Dr Young & Partners

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Young & Partners on 6 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure all GPs have completed safeguarding adults training.
- Ensure that all equipment is prepared in line with current guidelines before use.
- Ensure the security of prescription forms in printers when consulting and treatment rooms are unattended.
- Ensure patient safety alerts are actioned and the actions taken are clearly documented.
- Ensure all staff have received an appraisal in the last 12 months.
- Establish and operate effective audit and governance systems to evaluate and improve practice.This is in respect of having a programme of clinical audits and re-audits to demonstrate improved patient outcomes.

The areas where the provider should make improvement are:

- Ensure systems and processes around the checking of emergency medicines and equipment are effective.
- Ensure all staff have received infection control and prevention training appropriate to their role.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice could not provide evidence that some of the GPs have completed safeguarding adult training.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example :

- The spirometer was not calibrated in line with guidance from The Association for Respiratory Technology and Physiology.
- Some of the medicines and equipment had passed their expiration date.
- Prescription forms in printers were not secure when consulting and treatment rooms were unattended.
- The practice kept records of patient safety alerts and could demonstrate this had been cascaded appropriately. However, the practice could not demonstrate that safety alerts had been acted on and the actions taken were not clearly recorded.
- Staff were given relevant information relating to infection prevention and control, however, staff had not received appropriate infection and prevention control training.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans, however, not all staff had received an appraisal in the last 12 months, for example, the lead nurse was overdue an appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There had been four clinical audits undertaken in the last two years, however, none of these were completed audits.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice provided additional appointments between January and March for patients diagnosed with chronic obstructive pulmonary disease (COPD) to avoid unnecessary hospital admissions. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.
- The practice was open on Saturdays between January and March and provided additional appointments as part of the winter resilience programme. They were also open on Saturdays between October and November from 8.30am to 12.30pm where they offered patients the opportunity to have flu vaccines.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had an overarching governance framework, which outlined the structures and procedures in place to support the delivery of strategy and good quality care. However we found that governance arrangements did not always operate effectively.
- 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 notifiable safety incidents. However we saw that safety alerts were not always actioned and actions were not clearly documented.
- 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

Requires improvement

The practice is rated as requires improvement for the care of older patients. The provider is rated as requires improvement for safe and effective as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice actively worked with a community nurse for patients over the age of 75 who carried out assessments and liaised with other professionals to ensure the health and social care needs of older patients were met. This nurse had also established a local carers group for the village.
- Two of the GPs at the practice alternated visits to carry out weekly half day “ward rounds” in two local nursing homes where they undertook assessments and reviews.
- The practice held monthly meeting with community teams such as the district nurses, community physiotherapists, occupational therapists and social workers to identify and proactively manage patients at risk of hospital admission.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long term conditions. The provider is rated as requires improvement for safe and effective as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a lead nurse who visited housebound patients to carry out reviews of long term conditions. They also had training to enable them to offer insulin initiation at the practice.

Summary of findings

- The practice achieved 97% of the targets for care of patients with diabetes in 2014/15 which was above the clinical commissioning group average of 95% and above the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young patients. The provider is rated as requires improvement for safe and effective as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- 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. The practice ran a dedicated vaccine clinic annually to promote vaccination against the meningitis virus.
- 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.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the clinical commissioning group of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). The provider is rated as requires improvement for safe and effective

as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- 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 offered extended hours on Monday evenings between 6.30pm and 8pm.
- 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.
- The practice participated in a Gloucester scheme called 'Choice Plus', which provided additional GP appointments for patients with acute on the day problems at various locations in the county.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe and effective as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice supported three homes for patients with learning disability and offered medical support to these homes.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Summary of findings

- 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)

Requires improvement

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The provider is rated as requires improvement for safe and effective as well as overall. The provider is rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was below the clinical commissioning group (CCG) of 86% and national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 93% which was comparable to the CCG average of 93% and above the national average of 88%.
- There was a primary care mental health nurse who held fortnightly clinics at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty-eight survey forms were distributed and 133 (60%) were returned. This represented approximately 1.3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards, of which 50 were all positive about the standard of care received. Patients said they received a professional service at the practice and they felt that the GPs, nurses and receptionist were kind, caring and compassionate. Three of the five negative comment cards related to difficulties getting an appointment. The other two comments cards referred to individual issues and were not aligned to any patterns.

