

Locking Hill Surgery

Quality Report

Locking Hill Surgery
Locking Hill
Stroud
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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

Letter from the Chief Inspector of General Practice

This report covers the full comprehensive inspection we carried out at Locking Hill Surgery on 23 January 2018.

Previously, we carried out an announced comprehensive inspection on 14 January 2015, when the overall rating for the practice was good. However, we found they required improvement for the delivery of safe services. We carried out another announced comprehensive inspection at Locking Hill Surgery on 9 May 2017 to follow up on the previous inspection and found further breaches in the regulations. Overall we rated the practice as Inadequate and issued three warning notices. We then carried out an announced focused inspection on 15 November 2017 to confirm that the practice had met the legal requirements with regard to these warning notices. The full reports of these previous inspections can be found by selecting the 'all reports' link for Locking Hill Surgery on our website at www.cqc.org.uk.

This practice is now rated as Good overall.

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

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

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

Our key findings were:

- Since our inspection in May 2017, the practice had recognised a need to change and had reviewed and revised many systems and processes across all areas of the practice. In the process of doing these reviews they had sought help and advice from a range of external bodies and independent consultants. They had also engaged with their patient participation group and staff team.
- The practice had introduced a range of new and revised policies and procedures, such as a health and safety policy and medicine management policies.
- The practice had made improvements to the building, such as fitting a new fire detection and alarm system.

Summary of findings

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- The most recent published Quality Outcome Framework results were 99% of the total number of points available compared with the clinical commissioning group average of 98% and national average of 95%. The data showed the practice was performing broadly in line with national averages.
- Results from the July 2017 annual national GP patient survey showed patients rated the practice higher than average in many areas of care. For example, 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared to the local average of 90% and national average of 86%, and 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, compared to the local average of 85% and national average of 76%.
- The practice recognised that further ongoing work was required to ensure all the improvements made in the last six months continued to be embedded into the practice.

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

- Continue to develop their policy on essential training.
- Continue to work to embed and keep under review recent improvements, particularly those relating to management and governance arrangements.
- Continue to improve the identification of carers.

This service was placed in special measures on 20 July 2017. Since then the practice has made significant improvements across many areas of the practice and is now meeting the regulations. I am therefore taking the practice out of special measures.

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

Summary of findings

The six population groups and what we found

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

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

Locking Hill 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, and a practice nurse specialist adviser.

Background to Locking Hill Surgery

Locking Hill Surgery is a GP practice located in the Gloucestershire town of Stroud. It is one of the 81 practices within the Gloucestershire Clinical Commissioning Group and has approximately 9,750 patients. There are five GP partners and two salaried GPs equating to approximately six full time equivalent GPs. They are supported by two minor illness nurse practitioners, two practice nurses, one health care assistant and an administration team of 18, led by a practice manager.

The practice building is purpose built with all patient services located on the ground floor. These include; six consulting rooms, three treatments rooms, an automatic front door, a self-check in appointment system and a toilet with access for people with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. The practice has a slightly higher than average patient population over 45 years old. Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family

planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have fully qualified doctors undertaking final experience before becoming a GP, who are usually referred to as registrars). At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 6.30pm Monday to Friday. Routine GP appointments are available between 8am and 11am, 1.30pm to 3pm and 4.30pm to 6pm every weekday. A duty doctor is available from 8am to 6.30pm to deal with emergencies. Extended hours morning appointments are offered from 7am to 8am on Monday and Thursdays, and evening appointments on alternate Monday and Wednesday from 6.30pm to 8pm.

Appointments can be booked over the telephone, via the internet or in person at the surgery. The practice is also able to make appointments for patients at the local Choice+ clinics if this was appropriate. (Choice + clinics provide additional appointments to patients following strict criteria, at several locations across Gloucestershire.)

When the practice is closed patients are advised, via the practice's telephone answer machine and the website, that all calls will be directed to the out of hours service. Out of hours services are provided by an out of hours provider and can be accessed by calling NHS 111. If the practice is closed for training purposes urgent calls are handled by a messaging service.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Detailed findings

The practice provides services from the following site:

- Locking Hill Surgery, Locking Hill, Stroud, Gloucestershire, GL5 1UY

Are services safe?

