well 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, a second CQC inspector and a practice nurse specialist adviser.

## Background to The Royal Well Surgery

The Royal Well Surgery is a traditional, family GP practice located within St Paul's Medical Centre, a short distance from Cheltenham town centre. The practice is situated on the first floor of the building and is wheelchair accessible with automatic doors and lifts to the practice.

The practice is approved for training qualified doctors who wish to become GPs and provides general medical services to approximately 6,800 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The Practice has four GP partners (one female and three male) and one salaried GP (female) which is equivalent to four and a half whole time equivalent GPs. The clinical team include a lead practice nurse and three practice nurses (all female). The practice manager is supported by a senior receptionist and a team of nine receptionists/secretaries.

The practice population has a higher proportion of patients aged between 30 and 34 compared to local and national

averages. For example, 9% of practice patients are aged between 30 and 34 compared to the local clinical commissioning group (CCG) average of 6% and the national average of 8%.

The practice is located in an area with low social deprivation. The prevalence of patients with a long standing health condition is 51% compared to the local CCG average (55%) and national average (54%). People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8.30am and 6.30pm on Monday to Friday. Between 8am and 8.30am every weekday telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments are available between 8.30am and 11.30am every morning and 3.30pm to 5.30pm every afternoon. On Mondays and Fridays early appointments are available between 7.30am and 8am. Extended surgery hours are also offered on Wednesday evenings each week between 6.30pm and 7pm and on one Saturday in every four.

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

The practice provided its services from the following address:

The Royal Well Surgery  
St Pauls Medical Centre  
121 Swindon Road  
Cheltenham  
Gloucestershire  
GL50 4DP

# Detailed findings

This is the first inspection of The Royal Well Surgery.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016.

During our visit we:

- Spoke with a range of staff including the practice manager, three nurses, one senior receptionist and four GPs (two male and two female). In addition to this we spoke five patients who used the service and four patient participation group (PPG) members. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.
- The practice carried out a thorough analysis of the significant events

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medical records were sent to an incorrect address, this was discussed with the team and a new procedure was initiated to ensure this event could not reoccur.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for child protection, nurses to level two and all administration staff to level one. All GPs and staff were also trained in safeguarding vulnerable adults.
- A notice in the waiting room advised patients chaperones were available if required. All staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, however, we did not see evidence that action was taken to address improvements identified as a result, for example the audit identified that all fabric covered waiting room chairs should be changed. Plans were in place to action the remaining changes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, however, these were not bespoke to the practice as the practice address had not been entered. The practice manager advised that this would be rectified immediately. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and at reception which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with an 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97% which was above the clinical commissioning group (CCG) average of 95% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was comparable to both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.
- The clinical exception rate overall was 8% which was below the CCG average of 10% and national average of 9%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit on all patients diagnosed with prostate cancer and prescribed a particular medicine. This audit was initiated because a patient had attended the practice who had not had a prostate specific antigen (PSA) test in two years. The audit was to ensure that all relevant patients were recalled for a prostate specific antigen (PSA) test which measures the amount of PSA in the blood every six months. The initial audit identified that of the 13 patients receiving this medicine 11 had received a PSA test. The patient who triggered the audit had not, alongside one patient who was a long term in-patient at a local hospital. The findings assured the practice that they were appropriately caring for this group of patients. The audit was repeated six months later to ensure all patients received appropriate reviews.

