

# Forest Health Care (Ruardean Surgery)

## Quality Report

Forest Health Care (Ruardean Surgery)

High Street

Ruardean

Gloucestershire

GL17 9US

Tel: 01594 542225

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

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

## Ratings

Overall rating for this service		Good	
Are services safe?		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 Forest Health Care (Ruardean Surgery) on 5 November 2015. Overall the practice is rated as good including each of the six population groups we looked at.

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

- There were systems in place to mitigate safety risks including analysing significant events and monitor safeguarding. Systems were in place to ensure medicines including vaccines were appropriately stored and in date.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- The premises were clean and tidy.
- 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.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and 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.
- There were adequate staffing levels to keep patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others 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.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, staff had undergone additional training in areas of high disease prevalence such as Chronic Obstructive Pulmonary Disease (COPD) and asthma to ensure they met the specific needs of the local population. The practice also had a high smoking cessation rate with 100% of patients maintaining a non-smoking status 2014/2015. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.

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. Quality and Outcomes Framework (QOF) indicators for the year 2013/2014 showed the practice was performing above the national averages for diabetes related indicators. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91.82% compared to a national average of 78.53%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For example, for patients who found it difficult managing their medicines, the dispensary arranged for a medicines management system in the form of a medicines compliance aid box to be provided for those patients.
- 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.

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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- QOF indicators for the year 2013/2014 showed that the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 82.56% compared to a national average of 81.88%.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## 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.

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 homeless people, travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability. Data provided by the practice indicated that 37% of patients diagnosed with a learning disability have had an annual health check. Those patients who had not had a health check yet are recalled on the month of their birthday.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



# Summary of findings

- It had told 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.

## 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).

- 95.56% of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2013/2014) which was above the national average of 86.04%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with a diagnosis of dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing above most of the local and national averages. 298 survey forms were distributed by the practice and 110 were returned.

- 98% of patients find it easy to get through to this practice by phone compared with a clinical commissioning group (CCG) average of 83.6% and a national average of 74.4%.
- 90.2% of patients find the receptionists at this practice helpful compared with a CCG average of 90.1% and a national average of 86.9%.
- 89.5% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.5% and a national average of 85.4%.
- 98.1% of patients say the last appointment they got was convenient compared with a CCG average of 92.9% and a national average of 91.8%.
- 84.1% of patients describe their experience of making an appointment as good compared with a CCG average of 80.9% and a national average of 73.8%.

- 79.5% of patients usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.1% and a national average of 65.2%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, most of which were all positive about the standard of care received. For example, patients told us about the caring and considerate nature of staff, the cleanliness of the practice and about the good quality of treatment over many decades. We met with one representative from the practice's patient participation group (PPG) who commented positively about the practice's engagement with the PPG and their responsiveness to suggested improvements.

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



# Forest Health Care (Ruardean Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a CQC pharmacist, a second CQC pharmacist, and a practice nurse specialist adviser.

### Background to Forest Health Care (Ruardean Surgery)

The practice is located on Ruardean high street. Forest Health Care (Ruardean Surgery) is registered with CQC to provide primary care services, which includes access to GPs, family planning, treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and surgical procedures.

This practice was established in Ruardean more than 50 years ago and expanded over a period of time to incorporate Cinderford. They moved into Cinderford Health Centre but maintained this branch surgery in Ruardean, which also has a dispensary.

The practice partnership is also known as Forest Health Care. The practice consists of three male partners, one female partner and one salaried female GP providing a whole time equivalent of 4.75 and 38 GP sessions. The practice team also include six practice nurses, five health care assistants; practice manager and administrative staff which include dispensary staff, receptionists, head of patient services and IT coordinator. Staff work across the provider's two locations, Cinderford Health Centre and

Ruardean Surgery on a rotational basis. The practice has a population of approximately 7800 patients and dispenses prescriptions to patients who do not have access to a pharmacy within one mile of their home address.

The practice is a training practice for GP trainees with two alternating GPs providing training support. At the time of our inspection a second year GP registrar was being supported by the practice.

The practice had a General Medical Services contract with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients with dementia and learning disabilities.

The practice is open between 8.30am and 6pm on Mondays, 8.30am and 4pm Tuesdays and Wednesdays, 8.30am and 12.45pm Thursdays and Fridays. Pre booked appointments are from 8.40am to 11.30am every morning from Monday to Friday and 2pm to 5.30pm on Monday afternoon. Urgent appointments were also available on the day and patients can access GP services at Cinderford Health Centre when this branch is closed.

The practice has opted out of providing Out Of Hours service to patients. Patients are re-directed to the Out of Hours Service via the NHS 111 service.

### Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with a range of staff including five GPs, one trainee GP, three nurses, two healthcare assistants, the practice manager, the head of patient services, a dispensary manager, four administration and reception staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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 CQC 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, members of the patient participation group told us of a 'safe' survey that had been carried out in August this year. The purpose of this survey was to establish from patients if they felt they received a safe service when they attended the practice. The survey covered areas such as clinical care, diagnosis, continuity of care, prescribing, building/ environment and patient information. The survey recorded that 100% of the 32 patients surveyed indicated that they felt safe when visiting the practice. The outcomes of this survey were viewed by the inspection team and underpinned our observations and the written and verbal feedback we received from patients on the day of our visit.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check) with the exception of one member of nursing staff who did not have this prior to starting employment. However, the practice had applied for DBS check before commencing the staff employment, and we were told staff shadowed other members of staff until a DBS certificate was produced. The practice did not have an appropriate risk assessment in place to indicate how the risks would be managed. (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken 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 and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that all errors and near misses were recorded and learning from these were shared with all dispensary staff at dispensary meetings. Repeat prescriptions could be ordered online, in person, or through the repeat slip box. All repeat prescriptions were managed through the practice's electronic system. We found that there were systems in place to manage repeat prescriptions safely. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group

## Are services safe?

Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment and Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed eight personnel files and found that appropriate recruitment checks had been undertaken prior to employment apart from one member of nursing staff who did not have a DBS check in place prior to starting employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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

also 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.

