

Dr R H Webster & Partners

Quality Report

Longlevens Surgery
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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 of Dr R H Webster & Partners on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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. Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was undergoing extensive building works to expand the practice by adding a second storey which would host an additional four consultation rooms, a disabled patient toilet, office space and a patient lift once completed in November 2016.
- 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 area where the provider should make improvement are:

Summary of findings

- Improve their identification and support of carers.
- Ensure that all documentation for patient group directions for nurses to administer medicines are signed in entirety by the authorised person.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, during this inspection we found six documents for patient group directions for nurses to administer medicines were not signed in full by the authorised person. This has since been rectified.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Data from NHS England showed that the practice flu uptake for 2015/16 was the highest in the locality and the practice were ranked first of the 80 practices.
- The practice had employed a pharmacist at the practice following a recent pilot which resulted in greater time efficiency and reduced pressures on the clinical team.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.
- The practice had identified 40 patients as carers (0.5% of the practice list). We saw the practice was trying to identify carers on their register by placing a carer's folder in the waiting room, asking if patients were carers on the new patient registration forms and through carer information on their website.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice participated 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 implemented a yellow "no questions" slip for young patients wanting an urgent appointment. This ensured that they avoided being asked for the reason behind the appointment to make it easier for them to see a GP.
- The practice had implemented health care assistant (HCA) led elderly care assessments which saw the HCA leading weekly clinics in the practice and patients homes.
- 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. The practice was undergoing

Good



Summary of findings

extensive building works to expand the practice by adding a second storey which would host an additional four consultation rooms, a disabled patient toilet, office space and a patient lift once completed in November 2016.

- Information about how to complain was available on the practice website and from leaflets in the waiting room. This was 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?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The partners and practice manager worked to manage the smooth day to day running of the practice alongside the potentially disruptive building works. Patients we spoke with commended that practice on the seamless running of the practice at this time.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example dementia, influenza, shingles and pneumococcal immunisations. Data from NHS England showed that the practice flu uptake for 2015/16 was the highest in the locality and the practice were ranked first of the 80 practices.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Health care assistants led on elderly care assessment clinics and provided domiciliary visits to housebound patients.
- All patients aged over 75 had a named GP.
- The practice had dedicated GPs providing care in local residential and care homes who ensured a planned review was undertaken for all patients on a fortnightly basis.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators in 2014/15 was 98% which was above both the clinical commissioning group average of 95% and the national average of 89%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 94% compared to a local average of 90% and a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosts an annual diabetic eye screening service.

Good



Summary of findings

- A heart failure nurse visits the practice weekly. However, due to the extensive building work at the time of our inspection patients were being seen by the heart failure nurses in their own setting rather than the practice due to lack of clinical space.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 implemented a yellow “no questions” card for young patients wanting an urgent appointment. This ensured that they avoided being asked for the reason behind the appointment to make it easier for them to see a GP.
- The practice’s uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years in 2014/15 was 83% which was comparable to both the clinical commissioning group average 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. The practice child safeguarding lead had monthly meetings with the health visitor and school nurses.
- The practice held three monthly multidisciplinary meetings with the midwife who held clinics every other week at the practice.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- 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 offered extended GP and nurse hours to provide improved accessibility for those patients who worked. The practice held Saturday morning clinics during the winter months.
- A full range of in-house family planning including contraceptive implants, coils, and other forms of contraception were available in the practice. One of the GPs performed endometrial biopsies (a medical procedure that involves taking a tissue sample from the lining of the uterus).

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice displayed information for carers in the waiting room, on their website, on the health education screen and offered carers health checks.
- The practice held a register of carers and supported them to receive appropriate support. However the list of people so far identified who are carers was limited.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (2014/15), which was above both the clinical commissioning group average (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All these patients had a named GP and a structured annual review with a longer appointment to check their health and medicines needs were being met and to agree on a mental health care plan.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A primary mental health nurse held weekly clinics at the practice.
- The practice supported a local disability school and raised funds for them annually.
- 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 consistently above both local and national averages. Two hundred and thirty-five survey forms were distributed and 121 were returned, a completion rate of 51.5% (which represented 1.6% of the patient population).

- 92% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and a national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 83% and a 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 23 comment cards all of which were positive about the standard of care received. Patients told us that they received excellent and professional care and that

they were treated with dignity and respect. Two of the comment cards were positive mixed with negative comments relating to access to one of the porta cabins as it is via a step not a ramp like the other porta cabin. The practice manager informed us that they would move into the building or see patients with limited mobility or ensure they were seen in the porta cabin with ramp access.

