

Drs H.M.A.Stephens & T.H.Humphrey

Quality Report

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Date of inspection visit: 25 August 2016

Date of publication: 27/09/2016

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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lechlade Medical Centre on 25 August 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 93% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the clinical commissioning group (CCG) average of 84% and national average of 79%.
- 96% of patients found it easy to get through to the practice by telephone compared with the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 84% and national average of 76%.
- The patient participation group (PPG) were well engaged and represented across all age groups, and across a diverse range of professional backgrounds. The PPG suggestions for changes to the practice management team had been acted upon and as well as this, the group had raised awareness about patient services. For example, PPG members met with a social

Summary of findings

prescriber and set up a social prescribing sub-group. Information about social prescribing is now available on the information screen in the waiting room, and on the practice website.

- 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.

- 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.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place 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 for April 2015 to March 2016 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.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for a second cycle of audits.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice as either comparable with or better than other local 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.
- The practice had identified patients who acted as carers and alerted them whenever a local carers group met. This provided an opportunity for carers to gain support and raised awareness of carers services locally.

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 (CCG) to secure improvements to services where these were identified. For example, the practice is participating in a social prescribing scheme to support people who attend their GP surgery but do not necessarily require medical care. Social prescribing supports people with issues such as social isolation and coping with caring responsibilities to connect to services and groups that can help improve their well-being and meet their wider needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- The GP triaging system meant that telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice offers a range of services to avoid unplanned hospital admissions for elderly patients, such as in-house collection of blood samples and ambulatory heart monitoring.
- The practice hosts a mother and baby clinic with a resident health visitor, to advise mothers of children up to the age of five.

Good



Summary of findings

- The practice runs midwifery classes on one morning per week, and ante-natal classes on one evening per week.
- Patients were referred to a nurse from a local mental health trust that is based at the practice on Wednesday mornings.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offers a range of services to avoid unplanned hospital admissions for elderly patients, such as in-house collection of blood samples and ambulatory heart monitoring.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients with long-term conditions compared with national averages. For example, 74% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 75%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- 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.
- The practice increased the length of individual appointment times for patients with complex medical conditions.

Good



Families, children and young people

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

Good



Summary of findings

- 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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice assessed the capability of young patients using Gillick competencies. These competencies are an accepted means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 82%, consistent with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice hosts a mother and baby clinic with a resident health visitor, to advise mothers of children up to the age of five.
- The practice runs midwifery classes on one morning per week, and ante-natal classes on one evening per week.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to order repeat prescriptions on-line.
- The practice did not close for lunch, and patients were able to book and attend appointments throughout the day.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were visited by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

People experiencing poor mental health (including people with dementia)

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

- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the clinical commissioning group (CCG) average of 86% but compared with the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption had been recorded over the course of a year was 100%, which was better than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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 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.
- A primary care nurse from a local mental health trust sees patients at the practice on Wednesday mornings.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice performance was better than local and/or national averages. For the survey 232 survey forms were distributed and 137 were returned, representing around 3% of the practice's patient list.

- 96% of patients found it easy to get through to the practice by telephone compared with the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 84% and national average of 76%.
- 91% of patients described the overall experience of their GP practice as good compared with the CCG average of 89% and national average of 85%.
- 93% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the CCG average of 84% and 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 visit. We reviewed the 31 comment cards we had received which were positive about the service experienced. Patients described reception staff in particular as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with three patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. The practice submitted data for 2016 which showed that 134 of 140 respondents (96%) would recommend the practice to family and friends.

Drs H.M.A. Stephens & T.H. Humphrey

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Drs H.M.A. Stephens & T.H. Humphrey

Lechlade Medical Centre is a purpose-built, semi-rural primary care facility. The centre is based in Lechlade, a town at the southern edge of the Cotswolds area of Gloucestershire.

The centre was built in 1982 and extended in 1997. The two-storey building has rooms for consulting, treatment and phlebotomy services on the ground floor, with a room used by community district nurses on the first floor. There is full disabled access. As well as district nurses, the centre is used by community health visitors and midwives.