- 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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 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 100% of the total number of points available, with 9.8 exception reporting. This practice was not an outlier for most QOF (or other national) clinical targets. The practice was however, an outlier for asthma prevalence due to contributory factors such as high ex miners demographic. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 100% which was above the CCG average of 94.7% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 91.7% which was above the CCG average of 90.6% and national average of 91.63%.
- Performance for mental health related and hypertension indicators were 96.3% which was above the CCG average of 90.7% and national average of 89.5%.
- The dementia diagnosis rate was 93.3% which was above the CCG average of 84.7 and national average of 81.5%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, action was taken as a result of a high risks medicines audit, this was to limit prescriptions for high risk medicines to the date of blood tests, the results of the blood test would then be used in determining future prescriptions.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these 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 the revalidation of doctors. All staff we spoke with 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.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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, where appropriate, recorded the outcome of the assessment.
- Patients we spoke with told us that treatment and potential risks as well as benefits were explained and discussed and consent obtained where required. For example, the practice involved the family member of a patient who did not have capacity to consent about a decision relating to their care even when the family member lived overseas.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and breast feeding. Patients were signposted to the relevant service. Information about end of life support services, support for carers and health promotion advice were provided in the waiting room.
- Smoking cessation advice was available from the smoking cessation clinic which was run by the one of the healthcare assistants. Data showed that 100% of patients who attended the smoking cessation clinic in the year 2014/15 had stopped smoking. The number of patients who had stopped smoking in the second quarter of the year 2015/16 was 83% which was an improvement in the same quarter for the previous year.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.4%, which was comparable to the clinical commissioning group (CCG) average of 83.6% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.1% to 100% which was above the CCG range of 14.3% to 96.3% and five year olds from 93.1% to 98% which was above the CCG range of 89.6% to 94.9%. Flu vaccination rates for the over 65s were 71.4% which was below the national average of 73.24, and at risk groups 55.25% which was above the national average of 52.29%.

## Are services effective?

(for example, treatment is effective)

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

NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

All of the 42 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member 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 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.8% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 88.6%.
- 93.2% of patients said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.6%.
- 99.4% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.6% and national average of 95.2%

- 92.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.9% and national average of 85.1%.
- 94.9% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.1% and national average of 90.4%.
- 90.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 90.1% and national average of 86.8%.

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

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

Results from the national GP patient survey published on 2 July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86%.
- 90.7% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.4%

The most recent results from the friends and family survey published in August 2015 demonstrated that 94.7% of patients surveyed had indicated they were likely or extremely likely to recommend the practice to family and friends if they needed similar care.

Staff told us that translation services were available for patients who did not have English as a first language.

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



## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 1.8% of patients on the practice list who were also carers. Written information was available to direct carers about the various avenues of support available to them. The practice had a head of patient services who supported carers and they maintained a noticeboard at Cinderford Health Centre providing information for carers about local support services.

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 and/or by giving them advice on how to find a support service. We also noted that information about counselling and bereavement services were available to patients in the waiting room.

# 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.

- The practice offered extended hours on a Tuesday evening until 7.10pm at Cinderford Health Centre for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, we were told by the member of the Patient Participation Group that the practice would deliver medicines to patients by car outside of the practice if they had mobility problems

### Access to the service

The practice was open between 8.30am and 6pm on Mondays, 8.30am and 4pm Tuesdays and Wednesdays, 8.30am and 12.45pm Thursdays and Fridays. Pre-booked appointments are from 8.40am to 11.30am every morning from Monday to Friday and 2pm to 5.30pm on Monday afternoons and could be booked up to two weeks in advance. Urgent appointments were also available on the day for people that needed them. Patients can also access GP services at Cinderford health centre when this branch was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages. Patients told us on the day they were able to get appointments when they needed them.

- 84.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 83.6% and national average of 73.3%.
- 84.1% patients described their experience of making an appointment as good compared to the CCG average of 80.9% and national average of 73.3%.
- 79.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.1% and national average of 64.8%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. for example, on the practice's website and information for patient leaflet. .

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The practice discussed complaints weekly until they were resolved and it was open and transparent when dealing with the complaint. Lessons learnt from individual complaints had been acted upon and the complaints discussed at practice meetings to improve the quality of care delivered

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 that:

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

### Leadership, openness and transparency

The partners in the practice had experience and aimed to provide high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that 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 safety incidents:

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

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

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

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patient participation group requested a disabled parking bay next to the entrance gate. The practice arranged for this to be done and we were told that this has been well used by patients and their families.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was 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, a social enterprise organisation commissioned by the Clinical

Commissioning Group to provide drug and alcohol service including a prescribing service is based in Cinderford near to the surgery. One of the GPs undertakes drug and alcohol substitute prescribing for the practice patients who have registered with the service.