

# Heathville Medical Practice, Aspen Centre

## Quality Report


Horton Road,  
Gloucester  
Gloucestershire GL1 3PX  
Tel: 01452 337733  
Website:

Date of inspection visit: 27 October 2015  
Date of publication: 17/12/2015

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

## 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	6
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Heathville Medical Practice, Aspen Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heathville Road Surgery and the branch surgery at Tuffley Surgery, Warwick Avenue, Gloucestershire on the 27 October 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well led, effective, caring and responsive services. It was also rated as good for providing services for all of the population groups.

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

- We found patients needs were assessed and care was planned and delivered following best practice guidance.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments always available the same day.
- Risks to patients were assessed and well managed.
- Staff worked cohesively as a team and understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a strong leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- The leadership, governance and culture within the practice were used to drive and improve the delivery of high-quality person-centred care.

We saw an area of outstanding practice:

The practice participated in innovative pilot programmes such as the Choice Plus project which

# Summary of findings

increased patient access to urgent care appointments and chronic illness management.

**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. We found the practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement across the staff team. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times. The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements. The practice had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Good



### Are services effective?

The practice is rated as good for providing effective services. We found systems were in place to ensure all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients such as in the teenage health check. Information about the outcomes of patients' care and treatment was routinely collected and monitored through auditing and data collection. For example, the practice undertook audits to identify appropriate referral of patients to hospital. We found staff had the skills, knowledge and experience to deliver care and treatment and had undertaken additional training to support this.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' feedback about the practice said they were treated with kindness, dignity, respect and compassion while they received care and treatment. Patients told us they were treated as individuals and partners in their care. We found the practice routinely identified patients with caring responsibilities and supported them in their role. Patients told us their appointment time was always as long as was needed, there was no time pressure, and patients were reassured that their emotional needs were listened to empathetically.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted upon suggestions for improvements and changed the way it

Good



# Summary of findings

delivered services in response to feedback from the patient participation group (PPG). It 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. We found urgent and routine appointments were available the same day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. There were systems in place to monitor and improve quality and identify risk. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice proactively sought feedback from staff and patients, which it acted upon. Staff had received induction, regular performance reviews and attended staff meetings and events.

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 people. Nationally reported data such as that from NHS England, showed outcomes for patients were good for conditions commonly found in older people. 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, emergency admission avoidance. We found integrated working arrangements with community teams such as the community lead nurse for older people. During the influenza vaccination campaign the practice ran Saturday clinics for patients who could only get to the practice with the help of a working relative. The practice had signed up to the nursing home enhanced service and one GP visits weekly. The practice worked closely with carers and one staff member acted as the carer's champion.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. Patients diagnosed with long term conditions were supported through a range of clinics held for specific conditions such as, asthma, chronic obstructive pulmonary disease (COPD) and heart failure. Nurse led clinics and home review visits were available to patients diagnosed with long term conditions such as diabetes. Longer appointments and home visits were available when needed. All of these patients had a structured annual review to check their health and medicines needs were being met. Patients receiving palliative care, those with cancer diagnosis and patients likely to require unplanned admissions to hospital were added to the Out of Hours system to share information and patient choices and decisions with other service providers. There was nurse and GP leads for chronic disease management. The practice offered winter rescue packs to patients with Chronic Obstructive Pulmonary Disease. Patients were also able to access tele-health a monitoring system that promoted self-care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 people who had a high number of A&E attendances. All the vulnerable families had a named GP and all out of hours contacts were reviewed and the practice arranged an appointment for anyone needed to be followed up by a GP. The

Good



# Summary of findings

practice monitored children who did not attend appointments and informed the health visitors of any concerns. They had a child protection lead who attended child protection meetings and a monthly meeting with midwives and health visitors. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Students who are resident in the local area for study may choose to register with the practice but alternatively were seen as a temporary patient if necessary.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the service availability it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group, such as NHS Health checks for those between 40 and 74 years. The practice offered good access to GPs for telephone consultations. They offered extended hours with both GPs and nurses for patients with chronic diseases. There were pre-bookable GP appointments and pre-bookable treatment room appointments to help patients plan their health care. They offered on line access for patients to order prescriptions and book appointments. The practice could refer patients to the community health trainers to offer local support to patients to improve health and well-being.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They held a register of vulnerable patients including those patients living with a learning disability. The practice support residents living at a residential home which was attached to the National Star College. Patients had a direct line to the practice, and had a dedicated GP overseeing their care. The practice also maintains a supportive care register which included patients with life-limiting conditions and those needing terminal or palliative care. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients could access additional services onsite such as substance misuse services.