Our findings

What we found at our previous inspections

At our previous inspection in May 2017 we rated the practice as inadequate for providing safe services. The practice was issued a warning notice under Regulation 12 - Safe care and treatment, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of safe services were:

The practice was failing to do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who used their services. For example,

- They had not assessed the risk of legionella
- There was no evidence that issues identified in the last infection control audit had been addressed or actioned.
- On the day of our inspection they did not have an up to date fire risk assessment.
- They did not have a health and safety policy
- On the day of our inspection there was no health and safety poster displayed giving staff statutory information.
- They had not carried out any fire drills so were unable to adequately assess whether their evacuation plan would be effective in an emergency.
- The practice arrangements for storing vaccines were not in line with recognised guidance. They did not record the maximum or minimum temperatures of the vaccine fridges or reset the thermometer daily.
- The practice did not have an adequate range of emergency medicines available.
- Not all medicines were kept securely.
- The practice did not ensure that all medicines and medical equipment was in date and able to be used.
- The practice did not have an effective system to ensure all correspondence received from out of hours services was appropriately actioned.

When we carried out a focused follow up inspection in November 2017 we found the practice was meeting the regulation for safe care and treatment, although some systems had been introduced too recently to enable us to make an adequate assessment of their continued effectiveness in meeting the regulations previously breached.

What we found on this inspection

We rated the practice as good for providing safe services. The evidence we saw enabled us to find that recent changes made to policies and operating procedures were becoming embedded in the practice.

Safety systems and processes

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

- The practice conducted safety risk assessments. These included a fire risk assessment and legionella risk assessment which had been carried out by external contractors. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence the practice had taken action to address issues these risk assessments had raised.
- The practice had upgraded their fire safety system since our last inspection and had carried out regular fire drills. A number of staff had been given the role of fire wardens and had received extra training for this role.
- The practice had a suite of safety policies which had been communicated to staff. This included a health and safety policy, and we saw they had a health and safety poster displayed giving staff statutory information. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw that appropriate action had been taken to address issues raised in the last infection control audit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

received from out of hours services should be dealt with. Administration staff had been trained in the new procedure and we saw evidence the new procedure was being followed.

Safe and appropriate use of medicines

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

- We saw evidence that since our inspection in May 2017 the practice had worked with a clinical pharmacist employed by the local Clinical Commissioning Group and had reviewed and revised their medicine related policies. The systems for managing medicines, including vaccines and medical gases, minimised risks. The practice kept prescription stationery securely and monitored its use. We noted that since our inspection in May 2017, the practice had purchased a new vaccine fridge and introduced a new protocol for its use. We saw evidence the cold chain was secure.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- 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 and equipment were easily accessible and all staff knew of their location. All the medicines we checked were in date.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a patient's self-harming the practice reviewed their procedures and developed a short guide to assessing and managing patients who might be at risk, which was subsequently shared with all GPs in Gloucestershire.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspections

At our previous inspection in May 2017 we rated the practice as inadequate for providing effective services. The practice was issued a warning notice under Regulation 18 - Staffing, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of effective services were:

- People employed by the practice were not receiving such appropriate support, training, supervision and appraisal to enable them to carry out the duties they were employed to perform.
- The practice did not ensure all staff had the recommended essential training appropriate to their role.
- The practice did not have any induction training / information ready for locum GPs.

When we carried out a focused follow up inspection in November 2017 we found the practice was now meeting the regulation for staffing, although some systems had been introduced too recently to enable us to make an adequate assessment of their continued effectiveness in meeting the regulations previously breached.

What we found on this inspection

We rated the practice as good for providing effective services overall and across all population groups, except for people experiencing poor mental health (including people with dementia), which we rated as requires improvement. The evidence we saw enabled us to find that recent changes made to policies and operating procedures were becoming embedded in the practice.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice used locally agreed guidelines for reducing medicines prescribed to frail elderly patients to reduce risks.