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

We looked at practice reviews on NHS choices; six of the seven reviews were positive about the practice, commenting on a caring and professional service, with particular mention of a friendly and helpful reception team. Patients also commented that they felt supported and listened to by the nurses and GPs. The one negative comment relating to appointment access was in contradiction to the other six comments and GP Survey responses. We noted that the practice had responded to most of the reviews.

We looked at the most recent NHS Friends and Family Test from May 2016 where patients are asked if they would recommend the practice. The results showed that of the 12 responses, 83% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service SHOULD take to improve

- Improve their identification and support of carers.
- Ensure that all documentation for patient group directions for nurses to administer medicines are signed in entirety by the authorised person.

Dr R H Webster & 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 nurse specialist adviser.

Background to Dr R H Webster & Partners

The practice is more commonly known as Longlevens Surgery and is a long established GP practice which has been providing primary care services in the current location since 1990. Longlevens is situated approximately two miles outside of Gloucester city centre.

At the time of our inspection the practice was undergoing major renovation work to expand the facilities and was providing services in part of the main building and in two porta cabins. The practice is situated in a single storey purpose built premises which is wheelchair accessible and the extension will provide a second storey at the rear of the practice to host four further consultation rooms with lift access.

The practice provides general medical services to approximately 7,400 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has four GP partners (two female and two male) which is equivalent to approximately three and a half

full time equivalent GPs. The clinical team includes two practice nurses and two health care assistants (all female). The practice manager is supported by a team of administrators, receptionists and a pharmacist.

Longlevens Surgery is an approved training practice for qualified doctors with hospital experience who wish to become GPs and medical students.

The practice population averages are comparable for all age ranges when compared to local and national averages. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 95% of patients being white British.

The practice is located in an area with the lowest possible social deprivation score rated by public health England. The prevalence of patients with a long standing health condition is 49% compared to the local CCG average of 55% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8.30am and 6.30pm on Monday to Friday. Between 8am - 8.30am on Mondays and Tuesdays telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Extended surgery hours are also offered on Wednesday, Thursday and Friday mornings from 7.30am to 8.30am.

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

The practice provided its services from the following address:

Longlevens Surgery
19b Church Road

Detailed findings

Gloucester

Gloucestershire

GL2 0AJ

This was the first inspection of Dr R H Webster & 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 on 13 September 2016. During our visit we:

- Spoke with a range of staff including four GPs, the practice manager, the pharmacist, one nurse and two members of the administration team. In addition to this we spoke with nine patients and two patient participation group members who used the service.
- 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 23 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.

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 saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended to have a cyst removed, local anaesthetic was given which caused the cyst to become impalpable (difficult to find). Discussions were held at a significant event meeting and areas identified for change in order to prevent this happening again such as marking the affected area prior to administering local anaesthetic. The patient was contacted; explanations were given and they were told of the actions the practice had taken to prevent reoccurrence.

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. GPs were trained to child protection or child safeguarding level three, nurses and health care assistants to level two or three and all other team members were trained to level one.

- Notices in the consultation rooms and treatment rooms 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 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 practice had also undertaken an additional infection control risk assessment to incorporate the extensive building works taking place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However,

Are services safe?

during this inspection we found six PGDs were not signed in the correct place by the GP as there were duplicate places in the document to sign and only one part was signed. We pointed this out to the practice manager, and have now received evidence that this had been rectified. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions, 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 four 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 which identified local health and safety representatives. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An in depth buildings works risk assessment had been completed prior to the expansion commencing.

- 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. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 from 2014/15 were 99.5% of the total number of points available. Exception reporting for the practice was 7% which was below both the local average of 10% and the 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 some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 98% which was above both the clinical commissioning group (CCG) average of 95% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was above both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice measured their performance against practices in the area with similar patient demographics and disease prevalence.

Findings were used by the practice to improve services. For example, recent action taken as a result included sending letters to 45 patients who had received injections for shoulder or knee pain to ascertain pain levels before and after the injections. The results achieved were the views of the patients that had received treatment. Audit results identified for shoulder injections that the patient average pain scale prior to the injection was 8.6 (out of ten) which was significantly higher than the pain scale following the injection of 6.6. The results for knee injections showed that the patient average pain scale prior to the injection was 9 which was significantly higher than the pain scale following the injection of 3.5.

Information about patients' outcomes was used to make improvements such as: the practice had employed a pharmacist at the practice following a recent pilot which resulted in greater time efficiency and reduced pressures on the clinical team. The pharmacist role included checking medicines for new patients, dealing with medicines queries, nursing home medicine reviews, polypharmacy audit and the use of the electronic prescription service. Following a recent alert relating to a narcotic pain medicine which identified a patient death following use in a hot bath, the pharmacist devised a letter detailing the risks associated with heat and sent to all relevant patients at the practice.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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.