Good



# Summary of findings

They had a GP who took the lead managing patients with learning disabilities. The practice did not routinely register homeless patients as these people were supported and catered for at a nearby specialist facility.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including patients with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. The practice accessed community based support services for patients living with dementia.

Staff had received training about how to care for patients with mental health needs and dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as talking therapies.

**Good**





# Summary of findings

## What people who use the service say

We spoke with five patients visiting the practice and received five comment cards from patients. It should be noted that the practice did not receive comment cards until two days prior to the inspection. We also looked at the practice's NHS Choices website to look at comments made by patients, all of which expressed a positive view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

We found that the national GP patient survey data published on 4 July 2015 was comparable or better than the average for the Gloucestershire Clinical Commissioning Group (CCG), and reflected patient comments as expressed on NHS Choices. There were 284 survey forms distributed for the practice and 117 forms were returned. This was a response rate of 44.3%:

- 86.7% of respondents found it easy to get through to the practice by phone compared to a CCG average of 83.6% and a national average of 73.8%.
- 90.7% of respondents found the receptionists at this practice helpful compared to a CCG average of 90.1% and a national average of 86.8%.
- 62% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 68.5% and a national average of 60%.
- 96.2% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89.5% and a national average of 85.2%.
- 92.6% of respondents said the last appointment they got was convenient this was lower than the CCG average of 92.9% and the national average of 91.8%.
- 74.2% usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 69.1% and a national average of 64.8%.

We read the commentary responses from patients on the CQC comment cards and Friends and Family Test and noted they included observations such as

- The services were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff were helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect
- Patients expressed their satisfaction overall with the treatment received.

We also spoke to patients who were very positive, praised the care and treatment they received and felt confident in their treatment.

The practice had a patient participation group (PPG) with 46 members. The gender and ethnicity of group was representative of the total practice patient population, the group was widely advertised and information about the group was available on the website and in the practice. From the PPG action plan the practice had managed the following issues :

- Put into place a telephone in the waiting area directly linking to the reception to provide a direct contact to staff.
- Implemented barrier control for the car park exit to prevent people parking so patients could exit the car park safely.
- Worked with the landlord to improve the building signage at the main entrance to make it clearer for patients.
- Changed the Heathville waiting room layout to remove any hazards.
- Improved confidentiality for patients at the Tuffley Surgery by the addition of a radio in the waiting room to muffle noise from consulting rooms.

The practice had also commenced their 'friends and family test' which was available in a paper format placed in the reception area and online. The results from December 2014 to date indicated that 201 of the patients who responded stated they would recommend the practice and commented about the efficiency and professionalism of the practice, whilst eight stated they would not.

# Heathville Medical Practice, Aspen Centre

## 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 special advisor, a nurse special advisor and a second CQC inspector.

## Background to Heathville Medical Practice, Aspen Centre

Heathville Road Surgery is located within a purpose built centre called the Aspen Centre, in a suburb of Gloucester. They have approximately 10,100 patients registered.

The practice operates from two locations:

Heathville Road Surgery (main site)

Aspen Centre,

Horton Road,

Gloucestershire GL1 3PX

And

38 Warwick Avenue (branch surgery)

Tuffley

Gloucestershire

The main site is in a new purpose built health centre shared with other healthcare services. The branch surgery is located in a converted bungalow. The consulting and

treatment rooms for the Heathville Road practice are situated on the first floor. The practice has nine consulting rooms, one for each GP Partner and two allocated for any trainee GPs on placement. There are three treatment rooms for use by nurses, health care assistants and a phlebotomy room. The reception area and administrative staff are sited on the ground floor; there is a waiting room area on the first floor. There is patient parking immediately outside the practice with spaces reserved for those with disabilities. The Heathville Road practice is fully accessible and has easy access for children in pushchairs and has baby changing and feeding facilities on site. The branch surgery at Warwick Avenue whilst having undergone a refurbishment and extension is limited by the constraints of the building. There is a patient waiting room, one consulting room and a treatment room and a reception area. Patients registered with the practice can access GP services at both sites.