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

We looked at the NHS Friends and Family Test for March 2016, where patients are asked if they would recommend the practice. The results showed 100% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service MUST take to improve

- Ensure all GPs have completed safeguarding adults training.
- Ensure that all equipment is prepared in line with current guidelines before use.
- Ensure the security of prescription forms in printers when consulting and treatment rooms are unattended.
- Ensure patient safety alerts are actioned and the actions taken are clearly documented.
- Ensure all staff have received an appraisal in the last 12 months.
- Establish and operate effective audit and governance systems to evaluate and improve practice. This is in respect of having a programme of clinical audits and re-audits to demonstrate improved patient outcomes.

Action the service SHOULD take to improve

- Ensure systems and processes around the checking of emergency medicines and equipment are effective.
- Ensure all staff have received infection control and prevention training appropriate to their role.

Dr Young & Partners

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 manager specialist adviser.

Background to Dr Young & Partners

Dr Young and Partners also known locally as Seven Posts Surgery and Greyholme Surgery is a GP partnership located in Cheltenham. Greyholme Surgery is the provider's branch surgery located approximately three miles from the main practice and which we visited as part of this inspection. The practice premises are both single storey buildings, accommodating five consulting rooms and one treatment room at Seven Posts Surgery and, four consulting rooms and one treatment room at Greyholme Surgery.

The practice provides its services to approximately 10,000 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following addresses:

326A Prestbury Road,

Prestbury,

Cheltenham,

Gloucestershire,

GL52 3DD.

And,

Greyholme Surgery,

Church Road,

Bishops Cleeve,

Gloucestershire,

GL52 8LT.

The practice partnership has six GP partners and two salaried GPs making a total of approximately five whole time equivalent GPs. There are two male and six female GPs. The nursing team include one nurse practitioner and three practice nurses who were all female. The practice also employed two health care assistants. The practice management and administration team included a practice manager, a deputy manager and 17 administration and reception staff.

The practice has a higher than average population of patients aged between 45 and 54, and above the age of 65. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 84 years, which is above the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8am to 6pm. Extended hours are available on Mondays from 6.30pm to 8pm.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

Detailed findings

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Dr young & Partners.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit at the provider's main location and the branch surgery on 6 July 2016. During our visit we:

- Spoke with a range of staff including four GPs, one nurse practitioner, one practice nurse, one health care assistant, four reception staff, the deputy practice manager and the practice manager.
- We also spoke with patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We found that one of the drug safety updates issued in February 2016 by the Medicines and Healthcare products Regulatory Agency (MHRA) was cascaded to the GPs, however, this had not been actioned. The provider sent us information following our inspection to show that they have now reviewed the affected patients and made contact with those patients. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient was not informed the result of their blood test so they could amend their blood thinning medicines, the practice provided additional training for staff and introduced a system where patients could have their blood tests and advice on the dosage required for their blood thinning medicines whilst on their appointment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 on safeguarding children and vulnerable adults relevant to their role. However, the practice could not demonstrate that some of the GPs had received safeguarding adults training. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding children level two and were working towards level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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 been instructed to read and sign the infection control policy. The infection control lead realised that this was not sufficient and had been looking into appropriate training for all staff. 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 and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads in stock were securely stored and there were systems in place to monitor their use. However, we found that prescription forms in printers were not secure when consulting and treatment rooms were unattended. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we found that the spirometer was not calibrated in line with guidelines from The Association for Respiratory Technology and Physiology. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, not all the medicines and equipment we checked were in date. For example, we found two medicines, the equipment for administrating medicines intravenously and the defibrillator pads were out of date. The practice already had additional stock for the out of date medicines and equipment, and these were replaced immediately. There was a system in place for checking the emergency equipment and medicines however; this needed to be more effective to ensure they were readily available for use in an emergency situation.
- 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.

Requires improvement

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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice's exception rate overall was 6% which was below the clinical commissioning group (CCG) of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97% which was above the CCG average of 95% and the national average of 89%.
- Performance for mental health related indicators was 99% which was above the CCG average of 97% and the national average of 93%.

Due to lack of clinical re-audit there was no evidence of quality improvement

- There had been four clinical audits undertaken in the last two years, however, none of these were completed audits where the improvements made were implemented and monitored. Re-audits were planned for later in 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients at risk of stroke and reviewing NICE guidance for treatment recommendations for those patients.

Information about patients' outcomes was used to make improvements such as providing information to patients identified as at risk of stroke about the risks and benefits of blood thinning therapies.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The health care assistant was in the process of completing a six month role specific training and one of the practice nurses was undertaking respiratory training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Requires improvement

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months except for the lead nurse who was overdue an appraisal since 2012.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, the practice could not provide evidence that some of the GPs have completed safeguarding adult training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service and could be referred to social prescribing. Social prescribing was a CCG initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. Weekly visits were undertaken by the lead nurse for housebound patients with long-term conditions to review their health and medicines. Older patients, those diagnosed with dementia, their families and carers were visited by the community nurse for the elderly to ensure their health and social needs were being met.
- Smoking cessation advice was available from the Gloucester stop smoking team. The practice had recently recruited a health care assistant who was also able to offer smoking cessation advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 71% compared to the CCG average of 63% and national average of 58%. The practice also

Requires improvement

Are services effective?

