

London Medical Practice

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at London Road Medical Practice on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 provider relocated premises to the Aspen Centre in August 2014 and during this period a number of key staff left employment, this difficult period was

Summary of findings

reflected in the 2014/15 Quality and Outcomes Framework (QOF) data. During our inspection we saw that the provider had rebuilt the practice team and significantly improved QOF data for 2015/16.

The areas where the provider must make improvement are:

- Ensure personnel files contain all documentation as set out in the practice recruitment policy and schedule three of the Health and Social Care Act 2008.

The areas where the provider should make improvement are:

- Assess, monitor and improve the quality and safety of the services provided in relation to legionella and fire risks.
- Establish patient participation engagement within the practice to ensure feedback is proactively sought and continue to explore ways to develop the patient participation group.

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.
- Risks to patients were assessed and managed. However, on the day of our inspection risks identified and actions to be carried out from legionella and fire risk assessments had not been undertaken. These were completed and evidence submitted within two days of our inspection.

However:

- Recruitment arrangements did not always include all necessary employment checks for all staff, for example some personnel files did not contain all documentation as set out in the practice recruitment policy and schedule three of the Health and Social Care Act 2008 such as CVs and two references per staff member.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were aligned to and below the national average. However the practice performed significantly lower than the clinical commissioning group (CCG) and national averages for the following patient care performance indicators; asthma, chronic kidney disease, chronic obstructive pulmonary disease and diabetes. Data shown for 2015/16 demonstrated that the practice had achieved in with CCG and national averages.

Good



Summary of findings

- The practice performed significantly lower than the CCG and national averages for childhood immunisations for five year olds in 2014/15. However data seen for 2015/16 demonstrated that the practice had achieved in line with CCG and national averages.
- Clinical audits demonstrated quality improvement.
- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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 risks.
- 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 had tried to engage with a patient participation group however this was still a work in progress.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in 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 practice visited five local care homes weekly to see patients and carry out annual reviews, medication reviews and end of life planning. Each partner was allocated to a particular care home to ensure continuity of care.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance in 2014/15 for overall diabetes related indicators was 74% which was below both the clinical commissioning group average of 95% and national average of 89%. This was due to a staffing shortfall during this period, the practice showed us data from 2015/16 which showed they had achieved 100%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations in 2015/16.
- 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 was 71% which was below the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby changing and feeding rooms available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The GPs held regular sessions at the King School in Gloucester.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on Saturdays twice monthly.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Good



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

- 87% of patients diagnosed with dementia had their care reviewed in the last 12 months (2014/15), which was above both the clinical commissioning group (CCG) average of 79% and the national average of 77%.
- Overall performance for mental health related indicators in 2014/15 was 91% compared to 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred survey forms were distributed and 122 were returned, a completion rate of 41% (which represents approximately 2% of the patient population). Feedback from the survey showed;

- 79% 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%.
- 85% 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 76%.
- 86% 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%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 83% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients commented that staff were caring, professional and listened to them.

We spoke with 11 patients during the inspection. All 11 patients said their GP provided them with the care and treatment to meet their needs. Patients also thought staff were approachable, committed and caring. All patients advised that the practice had excellent facilities and was always clean and tidy.

Areas for improvement

Action the service **MUST** take to improve

- Ensure personnel files contain all documentation as set out in the practice recruitment policy and schedule three of the Health and Social Care Act 2008.

Action the service **SHOULD** take to improve

- Assess, monitor and improve the quality and safety of the services provided in relation to legionella and fire risks.
- Establish patient participation engagement within the practice to ensure feedback is proactively sought and continue to explore ways to develop the patient participation group.

London Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to London Medical Practice

London Medical Practice is located within a modern purpose built building called the Aspen Centre which is shared with other healthcare providers, in a suburb of the city of Gloucester. The premises are wheelchair accessible with automatic doors and lifts to the practice. The provider relocated premises to the Aspen Centre in August 2014 and during this period a number of key staff left employment, this difficult period was reflected in the 2014/15 Quality and Outcomes Framework (QOF) data. During our inspection we saw that the provider had rebuilt the practice team and significantly improved QOF data for 2015/16.