The practice is made up of six GP partners, three salaried GPs and the practice manager, working alongside three qualified nurses and one health care assistant and a phlebotomist. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8.30am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. Extended opening hours are available for prebookable appointments on a Thursday evening from 18:30 to 20.00 at Heathville Road Surgery. The clinical staff work across both sites whilst the administrative and reception staff work in one location.

The practice has a General Medical Services contract with NHS England (a nationally agreed contract negotiated

# Detailed findings

between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations and unplanned admission avoidance.

The practice is a training practice and offers placements to medical students and trainee GPs.

The practice does not provide out of hour's services to its patients, this is provided by the South West Ambulance Service Trust. Contact information for this service is available in the practice and on the website.

## Patient Age Distribution

0-4 years old: 5.38%

5-14 years old: 10.53%

15-44 years old: 36.05%

45-64 years old: 27.04%

65-74 years old: 11.79%

75-84 years old: 6.88%

85+ years old: 2.33%

## Gender

Male patients: 49.42 %

Female patients: 50.58 %

## Other Population Demographics

% of Patients in a Residential Home: 0.44 %

% of Patients on Disability Living Allowance: 5.19 %

% of Patients from BME populations: 1.7 %

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and

regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note 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.

## 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 27 October 2015. During our visit we spoke with a range of staff including GPs, nurses, reception and administrative staff and the management team, and spoke with patients who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed anonymised treatment records of patients.

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

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

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

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

People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All incidents received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed an incident whereby a patient had a particularly difficult diagnosis which had only been achieved after several consultations. The learning for the practice was to inform and access further diagnostic pathways which may help diagnosis of less common illnesses.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

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

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. 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 a dedicated isolation room which could be used for patients presenting with symptoms of a communicable illness.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment

## Are services safe?

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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to access and an alternate venue to operate from.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Reviews of records were conducted to provide assurance about best clinical practice.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent results were provided by the practice for the year 2014-2015 where 533.90 points had been achieved out of 559 of the total number of points available. The practice had achieved maximum points in the public health domain which covered cardiovascular disease prevention, blood pressure monitoring, obesity and smoking advice. The practice had achieved a lower than forecast target for the diabetes clinical domain. The practice had 633 patients (6%) with diabetes who required regular reviews. We asked the practice about this and were told about the action taken to address these issues. We were told a new member of staff had been recruited who would be able to undertake these reviews; the recall process had been changed, and existing staff had been enrolled on specialist training to equip them to undertake diabetes care.

Data from 2013-14 showed:

- Performance achievement for the diabetes related indicators was 78.4% which was 17.2% below the Clinical Commissioning Group (CCG) and 11.7% below the national average.

- The percentage of patients with hypertension having regular blood pressure tests were 82.8% which was below the CCG and national average, however the data for 2014-15 showed this had improved and the practice had achieved 100% of the available QOF points.
- Performance for mental health related and hypertension indicators was 84.2% which was 11.4% below the CCG and 6.2% below the national average, however the data for 2014-15 showed this had improved and the practice had achieved 93.6% of the available QOF points.
- The dementia indicators was 96.7% which was comparable to the CCG average at 96.9% and above the national average of 93.4%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patients' outcomes. There had been seven clinical audits completed in the last year, one of these was a completed audit and the remainder were ongoing so that improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice monitored and reviewed medicines prescribing which ensured patients received appropriate treatment.