People with long-term conditions:

- Patients with long-term conditions had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had developed a protocol setting out the routine blood tests to be offered patients with the more common long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 85% to 89% which was below the target percentage of 90%. The practice was aware of the data and was working to improve uptake.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 79%, which was above the clinical commissioning group average of 77% and national average of 72%, but just below the national target for the national screening programme of 80% coverage target.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

People experiencing poor mental health (including people with dementia). We rated this population group as requires improvement:

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%. The practice exception rate for this measure was 4% compared to the CCG average of 7% and national average of 7%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%. However, the practice exception rate for this measure was 38% (CCG average,18%; national average,13%)
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 88%; CCG 93%; national 91%). However, the practice exception rate for this measure was 30% compared to the CCG average of 16% and national average of 10%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they used their computer system to check their performance, in areas such as antimicrobial prescribing, against national targets and treatment guidelines. The practice had recently appointed an audit clerk whose role was to oversee the practice's audit program. They had a clinical audit program and we saw two complete cycle clinical audits had been completed in the last year, where the audit had been re-done to check the effectiveness of changes introduced.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 11% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice had led on the development of a guide to assessing and managing suicide risks, with local mental health services, which had subsequently been shared across all practices in the clinical commissioning group.

Effective staffing

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

- Since our inspection in May 2017, the practice had revised their system for monitoring and recording staff training. We saw evidence that all staff had received the recommended essential training appropriate to their role and a new induction training / information pack had been produced for locum GPs.

Are services effective?

(for example, treatment is effective)

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

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

What we found at our previous inspections

At our previous inspection in May 2017 we rated the practice as good for providing a caring service. We did not include caring when we carried out a focused follow up inspection in November 2017.

What we found on this inspection

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 25 Care Quality Commission comment cards from patients at the practice prior to our inspection. All except one were positive or highly positive about the service received. Patients said the practice was friendly, caring and professional. Many patients described the practice as excellent or fantastic. The one exception gave a mixed review, saying the care was great, but sometimes you had to wait up to two weeks for a routine appointment. This feedback was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty one surveys were sent out and 109 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.

- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 91%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 76%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was information for carers in the waiting area and on the practice website. The practice proactively asked patients if they were a carer and new patients were asked if they were a carer when they registered at the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (0.9% of the practice list). Carers were offered an annual influenza vaccination and given information about additional support that was available and could be referred to the local carers support service if appropriate.

Are services caring?

Staff told us that if families had experienced 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.

We noted that the practice had produced a podcast about their proactive approach to carers with the Gloucestershire Clinical Commissioning Group.

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 either in line with, or above, local and national averages:

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.

- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspections

At our previous inspection in May 2017 we rated the practice as requires improvement for providing responsive services. The practice was issued a requirement notice under Regulation 16 - Receiving and acting on complaints, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the requirement notice were:

- The provider did not keep adequate records of all complaints.
- They did not have an effective system for responding and acting on complaints.

When we carried out a focused follow up inspection in November 2017 we did not look at how Locking Hill Surgery provided responsive services. We did note that they had had reviewed and revised their system for dealing with complaints, although some changes had been introduced too recently to enable us to make an adequate assessment of their continued effectiveness in meeting the regulations previously breached.

What we found at this inspection

We rated the practice, and all of the population groups, as good for providing responsive services. The evidence we saw enabled us to find that recent changes made to policies and operating procedures were becoming embedded in the practice.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and district nurse also made home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had a policy on how they dealt with patients Advance Directives, also known as living wills, and we saw evidence the policy was being followed.

People with long-term conditions:

- Patients with a long-term condition had a named GP and were invited for an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a policy that clarified how the practice supported homeless patients. The policy, written by the practice, had been shared with other practices in the local clinical commissioning group.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice carried out advanced care planning for patients living with dementia.
- The practice had developed a short guide to assessing and managing patients who might be a suicide risk, which was subsequently shared with all GPs in Gloucestershire.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment exceeded, or were in line with, local and national averages. Two hundred and twenty one surveys were sent out and 109 were returned. This represented about 2% of the practice population.

- 89% of patients who responded to the annual national GP patient survey were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.

- 91% of patients who responded said they could get through easily to the practice by phone; CCG – 81%; national average - 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 76%.
- 90% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 73%.
- 87% of patients who responded described their experience of making an appointment as good; CCG - 79%; national average - 73%.
- 64% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

Listening and learning from concerns and complaints

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

- Since our inspection visit in May 2017, the practice developed a new complaints policy and procedures to ensure they were in line with recognised guidance.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- Since the new complaints policy had been introduced in July 2017, five complaints had been received. We reviewed three of these in detail and found they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a patient's complaint that their ear syringing treatment had caused tinnitus, the practice revised their policy to ensure patients were given written advice prior to this treatment and to obtain written consent. (Tinnitus is the term for hearing sounds that come from inside your body, rather than from an outside source.)