Lechlade Medical Centre has around 4,805 registered patients, most of whom live within a five mile radius of the practice. The practice has lower than national average patient populations for all age groups from 0 up to 39 years. The patient populations aged from 40, to 85 years and over, are all higher than the national average. Lechlade Medical Centre is one of 85 GP practices in the NHS Gloucestershire Clinical Commissioning Group (CCG) area. The practice population is 98% white, with the largest minority ethnic population (around 1.6%) being Asian or

Asian British. A measure of deprivation in the local area recorded a score of 9, on a scale of 1-10. A higher score indicates a less deprived area. (Note: 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 not all deprived people live in deprived areas).

The practice team consists of two GP partners (both male) and one salaried GP (female). In addition, three practice nurses, one health practitioner and one health care assistant are employed. The clinicians are supported by a practice manager, a deputy practice manager, and a team of medical secretaries and receptionists. The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice is open from 8.30am to 6.30pm, Monday to Friday. The practice has an emergency switchboard number between 8am and 8.30am, Monday to Friday. Appointments are available from 8.30am to 6.30pm, with extended hours appointments available from 6.30pm to 7.30pm on Monday and Tuesday. All appointments can be pre-booked up to four weeks in advance.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111 and an Out Of Hours GP service. Information about the Out Of Hours service was available on the practice website, and as an answerphone message.

Lechlade Medical Centre provides regulated activities from its location at Oak Street, Lechlade GL7, 3RY.

Detailed findings

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

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses and administrative staff) and three patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;

- Reviewed 31 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service;

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event at the clinical team meetings, with each event discussed individually. Information was cascaded to staff through circulated minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, a GP and receptionist were alone in a consulting room with a patient with known mental health issues. The patient was loud and verbally abusive to them and during that time, no other staff member checked on their safety. Staff now ensure that if there is ever a reason to wonder about a staff member's safety, an instant electronic message should be sent to the person in the consulting room; and if there is no response, then staff will knock on the door.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received the appropriate safeguarding training. A GP partner was the lead member of staff for safeguarding adults and children. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. All GPs were trained to safeguarding level three, and the practice manager and practice nurses were trained to safeguarding level two. We saw evidence that non-clinical staff were trained to level one.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones 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 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. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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.
- The practice used a total of 14 locum GPs in the past year. The high number of locums used was due to the untimely death of a GP partner, to cover staff shortages generally and for holiday absences. We found that appropriate recruitment checks were in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the practice manager's 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 99.7% of the total number of points available, with 11.6% 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 2014-2015 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the clinical commissioning group (CCG) average of 90% and national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was comparable with local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 83%, compared to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was either better than or comparable with local and national averages. For example, the percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100%, compared to the CCG average of 93% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been twelve clinical audits completed in the last two years, two of these were completed second-cycle 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, following Department of Health guidance about the increased risk of muscle tissue disease with high and combined doses of cholesterol-lowering medication (or statins), the practice conducted an audit to monitor the dosage levels of patients. The aim of the audit was to change the current medication or reduce the dosage of drugs. Patients on a combination of statins were contacted, their medication needs reviewed, and were either switched to a different statin, or had the dosage of their current statin reduced.

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

Are services effective?

(for example, treatment is effective)

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 that included: 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.
- The practice nurses regularly attend multi-disciplinary team meetings to review patients' care.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff had undertaken the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- 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, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses and health care assistants offered non-medical support with health and well-being issues for adult patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the clinical commissioning group (CCG) average of 84% and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring whenever possible that a female sample taker was available.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 63%, which was comparable with the clinical commissioning group (CCG) average of 63% and the national average of 58%.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccines given to under two year olds were slightly worse than CCG averages. The practice ranged from 87% to 90% compared with 94% to 96% for the CCG. Childhood

Are services effective?