We found information about patient's outcomes was used to signpost areas for clinical audit and make improvements such as a review of all existing and new patients with a diagnosis of prostate cancer was undertaken specifically if patients were overdue for prostate-specific antigen blood test (PSA) which measures the level in a patient's blood and is an indicator of prostate cancer. Of the 67 patients reviewed, 15 required an intervention such as an outpatient review or repeat blood test. The outcome from this identified the need for ongoing surveillance of patients' notes to ensure that they were followed up appropriately.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together with other health and social care services 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician referral was available and smoking cessation advice was available from a health care assistant.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme achieved 100% of expected QOF points. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or above the Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.8% to 100% and five year olds from 91.7% to 100%. The NHS England data which benchmarked the practice against others in the CCG indicated that the influenza vaccination rates for the over 65s and for the 'at risk' groups, the practice was in the upper half of the group, these were above the CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 4 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.8% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 88.6%.
- 93% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.6%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.6% and national average of 95.2%.
- 89.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.9% and national average of 85.1%.

- 93.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.1% and national average of 90.4%.
- 90.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 90.1% and national average of 86.8%.

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

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

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

- 93.2% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.1% and national average of 86.0%.
- 88.7% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.5% and national average of 84.8%.

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.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and 76 patients had been identified as carers and were being supported by the practice carer's champion. Additional support was offered through offering



## Are services caring?

health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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 worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice had participated in a pilot clinical audit with the CCG, which ascertained the appropriateness of referrals of patients for urgent care.

- Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example, urgent access appointments were available for children and those with more acute medical conditions.
- There were longer appointments available for patients with long term chronic diseases.
- Extended hours appointments were available for working patients
- The practice was part of a pilot scheme called Choice Plus. This meant that patients registered with the practice could access on the day appointments at the local walk in centre, the agreement was that the practice could access up to 30 appointments each week. This freed up time for the practice GPs to concentrate on the management of patients with chronic illness.
- The practice responded to requests from patients unable to go to the surgery, for home visits. One GP was allocated an afternoon each day to undertake these visits which allowed sufficient time for visits to be made without needing to return to the practice for afternoon surgery. Any time not spent on urgent home visits was used by GPs to make additional visits to chronically ill patients.
- A GP held regular clinics in three local care homes for older people which promoted continuity of care for the patients.
- The practice operated INR star which offered onsite anticoagulant blood testing and allowed for immediate results for patients who were monitored for the correct dosage of anticoagulant medicine.
- The practice hosted sessions with a mental health nurse for the mental health intermediate care team once a week, they also attended the monthly multidisciplinary team meetings.

- The Aspen Centre was fully accessible for all patients with services provided over two floors, an audio lift gave access to the second floor; a hearing loop and translation services were available at both sites.
- The branch surgery gave patients choice and accessibility to a local GP service.
- The practice had a number of patients with learning disabilities and complex needs to whom they offered a direct telephone line to the practice and completed home visits where appropriate including for flu vaccinations. The new building at the Aspen Centre is accessible and these patients were encouraged to visit the practice to be an inclusive community based resource.
- The practice hosted additional healthcare services; both NHS funded and privately funded, which allowed patients single site access to a variety of treatments.
- The practice had been successful in its application to the Prime Ministers fund to provide additional respiratory nursing support for their patients.
- Patients with a learning disability were invited to attend a yearly comprehensive health review which followed the Cardiff protocols. Patients were sent accessible information in order to be prepared for their appointment.

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. There were prebookable appointments up to six weeks ahead. They offered a number of emergency appointments each day to support those patients who needed to be seen urgently. Extended hours surgeries were offered until 8.00pm on Thursdays for those patients who found it difficult to get to the surgery during normal working hours. In addition the branch surgery was open between 8.30am and 5.30pm Monday to Wednesday and 8.30am and 2.30pm Thursday and Friday. Both GP and nurse appointments were offered at the branch surgery. Midwife appointments were also available at both sites.

Results from the national GP patient survey published July 2015 showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. Patients we spoke to on the day were able to get appointments when they needed them. For example:

# Are services responsive to people's needs?

(for example, to feedback?)

- 86.7% patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group (CCG) average of 83.6% and national average of 73.3%
- 87.4% patients described their experience of making an appointment as good compared to the CCG average of 80.9% and national average of 73.3%
- 74.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.1% and national average of 64.8%
- 96.2% of patients who were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 89.5% and national average of 85.2%

## Listening and learning from concerns and complaints

The practice had a 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 on the practice website and posters displayed within the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a selection of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved without reference to other outside agencies.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated through the team such as greater awareness of explaining processes to patients who were offered appointments at the local walk in centre.

