

Dr Esmail Esmailji

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Esmail Esmailji	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Esmail Esmailji on 19 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.
- Risks to patients were assessed and generally well managed, however the practice had not completed an infection control audit.
- 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.
- Patients said they found it very 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 practice provided excellent patient access all urgent appointments were scheduled for the same day and routine appointment could be scheduled within 48 hours.

The areas where the provider must make improvements are:

Summary of findings

- Undertake and implement an infection control audit for assessing and monitoring risks associated with infection control, and undertake any relevant actions as required.
- Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring) and share learning to improve patient outcomes.
- The provider must implement and undertake full written appraisals for all staff.
- Assess, monitor and improve the quality and safety of the services provided in relation to legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

- Establish patient participation engagement within the practice to ensure feedback is proactively sought.

The areas where the provider should make improvement are:

- Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

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 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.
- Although risks to patients were assessed and generally well managed, risks to infection control and legionella had not been assessed. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

For example,

- There was no current infection control audit in place and the practice did not have a blood and bodily fluid spillage kit.
- The practice advised us that a legionella audit had been completed by NHS property services however they were unable to evidence this on the day of our inspection.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were aligned with or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

However:

Requires improvement



Summary of findings

- Audits were undertaken but the practice had not carried out any repeat clinical audit cycles and there was limited evidence that findings were used by the practice to improve services.
- There was no written evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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. Comprehensive advice and signposting to a number of organisations that provide patient support was displayed in the waiting room.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 Stroud General Hospital or The Vale Hospital. The appointments were triaged at the practice and available under strict criteria which resulted in greater emergency appointment availability for patients.
- 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.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Routine appointments were available within two days.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available 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. However, the practice had not completed an infection control audit and clinical audits were not complete.
- 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 practice proactively sought feedback from staff and patients, which it acted on. The practice were in the process of trying to form and engage a patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe and effective. The provider was 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.

However, there were examples of good practice. For example,

- 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, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The health care assistant was going to undertake training to be able to visit over 75's for review appointments.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe and effective. The provider was 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.

However, there were examples of good practice. For example,

- The practice had a specialist nurse for diabetes and respiratory disease who provided both chronic and acute management of these patients within their area of expertise. Support from a GP was available if needed, and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators in 2014/15 was 93% which was below the clinical commissioning group average of 95% and above the national average of 89%.
- Longer appointments and home visits were available when needed.
- Due to being a single handed practice, all patients had a named GP and a structured annual review to check their health and

Requires improvement



Summary of findings

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

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe and effective. The provider was 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.

However, there were examples of good practice. For example,

- 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. We were advised that the rate for 12 month olds immunised for Meningitis C in 2014/15 was much higher than 60% due to a coding issue.
- 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 women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years in 2014/15 was 84% 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.

Requires improvement



Working age people (including those recently retired and students)

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

However, there were examples of good practice. For example,

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online appointments as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on Tuesdays and Thursdays from 7.30am to 8.30am.
- Telephone consultations were available for patients who may not need to be seen at the practice.

People whose circumstances may make them vulnerable

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

However, there were examples of good practice. For example,

- The practice registered 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 and offered carers health checks.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

safe and effective. The provider was 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.

However, there were examples of good practice. For example,

- 99% 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 above both the clinical commissioning group average (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was 98% 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A mental health triage nurse held clinics at the practice every other week.

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 above both local and national averages. Two hundred and seventy-two survey forms were distributed and 125 were returned, a completion rate of 46% (which represented 4.5% of the patient population).

- 100% 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 89% and a national average of 85%.
- 96% 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%.
- 91% 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 62 comment cards all of which were very 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. Patients repeatedly advised of excellent access to appointments are friendly and caring staff.

We spoke with six patients during the inspection. All six 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; all six reviews were positive about the practice commenting on a friendly service with great appointment access where the practice team knew their patients well and often went above their duty to improve care for patients.

Areas for improvement

Action the service **MUST** take to improve

- Undertake and implement an infection control audit for assessing and monitoring risks associated with infection control, and undertake any relevant actions as required.
- Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring) and share learning to improve patient outcomes.
- The provider must implement and undertake full written appraisals for all staff.

- Assess, monitor and improve the quality and safety of the services provided in relation to legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- Establish patient participation engagement within the practice to ensure feedback is proactively sought.

Action the service **SHOULD** take to improve

- Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

Dr Esmail Esmailji

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 Esmail Esmailji

Dr Esmail Esmailji is located within Stonehouse Health Clinic in Stonehouse, Gloucestershire and is a long established family orientated small GP practice. The practice is situated in a two storey purpose built health centre building and is wheelchair accessible.

The practice provides general medical services to approximately 2,700 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 one GP (male) who is supported by a regular locum GP (female), which is equivalent to approximately one and a half full time equivalent GPs. The clinical team includes a practice nurse and a health care assistant (both female). The clinical team are supported by an administrator and two receptionists.

The practice population has a higher proportion of patients aged over 75 compared to local and national averages. For example, 12% of practice patients are aged over 75 compared to the local clinical commissioning group (CCG)

average of 9% and the national average of 8%. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 97.5% of patients being white British.

The practice is located in an area with low social deprivation and is placed in the third least deprived decile by public health England. The prevalence of patients with a long standing health condition is 61% 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 8am and 6.30pm on Monday to Friday. Appointments are available between 8am and 12pm every morning and 4pm to 6pm every afternoon. Extended surgery hours are offered Tuesday and Thursday mornings between 7.30am and 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:

High Street
Stonehouse
Gloucestershire
GL10 2NG

This was the first inspection of Dr Esmail Esmailji. We noted that the practice were not registered for surgical procedures. The provider informed us that they did not realise they had to register for surgical procedures. The provider advised that they would apply to CQC for this registration.