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 a financial 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.
- Smoking cessation advice was available from a local support group. The practice had recently been visited by a dietician who identified patients with low body mass index and held a clinic educating patients and offering appropriate interventions.

The practice's uptake for the cervical screening programme was 83%, which was comparable to both the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 77%, which was comparable to the CCG average of 77% and above the national average of 72%. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 66% which was above both the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were above the CCG averages. For example, childhood immunisation rates for the vaccines given to under two

year olds ranged from 77% to 100% compared to CCG averages of 72% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 94% to 100% compared to CCG averages of 90% to 95%.

Data from NHS England showed that the practice flu uptake for 2015/16 was the highest in the locality and the practice were ranked first of the 80 practices.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Four consultation rooms were temporarily sited in porta cabins during building works. The practice had risk assessed the building works and identified that conversations could be heard in the porta cabin waiting room. Music was introduced in the waiting rooms to ensure that private conversations could not be heard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice also had a privacy window at one side of the reception desk with a screen for added privacy for patients that did not wish to use a private room.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of the comment cards were positive mixed with negative comments relating to access to one of the porta cabins as it is via a step not a ramp like the other porta cabin. The practice manager informed us that they would move into the building or see patients with limited mobility or ensure they were seen in the porta cabin with ramp access.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased 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 in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and 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 national average of 95%.
- 88% 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%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above both local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.

Are services caring?

- 88% 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%.
- 85% 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.
- Information leaflets were available in easy read format.
- The screen in the waiting room provided health promotion advice.
- The practice had a hearing loop.

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 40 patients as carers (0.5% of the practice list.) The practice worked with Carers Gloucestershire to ensure patients receive appropriate support. Written information as well as details on the practice website was available to direct carers to various avenues of support available to them. All carers were invited for an annual health check with the health care assistant.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated 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 offered GP extended hour's surgeries on Wednesday to Friday mornings from 7.30am to 8.30am and ran some Saturday clinics through the winter months for working patients who could not attend during normal opening hours.
- The practice participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice implemented a yellow "no questions" slip for young patients wanting an urgent appointment. This ensured that they avoided being asked for the reason behind the appointment to make it easier for them to see a GP.
- The practice had implemented health care assistant (HCA) led elderly care assessments which saw the HCA leading weekly clinics in the practice and patients homes.
- 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.
- 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 GPs provided dedicated support to local residential and care homes, ensuring all patients received a planned review at least every two weeks.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8am - 8.30am on Mondays and Tuesdays telephone calls were diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Extended surgery hours were also offered on Wednesday, Thursday and Friday mornings from 7.30am to 8.30am. In addition to pre-bookable appointments that could be booked up to eight 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 above both the local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 92% 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%.

Patients 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.

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.

Are services responsive to people's needs? (for example, to feedback?)

- 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; there were detailed leaflets available in the waiting room and details on the practice website.

We looked at eight complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient attended for a scheduled appointment to find that it had been cancelled due to GP sickness. An apology was given, contact details updated and the patient was offered an alternate appointment that day through the Choice Plus scheme.

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.
- The practice was undergoing extensive building works to expand the practice by adding a second storey which would host an additional four consultation rooms, a disabled patient toilet, office space and a patient lift once completed in November 2016. During this time the practice had kept all services running through utilising two porta cabins to provide four consultation rooms and adjusting the clinician's hours. The partners and practice manager worked to manage the smooth day to day running of the practice alongside the potentially disruptive building works. Patients we spoke with commended that practice on the seamless running of the practice at this time.

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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were very 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 regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held at least once a year.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys and complaints received. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, through a patient survey the PPG identified a need for better confidentiality at the check in screen. This was discussed with the practice manager and the font size on the screen was reduced and a partition was placed on one side of the screen for added privacy. The PPG regularly raised funds for equipment for the practice by holding fish and chip quiz nights, Christmas raffles and book sales. The PPG worked collaboratively with the practice to ensure that all donations were spent in line with patients' needs and had purchased many items of equipment for the practice including a defibrillator and blood pressure monitors. The PPG spoke highly of the GPs, staff and practice manager at the practice advising that they always listened, were caring and responsive to any feedback and suggestions given.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff we spoke with 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 participated in a clinical commissioning group (CCG) led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice participated 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 and could be seen at the practice.
- The practice was a teaching and training practice and supported Registrars and medical students (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).