Are services well-led?

Good 

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

Our findings

What we found at our previous inspections

At our previous inspection in May 2017 we rated the practice as inadequate for providing well-led services. The practice was issued a warning notice under Regulation 17 - Good governance, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of well-led services were:

- The practice was failing to assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have adequate measures to minimise those risks. The omissions we found on our inspection had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have adequate arrangements for governance oversight and management to ensure all staff received the essential training appropriate to their role and the practice was unable to demonstrate that staff had the skill, knowledge and training to carry out their roles. The omissions we found on our inspection had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have adequate arrangements for governance oversight and management to ensure all staff received regular appraisal. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice was failing to maintain adequate records, such as policies and procedures and staff recruitment records.
- The practice did not have an effective system to ensure all safety and medicines alerts were actioned where appropriate. This omission had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have an effective system for reporting, investigating and learning from significant events and informing patients where appropriate. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.

- The practice did not have an appropriate or effective system for recording, investigating and responding to complaints. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have effective systems to assess, monitor and carry out quality improvement activity. For example, there was no plan or policy in relation to audits and other quality improvement activity. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.

When we carried out a focused follow up inspection in November 2017 we found the practice was now meeting the regulation requirements for safe care and treatment, although some systems had been introduced too recently to enable us to make an adequate assessment of their continued effectiveness in meeting the regulations previously breached.

What we found at this inspection

Since our comprehensive inspection in May 2017 the practice had reviewed and revised many areas of the practice, including the governance arrangements. In the process of doing these reviews they had sought help and advice from a range of external bodies including; NHS England, Gloucestershire Clinical Commissioning Group, the Royal College of General Practitioners, West of England Academic Health Science network and other independent consultants.

At this inspection we rated the practice as good for providing a well-led service. The evidence we saw enabled us to find that recent changes made to policies and operating procedures were becoming embedded in the practice.

Leadership capacity and capability

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

- Leaders had the capacity and skills to deliver the practice strategy and address risks to it. Since our last inspection the practice partners had been given protected time for management and governance issues.

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- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values, which had been developed since our visit in May 2017, with input from the whole practice team. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- In September 2017 the practice conducted a survey of all its staff and the results were shared with staff.
- During this inspection we spoke to 14 of the 23 members of the whole practice team across all areas of the practice. They told us they felt highly positive about the changes the practice had introduced in the last six months. Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The practice had recognised that further ongoing work was required to ensure all the improvements made in the last six months continued to be embedded into the practice culture.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. These had been reviewed and revised since our inspection in May 2017. The changes made included ensuring a wider range of staff members attended the management meetings. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including those in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These had been reviewed and revised since our inspection in May 2017. We were told the GP partners now had protected time to carry out their management and governance responsibilities.

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- The practice had adequate arrangements to ensure all staff received the essential training appropriate to their role. We were told that a policy on essential training was being developed.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, as a result of a comment on their friends and family feedback, the practice produced some written wound care advice to be given to patients following minor surgery.
- There was an active patient participation group (PPG). Over the past six months they had been meeting monthly to support the practice and a member of this group was a "Freedom to speak up guardian" whose role was to support the practice Whistleblowing policy.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

We saw evidence that since our inspection in May 2017, the practice had recognised a need to change areas of the practice, including their ethos, culture, management and governance arrangements. They had since reviewed and revised many areas of the practice.

They engaged with their PPG and staff group. For example, they had conducted a staff survey and the results had been discussed at a whole team meeting.

The practice partners told us they were aware of the need to continue the improvement work. They had introduced a new policy on quality improvement activity and quarter-yearly whole team learning meetings to support this.

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

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

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example, following a patient's suicide the practice had developed a short guide to assessing and managing patients who might be a suicide risk, which was subsequently shared with all GPs in Gloucestershire.

- Staff knew about improvement methods and had the skills to use them.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.