The practice is approved for training qualified doctors who wish to become GPs and provides general medical services to approximately 5,100 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 three GP partners (all male), which is equivalent to two and a half full time GPs. The GPs are supported by an advanced nurse practitioner, two practice

nurses and one healthcare assistant (all female). The practice management team comprises of a practice manager and a business manager who are supported by ten administrators/receptionists.

Information from Public Health England 2015 shows the practice population has a higher proportion of patients aged between 65 and 74 compared to local and national averages. For example, 22% of the practice's patients are aged between 65 and 74 compared to the clinical commissioning group (CCG) average of 20% and the national average of 17%. Of the working age population 8% were unemployed which is above the national average of 5%. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 89% of patients being white British.

The practice is located in an area of average social deprivation. (The area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The prevalence of patients with a long standing health condition is 54% compared to the local CCG average 55% and national average 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

Average male and female life expectancy for the practice is 77 and 83 years respectively, which is comparable to the national averages of 79 and 83 years.

The practice is open between 8.30am and 6pm Monday to Friday. Between 8am - 8.30am and 6pm - 6.30pm every weekday telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to

Detailed findings

respond to issues if needed. Appointments are available between 8.30am and 5.40pm. Extended surgery hours are also offered twice a month on Saturday mornings between 8.30am and 10.30am.

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

The practice provides its services from the following address:

London Medical Practice

Aspen Centre

Horton Road

Gloucester

Gloucestershire

GL1 3PX

This is the second inspection of London Medical practice. The practice was previously inspected at their previous location under different methodology on the 25 November 2013 and was found to meet all standards previously inspected.

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 24 May 2016. During our visit we:

- Spoke with a range of staff including three GPs, one advanced nurse practitioner, two practice nurses, one healthcare assistant, the practice manager, the business manager and the lead receptionist.
- We spoke with 11 patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 23 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform either the business manager or 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 failing to attend three consecutive contraception injection appointments the practice implemented a protocol to ensure that all such appointments were clearly differentiated when being booked and clinicians initiated a follow up for any missed appointments. The protocol was discussed and agreed at a practice meeting.

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 both electronically and as a paper copy. 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 children and a lead for safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The remainder of the clinical team were trained to child safeguarding level two and all other staff were trained to level one.

- A notice in the waiting room and in 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of

Are services safe?

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 (PSD). A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we noted that not all files contained two references and CVs, the practice manager informed us that these would be retained on future files in line with the practice recruitment policy and schedule three of the Health and Social Care Act 2008.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had a fire risk assessment undertaken in 2014 however on the day of our inspection we noted that one of the actions relating to checking emergency lighting had not been implemented. The practice manager has subsequently submitted documentation evidencing that this action has been implemented and regular checking has been completed since our inspection. The practice carried out regular fire drills in line with the fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted once again that the Legionella risk assessment highlighted actions to be undertaken, one of which relating to weekly checking of the water temperatures had not been implemented or undertaken by the practice. However, evidence has been submitted since our inspection detailing that these actions had been completed and regular checking of water temperatures was now in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a high staff turnover in 2014/15. However, they were now nearly at full capacity and were trying to recruit a female GP to undertake the remaining sessions.

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 utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results for 2014/15 showed the practice obtained 90% of the total number of points available. We noted that exception reporting overall was 7% which was below both the clinical commissioning group (CCG) 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). We looked at practice data for results obtained throughout 2015/16 which showed improvement as the practice achieved 100% of the total number of points available with an exception rate of 9%.

This practice was an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 74% which was below the CCG average of 95% and national average of 89%. This was due to a staffing shortfall during this period. The practice showed us data from 2015/16 which showed they had achieved 100%.
- Performance for mental health related indicators was 91% which was below the CCG average of 97% and comparable to the national average of 93%.