Detailed findings

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 19 July 2016. During our visit we:

- Spoke with a range of staff including the lead GP, one nurse, one health care assistant and three members of the reception/administration team. In addition to this we spoke with six patients 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 62 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, following a patient reporting that their prescription had been sent to an incorrect pharmacy for collection, the practice reviewed its procedure and discussed the changes at a practice meeting to ensure that this incident could not reoccur.

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. The GPs and practice nurse were trained to child protection or child safeguarding level three, the health care assistant was trained to level two and all administration staff 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. There was an infection control protocol in place and staff had received up to date training. However we did not see any evidence to assure us that annual infection control audits were undertaken and the practice did not have a blood or bodily fluid spillage kit.
- 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 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 the practice nurse 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. 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

Are services safe?

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 three 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 area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. The practice advised us that a legionella audit had been completed by the NHS property services however, they were unable to evidence this to us on the day of our inspection. 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. Due to being a very small team, all team members were able to cross cover one another where appropriate.

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 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 97% of the total number of points available. Exception reporting for the practice was 3% 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 93% which was below the clinical commissioning group (CCG) average of 95% and above the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was comparable to both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 98% which was above both the CCG average of 97% and the national average of 93%.

There was evidence of clinical audit however due to no re-audit, we could not conclude any quality improvement had occurred.

- There had been three clinical audits undertaken in the last two years, none of these were completed audits where improvements had been made, implemented or monitored.
- The practice participated in local audits, national benchmarking, accreditation and research. The practice measured their performance against practices in the area with similar patient demographics and disease prevalence.

Information about patients' outcomes was used to make improvements such as: the practice developed a lipid lowering dietary advice pack for patients found to have high cholesterol. This consisted of a letter to the patient detailing their cholesterol levels, an explanation of what cholesterol is, factors which affect the blood level of cholesterol and how diet can help reduce high cholesterol levels. The pack also contained a lowering cholesterol fact sheet, choosing the right fats for a healthy heart information sheet and an ultimate cholesterol lowering plan.

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 practice health care assistant was due to undertake a course to enable them to visit patients over the age of 75 to review their care.
- 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of 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, informal one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, none of the team had received a formal written 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 practice actively referred patients to be seen by a mental health triage nurse that held clinics at the practice every two weeks.
- 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.
- Dietary and smoking cessation advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 84%, 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.

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 78%, which was above both 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 55% which was below both the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were mostly above both the CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 100% compared to CCG averages of 72% to 96%, with the exception of the Meningitis C immunisation for 12 month

Are services effective?

(for example, treatment is effective)

olds which was 60%, we were advised that this figure was lower than the actual uptake due to a system coding error. Childhood immunisation rates for the vaccines given to five year olds were all at 100% compared to CCG averages of 90% to 95%.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 62 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with 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 national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% 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%.
- 94% 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%.

- 94% 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%.
- 100% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above both local and national averages. For example:

- 93% 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%.
- 94% 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%.
- 93% 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 19 patients as carers (0.7% of the practice list). The practice's new patient registration form asks whether patients were carers and whether they would like to be added to the carers register. The practice had carers information notice board in the

waiting room and a carers folder detailing relevant support groups. Carers were offered annual health checks and longer appointments and could be referred to social prescribing. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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.

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 and could be seen at the practice. The practice also participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Stroud General Hospital or The Vale Hospital. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.

- Bookable telephone appointments were available 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.
- 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.
- There were disabled facilities and translation services available.
- 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 8am and 6.30pm Monday to Friday. Appointments were available between 8am and 12pm every morning and 4pm to 6pm every afternoon. Extended surgery hours were offered Tuesday and

Thursday mornings between 7.30am and 8.30am. 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 above both the local and national averages.

- 98% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 100% 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 and only had to wait up to two days for a routine appointment.

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.

- 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.

We looked at three 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, following

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

an ongoing complaint that was found to be not upheld by NHS England, the practice reviewed their zero tolerance policy and procedures to ensure that staff were better protected.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice carried out clinical and internal audit however due to the lack of completed re-audits, it did not demonstrate monitoring of quality or improvements made.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice could not evidence that they had completed an infection control audit or legionella risk assessment.

Leadership and culture

On the day of inspection the GP lead 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 GP lead was 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 GP lead 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 the lead GP.

- 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 GP lead in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP lead 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.

- The practice had gathered feedback from patients through surveys and complaints received. The practice informed us that they were trying to form and implement a patient participation group (PPG) as a priority. The practice was aware of the importance and benefits of having an active PPG. The practice should continue to explore ways to develop the PPG.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would

Are services well-led?

Good 

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

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 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 support service might be of most benefit.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Good Governance</p> <p>17.—(1) Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>How the regulation was not being met:</p> <p>We found the registered provider did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring) and share learning to improve patient outcomes.</p> <p>Establish patient participation engagement within the practice to ensure feedback is proactively sought.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (2)(a)HSCA 2008 (Regulated Activities) Regulations 2014

Staffing

18- (2) Persons employed by the service provider in the provision of a regulated activity must-

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met:

- We found the registered person did not have robust appraisal procedures in place to ensure persons employed all received a formal written appraisal.

This was in breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA (Regulated Activities) Regulations 2014

Safe care and treatment

12-.(1) Care and treatment must be provided in a safe way for service users.

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

- The system to identify, assess and mitigate risks arising from cross infection had not been operated effectively. Control of infection and legionella risk assessments required by the relevant code of practice had not been completed.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.