# 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

Leaders within the practice had an inspiring shared purpose; they strove to deliver and motivate staff to succeed. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke. We found that there was strong leadership and strategic vision within the practice.

We found the partners in the practice understood their role in leading the organisation and enabling staff to provide good quality care. The practice had a strategic approach to future planning and had put in place succession arrangements to identify and address future risks to personnel leaving or retiring. Another example of this was the time and attention by the practice to the Aspen Centre building layout and 'future proofing' for development with additional space being included in the plan. This had resulted in other healthcare services being sited within the centre offering a range of NHS and private services such as aortic aneurism screening and minor surgery.

We found details of the vision and practice values were part of the practice's strategy and business planning. The practice vision and values included, providing the highest quality care which meets the identified needs of patients whilst supporting patients to make decisions to improve and maintain their health. Staff told us that they treated patients with courtesy, dignity and respect at all times by putting patients at the centre of everything the practice does.

The practice also participated and engaged with colleagues as part of the Gloucestershire Clinical Commissioning Group (CCG) locality. There was a whole team approach to change and innovation which involved the staff and the patient participation group and related agencies such as the CCG.

### Governance arrangements

Staff were able to demonstrate their understanding and commitment to providing high quality patient centred care. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

We found the practice had systems in place for monitoring the quality of care, for example, audits, procedures, reviews, monitoring mechanisms, questionnaires and meetings. These individual aspects of governance provided evidence of how the practice functioned and the level of service quality and reflected the high quality of care we observed was delivered to patients.

The practice held a series of meetings which contributed to the governance of the practice. These included monthly whole staff meetings, weekly partners meetings and fortnightly nurses meetings which monitored patient outcomes in respect of quality audits, serious and significant events, complaints, patient feedback, performance data and other information relating to the quality of the service. We saw meeting minutes and reports that demonstrated the practice routinely reviewed data and information to improve quality of service and outcomes for patients.

We found the practice approached governance and improvement in a supportive and collaborative way, making use of additional resources such as the Clinical Commissioning Group (CCG) purchase of online training. The practice had a number of policies and procedures in place to govern activity and these were available on a shared drive which staff could access from any computer in the practice. We looked at a number of these policies and procedures and found that they had been reviewed regularly and were up to date. GPs and nursing staff were provided with clinical protocols and pathways to follow for some of the aspects of their work such as written protocols for nursing procedures which followed best practice for the administration of vaccines.

The GPs met informally on a daily basis to review, reflect and discuss any patients concerns or issues. The GPs we spoke to recognised this as being a valuable session both as a supportive mechanism and a learning forum. Salaried GPs and trainees were included in meetings and this was reflected in the conversations we had with them where they felt included and valued in the running and development of the service. The practice provided us with a list of the areas for which each partner GP took the

# Are services well-led?

Good 

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

professional lead in the practice. The practice also had the ethos of completing the work that came in on the same day including making sure all test results were reviewed on the day they arrived.

We spoke with 10 members of staff and they were all clear about their roles and responsibilities. They told us they felt valued, well supported and would go to the practice manager with any concerns. We found that the responsibility for improving outcomes for patients was shared by all staff. For example, all the staff undertook dementia awareness training to be able to understand and communicate more effectively with patients living with dementia.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice was equitable with national standards. When targets were not met appropriate action had been taken to address the shortfall. For example, the practice recognised they had not achieved all the review targets for their large number of patients with diabetes. They had engaged another member of staff who was experienced and qualified to undertake diabetes reviews and sponsored another member of staff to undertake specialist training in this area. The practice had systems in place to monitor and improve quality.

The practice ensured risks to the delivery of care were identified and mitigated before they became issues. We found risk assessments had been carried out where risks were identified and action plans had been produced and implemented, for example within the business continuity plan. We discussed how the practice monitored 'at risk' patients to meet the requirements of the enhanced services. For example, the 'Avoiding Unplanned Admissions' enhanced service meant the practice needed to be proactive in identifying vulnerable patients and ensuring care plans were in place and were regularly reviewed.