- Performance for asthma related indicators was 79% which was below the CCG average of 99% and the national average of 98%.
- Performance for chronic kidney disease related indicators was 74% which was below the CCG average of 97% and comparable to the national average of 95%.
- Performance for chronic obstructive pulmonary disease related indicators was 79% which was below the CCG average of 98% and the national average of 86%.
- There was evidence of quality improvement including clinical audit.
- There had been seven clinical audits undertaken in the eighteen months, one of these was a completed audit where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as providing all its extended hours clinics on alternate Saturdays now that the practice had almost addressed GP shortages.

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 funded for the practice nurses to complete sexual health and phlebotomy courses specific to their role. Due to the lack of a female GP the advanced nurse practitioner was enrolled on a coil insertion course.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with a learning disability. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses.

The practice's uptake for the cervical screening programme was 70%, which was below both the CCG average of 78% and the national average of 74%. 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 using information in different languages and for those with a learning disability and they ensured 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 76%, which was comparable to both the CCG average of 77% and 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 61% which was comparable to both the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages for under two year olds and

Are services effective?

(for example, treatment is effective)

significantly lower than CCG averages for five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 96% compared to CCG averages of 72% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 33% to 95% compared to CCG averages of 90% to 95%. We were advised that this was due to lack of nurse support during 2014/15. Figures for 2015/16 submitted by the practice showed that improvement had been made as childhood immunisation rates for the vaccines given to five year olds ranged from 82% upwards. Following our inspection the practice ran an audit on child vaccines and have implemented the following improvements; the search parameters have been changed from three years and six

months to three years and four months; all new registrations for children under the age of five would be passed to the administrator in charge of immunisation recalls to ensure they were on the register and the administrator to perform a monthly audit of all new registrations of children under the age of five to ensure they were on the immunisation recall register.

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 23 patient Care Quality Commission comment cards we received were positive about the service experienced with the exception of two which were both relating to issues with specific treatment. All other 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 87% 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%.
- 89% 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 similar to national averages for GP data and below national averages for nursing data. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had a hearing loop in reception to assist patients with hearing aids.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (1.5% of the practice list). 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 patient'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 CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.

- The practice offered extended hours twice a month on a Saturday morning from 8.30am until 10.30am 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients. The GPs and nurses also met briefly three times a day for "pulse" meetings where they could discuss any patient related concerns.
- The practice visited five local care homes once a week to see patients and carry out annual reviews, medication reviews and end of life planning. Each partner was allocated to a particular care home to ensure continuity of care.
- The GPs held regular sessions at the King School in Gloucester where students and teachers could book appointments.

Access to the service

The practice was open between 8.30am and 6pm on Monday to Friday. Between 8am - 8.30am and 6pm - 6.30pm every weekday, telephone calls were diverted to the practice call handling service (Message Link). They referred urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments were available between 8.30am and 5.40pm. Extended surgery hours were also offered twice a month on Saturday mornings between 8.30am and 10.30am. In addition to pre-bookable appointments that could be arranged up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had adopted a GP telephone triage system that ensured all patients were called back the same day and offered a suitable appointment or home visit by a GP where appropriate. 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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system and there were complaint leaflets in the waiting area; details were also available on the practice's website.

We looked at nine 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 as a result to improve the quality of care. For example, patients reported that the car park exit barrier was difficult to use so the practice installed a token system to prevent patients from forgetting the code.

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held 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 annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice had tried on several occasions to recruit patient participation group (PPG) members through holding meetings in the waiting area to engage patients, recruitment drives on the health education screen and details on the practice website. The practice had also arranged three meetings for PPG members however, only one member attended each of these meetings. The practice were aware of the importance and benefits of having an active PPG and were currently recruiting when we inspected. The practice should continue to explore ways to develop the PPG. The practice had

Are services well-led?

Good 

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

gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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. The practice also funded for the practice nurses to complete sexual health and phlebotomy courses specific to their role and were funding the advanced nurse practitioner to attend a coil insertion course.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have robust recruitment procedures including undertaking appropriate pre-employment checks to ensure persons employed for the purposes of carrying out regulated activity are of good character. CVs and reference checks had not been completed for all staff.</p> <p>Regulation 19(1)(a)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	