(for example, treatment is effective)

encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 76% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 67% to 97% compared to the CCG average of 72% to 96%; and five year olds ranged from 88% to 93% compared to the CCG average of 90% to 95%.

The practice was proactive in promoting immunisation against the meningitis virus, and offered an annual dedicated clinic for vaccination against this virus.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, however, the practice was not currently offering NHS health checks for patients aged 40–74 due to a recent shortage of nursing staff. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Of the 55 Care Quality Commission comment cards we received, 50 were all positive about the standard of care received. Patients said they received a professional service at the practice and they felt that the GPs, nurses and receptionist were kind, caring and treated them with dignity and respect. Three of the five negative comment cards related to difficulties getting an appointment. The other two comments cards referred to individual issues and were not aligned to any patterns.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 306 patients as carers (3% of the practice list). The practice had a dedicated carers' board in the reception area at both locations. Carers were offered annual health checks and could be referred to a social prescribing service (a CCG initiative to identify appropriate services to patients with specific needs, beyond their medical care). Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with the community nurse for older patients to organise a carers' event at the main practice and were planning to arrange another similar event later in the year. This nurse had also established a local carers group for the village.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the winter resilience program. They provided additional appointments between January and March for patients diagnosed with chronic obstructive pulmonary disease to avoid unnecessary hospital admissions. Practice data showed that a total of 248 additional appointments were offered on Mondays to Fridays and 212 on Saturdays between January 2016 and March 2016.

- The practice offered extended hours on Mondays until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Two of the GPs at the practice alternated visits to carry out weekly half day "ward rounds" in two local nursing homes where they undertook assessments and reviews.
- The practice support three homes for patients with learning disability and offered medical support to these homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was open on Saturdays from January to March and provided additional appointments as part of the winter resilience programme. They were also open on Saturdays between October and November from 8.30am to 12.30pm where they offered patients the opportunity to have flu vaccines.
- The practice offered a doctor triage between 8am to 6.30pm, Monday to Friday.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were from 8am to 6pm. Extended hours were available on Mondays from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

The practice had adopted a GP triage system where patients would be contacted to assess their medical needs and either an appointment, telephone consultation or a home visit would be offered. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 from posters in the waiting area, the complaints information leaflet and on the practice's website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at one complaint received in the last 12 months and found this was satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, when some patients complained that the attitude of reception staff was poor, the practice arranged additional training for reception staff.

Are services well-led?

Good

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

Our findings

The practice informed us that they had been under significant pressure over the last year and have had difficulties in recruiting sufficient clinical staff to meet patient demands. They had escalated their concerns to the clinical commissioning group and have had to put some services on hold such as NHS health checks for patients aged 40–74 and smoking cessation until they had the capacity to resume delivery of these services. Since escalating these issues, the practice has successfully recruited one health care assistant and one GP partner.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework, that 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 available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

However we found that governance arrangements relating to systems and processes did not always operate effectively. For example:

- There was a programme of clinical and internal audit to monitor quality and to make improvements. However, none of the practice's clinical audits were completed audits. There were plans in place to undertake re-audits later this year.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Training and development programmes were in place for staff, however we found that not all staff had undertaken recommended training, for example adult safeguarding and infection control training. We also saw that not all staff had received an appraisal within the last 12 months.
- Prescription forms in printers were not always kept secure.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held an annual general meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice held regular social events.

Are services well-led?

Good

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

- 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.
- The practice gathered information from appraisals and presented suggestions to the partners. For example, the practice introduced additional leave for staff which they could take within the two weeks before or after their birthday.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced the use of text messaging service to remind patients of their appointments following discussion with the PPG.
- The practice had gathered feedback from staff through an annual staff survey, generally through staff annual general meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice participated in a Gloucester scheme called 'Choice Plus', which provided additional GP appointments for patients with acute on the day problems at various locations in the county.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (1) Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** • Equipment used for providing care or treatment to a service user must be safe for such use and used in a safe way. The spirometer was not calibrated as recommended by guidelines. • Not all relevant patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency were acted on, and the actions taken were not clearly recorded. • Prescription forms in printers were not secure when consulting and treatment rooms were unattended. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **17.**—(1) Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part. **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

- The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
- The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- The registered person did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e)

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.