The practice had a continuous programme of clinical audit which it used to monitor quality and systems to identify where action should be taken, informed by outcomes for patients. For example, the minor surgery outcomes were audited annually to ensure that patients had received safe, effective treatment. The practice periodically looked at

other indicators such as survey results, other forms of patient feedback, sudden deaths, diagnosis of new cancers and staff appraisals to provide an in depth review of service provision and shape their ongoing business plan.

## Leadership, openness and transparency

There was a well-established management structure with clear allocation of responsibilities. We spoke with a number of staff, both clinical and non-clinical, and they were all clear about their own roles and responsibilities. They were able to tell us what was expected of them in their role and how they kept up to date. Staff told us there was an open culture in the practice and they could report any incidents or concerns about the practice. This ensured honesty and transparency was at a high level. We saw evidence of incidents that had been reported by staff, and these had been investigated and actions identified to prevent a recurrence. The staff we spoke with were clear about how to report incidents. Staff told us they felt supported by the practice manager and the clinical staff and they worked well together as a team. We were shown the online staff information and handbook which was available to all staff. Those we spoke with knew where to find these policies if required.

The practice was proactive in planning for future needs; GPs and nurses were being provided the opportunities and access to additional training to improve services and enhance their skills. There was evidence that the practice took the welfare of its staff seriously and performance was reviewed to support staff to develop and improve. The partners and manager also had a yearly away day which was intended to review, consolidate and plan for the service. The away day was an opportunity to undertake a review of the previous year, including what had been the successes and what could have been done better or differently, and looking forward to where the practice was going. This demonstrated the practice took an innovative approach to team productivity and improvement.

A GP partner held lead responsibility within the practice as the Caldicott Guardian and was clear about their role. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian; this was mandated for the NHS by Health Service Circular: HSC 1999/012. The practice had protocols in place for confidentiality, data protection and information sharing.

# Are services well-led?

Good 

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

Information on the practice website also told patients about policies such as confidentiality and how patients could access their own records. The practice also had a policy to follow for patients who made freedom of information requests.

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

The practice demonstrated a strong commitment to seeking and listening to patient views. They showed us a range of evidence, such as patient feedback, compliments and complaints they had used to focus improvements on the needs and wishes of patients. This included celebrating what had gone well as well as identifying areas for improvement. For example, following the move from the old premises at Heathville Road to the new premises at Horton Road the practice had gathered feedback from 122 patients through a patient survey specifically about the new location. The survey included comments and observations such as improving the signage to the practice on the main road. This had been raised with the landlord by the practice manager and was in the process of being actioned.

The patient participation group (PPG) included representatives from various population groups. The PPG had been involved in the patient surveys twice yearly. The results and actions agreed from these surveys are available on the practice website. Members were consulted about surveys and changes within the practice such as using the Aspen Centre proactively to promote health issues. The PPG were highly regarded by the practice management team for their contributions to shaping the way the practice functioned.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. There was a low turnover of staff who told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## Innovation

There was a focus on improvement and learning shared by all staff. The practice was a GP training practice with two partners taking lead responsibility for GP training. The ethos of the practice was that GPs in training brought new ideas and ways of working to the practice, and were able to challenge established practice. It also provided practical experience for medical students.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. In the staff files we looked at we saw regular appraisal took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice culture was innovative, forward looking and adaptable, they participated in joint working for local service developments such as accessing the Prime Ministers Challenge Fund to provide additional support to the practice to address any shortfalls or any identified additional needs of the patient population. In the practice this had resulted in an additional four hours per week for six weeks of a trained nurse experienced in managing long term respiratory disease to undertake reviews. One of the GP partners acted as the CCG deputy chairperson.

The practice took part in research and pilot projects such as the audit of direct patient discharges which had reviewed the appropriateness of hospital referrals by the practice. This involved an audit of direct discharges from the local emergency department to ensure referrals made by the practice were appropriate. This was completed as a pilot which after evaluation was rolled out to the Gloucestershire CCG for completion. The practice was also involved with the 'Atrial Fibrillation in Primary Care Project for Gloucestershire' which was part of a national initiative to increase diagnosis and reduce strokes. These projects contributed to the practice remaining up to date with latest developments in clinical care.

The practice collaborated with the two other practices based within the building to develop shared working practices which contributed to the safety and well-being of patients who used the services.