Information about patients' outcomes was used to make improvements such as; two of the practice GPs were dedicated to four local residential and care homes to ensure that patients received a planned review every at least every two weeks.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and elderly patient screening. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 92%, which was above the clinical commissioning group (CCG) average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using information in different languages. A female clinician was available to take samples. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 74%, which was below the CCG average of 77% and above the national average of 72%. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 59% which was below the CCG average of 63% and above the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to



## Are services effective? (for example, treatment is effective)

under two year olds ranged from 71% to 99% compared to CCG averages of 72% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 92% to 96% compared to CCG averages of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Each group member was able to recount and describe excellent care provided to themselves or a close family member.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

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

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

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

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

Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had a multilingual self-check in machine, although this was not working on the day of our visit.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was a dedicated information board in the waiting room for carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 138 patients as carers which was 2% of the practice list. Written

## Are services caring?

information was available to direct carers to the various avenues of support available to them including social prescribing. The practice acknowledged that there is low number of carers on their register and will be investigating whether this is a system coding issue. The practice advised that they were actively seeking carer information; the reception team were asking patients if they were carers, new patient registration forms asked if patients were carers, there was a dedicated carers notice board in the waiting room and information on the practice website.

We were informed that a project had been implemented to mailshot all carers on the practice register to explain the services that can be provided by the social prescribing tool to help support carers which was detailed in an information sheet. The practice was working alongside Cheltenham

Borough Council (CBC) and Cheltenham Partnerships (CP) to identify unmet needs of their carers with the support of the Voluntary & Community Sector organization's: namely: Alzheimer's Society, Carers Gloucestershire, County Community Projects, Gloucestershire Lifestyles, Gloucestershire Rural Community Council and Third Sector Services who have capability and capacity to support the practice patients.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt, social isolation, housing issues or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. The practice had devised an information leaflet that was being emailed to carers detailing how social prescribing may be able to support them. The practice also had a social prescribing coordinator who worked at the practice five mornings a week to take the referrals.

- The practice offered one Saturday morning surgery a month for working patients who could not attend during normal opening hours. Extended hours were also available on Monday and Friday mornings from 7.30am to 8am and Wednesday evenings from 6.30pm to 7pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Telehealth care monitoring was utilised at the practice to assist in diagnosis and monitoring typically used to support patients with long term conditions. It can be used to measure and monitor temperatures, blood pressure and other vital signs
- Two of the practice GPs provided dedicated support to four residential and care homes, ensuring all patients received a planned review at least every two weeks.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- The practice ran a nurse led clinic for mental health reviews which was supported by a practice GP with a special interest in this area.

- There were disabled facilities, a hearing loop and translation services available.
- Patients with no fixed address could be registered.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8am and 8.30am every weekday telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments were from 8.30am to 12pm every morning and 3pm to 5.30pm daily. Extended practice hours were offered at the following times; on Monday and Friday morning from 7.30am to 8am and Wednesday evenings from 6.30pm to 7pm, the practice also opened one in four Saturdays. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for patients needed them.

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

- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 67% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 68% and national average of 59%.
- However, 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 79%. We discussed the low result with the practice manager who advised that there was good access to the practice with early appointments available twice a week, late appointments once a week and Saturday appointments once a month. Details of the extended hours were displayed on the practice website and in the waiting room. Patients we spoke with and the patient participation group all advised that they had really good access and were often seen the next day. We observed the appointment book and found that routine appointments were available within a week. We looked at the complaints file and there were no complaints made to the practice relating to opening hours.

Patients told us on the day of the inspection they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system and there was a poster and complaint forms in the waiting area, details were also on the practice website.

We looked at 10 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, on the day of our inspection a PPG member informed us that they had raised a complaint in the practice relating to the prescription storage, a new box had been purchased and the practice were unable to locate her prescription due to the box being so big. The practice listened to the complaint, apologised and reinstated the previous storage method.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in staff and waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Patients advised that although the practice GPs had changed over the past 30 years the practice ethos and high standard of care has remained the same.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met annually, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, initiatives to relieve pressure on accident and emergency departments was discussed at a previous meeting and as a result the practice had introduced a dedicated care co-ordinator to offer care packages and health checks for older patients within the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

## Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice also took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt, social isolation, housing issues or loneliness could be referred by a GP to a single hub for assessment as to

which alternative service might be of most benefit. The practice had devised an information leaflet that was being emailed to carers detailing how social prescribing may be able to support them. The practice also had a social prescribing coordinator who worked at the practice five mornings a week to take the referrals.