(for example, treatment is effective)

immunisation rates for the vaccines given to under five year olds compared with CCG averages. The practice ranged from 95% to 100% compared with the CCG range from 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people 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 patient privacy and dignity during examinations, investigations and treatments.
- We noted that 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 and could offer them a private room to discuss their needs.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 31 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 and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following patient feedback, the practice installed a third gel dispenser next to the patient self-check-in screen, along with a sign requesting that patients use the gel for health and safety reasons. In addition, patient appointment details on the call-board display are visible for a longer period following patient feedback. We spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (January 2016) also showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with or better than the local clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 86% of patients said the GP gave them enough time (CCG average 89%, national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 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 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 positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results compared with or were better than local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 89% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us translation services were available for patients who did not have English as a first language, as well as a national identification card (containing a standard help phrase in a number of commonly spoken languages) which

Are services caring?

is held at reception. As well as a hearing loop, interpreting and translation services were available for patients who were either deaf or had a hearing impairment; and at the time of inspection, the practice was considering online sign language sessions. Practice leaflets were available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities.

Patient and carer support to cope emotionally with care and treatment

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (around 1% of the practice list). A practice

receptionist acted as Carers Champion. The Carers Champion reviewed the carers register at all staff meetings, and outlined the different support groups available to carers, such as The Positive Caring Programme. We saw patient records were flagged for those identified as carers, and that the practice offered more flexibility around appointment times.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 is participating in a social prescribing scheme to support people who attend their GP surgery but do not necessarily require medical care. Social prescribing supports people with issues such as social isolation and coping with caring responsibilities to connect to services and groups that can help improve their wellbeing and meet their wider needs.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments. They also assisted GPs in contacting patients.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The GP triaging system meant that telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice offers a range of services for patients aged 75 years and over such as in-house collection of blood samples and ambulatory heart monitoring, to avoid unplanned hospital admissions.
- The practice hosts a mother and baby clinic with a resident health visitor, to advise mothers of children up to the age of five.
- The practice runs midwifery classes on one morning per week, and ante-natal classes on one evening per week.
- Patients could be referred to a mental health nurse employed by a local trust who is based at the practice on Wednesday mornings.

- Patients were able to order repeat prescriptions on-line.
- The practice did not close for lunch, and patients were able to book and attend appointments throughout the day.

Access to the service

The practice is open from 8.30am to 6.30pm, Monday to Friday. The practice has an emergency switchboard number between 8am and 8.30am, Monday to Friday. Appointments are available from 8.30am to 6.30pm, with an extended hour of appointments available from 6.30pm to 7.30pm on Monday and Tuesday. All appointments can be pre-booked four weeks in advance.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was comparable with or better than local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 96% of patients said they could get through easily to the practice by phone (CCG average 83% and national average 73%).
- 64% of patients said they usually get to see or speak to the GP they prefer (CCG average 66% and national average 59%).
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 84% and national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example,

Are services responsive to people's needs?

(for example, to feedback?)

through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at three complaints received by the practice in 2016. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence of lessons

learnt from patient complaints and action taken to improve the quality of care. For example, the parent of a patient at the practice believed that a GP had been 'rude and abrupt' to their daughter during a telephone consultation. The practice spoke to the GP concerned and the parent was given the option of filing a formal complaint, or agreeing for the practice to deal with the matter informally. The practice emphasised to all GPs that the speed and efficiency with which triage calls occasionally have to be managed means that they need to be mindful that their manner is not interpreted as being abrupt or curt.

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's aims and objectives were defined in the Statement of Purpose. All staff were made aware of the Statement of Purpose, which was available on the practice intranet.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored.

Governance arrangements

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

- 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 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 had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, 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 people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us the practice held clinical and administrative team meetings bi-monthly. Partners meetings were held periodically, and staffing levels, staff skill mix and long term aims and objectives were discussed and agreed upon.
- 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.
- Staff said they felt respected, valued and supported. 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 patient feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members met with a social prescriber and set up a social prescribing sub-group. Information about social prescribing is now available on the information screen in the waiting room, and on the practice website. We also looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. Data from 2016 showed that 96% of respondents would recommend the practice to family and friends.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice is one of eight members of the South Cotswolds Commissioning Unit (SCCU). The SCCU is currently exploring plans to restructure urgent care services

to improve quality, and setting up a regional system to better care for frail patients. The practice is one of five practices in Gloucester that are signed up to the 'Choice+' system, which enables the booking of additional urgent appointments for patients, at two separate locations locally. This proved so successful that it was adopted county-wide.