

Beeches Green Surgery

Quality Report

Beeches Green Health Centre,
Stroud,
Gloucestershire
GL5 4BH

Tel: 01453763980

Website: www.beechesgreensurgery.co.uk

Date of inspection visit: 24 November 2016

Date of publication: 26/01/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Beeches Green Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beeches Green Surgery on 24 November 2016. Overall the practice is rated as requires improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. Reviews and investigations were discussed. However lessons learnt were not shared in a timely way to support improvement and action points that had been documented were not always completed.

- There were practice specific policies that were available to all staff. However these had recently been implemented and we did not see evidence that these were embedded within the practice, for example the chaperone policy.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these were not always fully implemented, for example, in relation to infection control and fire safety.
- Not all staff had received essential training, for example, infection control and the appropriate level of children's safeguarding.
- The practice had a virtual patient participation group (PPG) but recognised that the relationship between the practice and the PPG could be more effective and told us that this was a focus for them going forward.

Summary of findings

- The practice provided cognitive behaviour therapy (CBT- a talking therapy that can help manage problems by changing the way people think and behave) for their patients.
- The practice provided an audiology service for their patients with good outcomes for patients.
- The practice provided medical services and psychiatric support to two residential units for people with eating disorders.

We saw two areas of outstanding practice:

- The practice supported patients with mental health problems. This included medical services to two residential units for people with eating disorders. It was recognised that this cohort of patients were high users of medical services. The practice provided general medical care, wound care in instances of self-harm and psychiatric support when necessary. The practice also provided cognitive behaviour therapy (CBT- a talking therapy that can help manage problems by changing the way people think and behave) for their patients.
- The practice provided an audiology service for their patients. We saw evidence that this had significantly reduced the number of referrals to secondary care,

and had in the last six months identified six potentially serious cases that were referred for further care in a timely way. Patients were appreciative of the service which provided prompt care close to home.

The areas where the provider must make improvements are:

- Ensure risks in relation to infection control and fire safety are monitored and managed
- Ensure identified actions identified in risk assessments are completed.
- Ensure recommended training has been undertaken.

In addition the provider should:

- Review and update policies in relation to chaperone duties
- Review procedures for reviewing significant events to ensure learning is shared to drive improvement in a timely manner.
- Continue the focus on improving collaborative working with the patient participation group.
- Improve the process for inviting carers for health reviews.

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.

Requires improvement



- Staff understood their responsibilities to raise concerns. There was an effective system in place for reporting and recording significant events. The practice carried out an annual analysis with all staff of the significant events. Incidents were also discussed as they arose at clinical meetings, however we saw no evidence of this, nor evidence that learning was shared with the wider team in a timely way. Action points that had been documented were not always completed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The premises were managed by the owners of the building and included cleaning services by NHS property services. A cleaning schedule had recently been introduced by the practice to improve oversight of standards of cleanliness and hygiene. Staff had not received comprehensive infection control training. An infection control audit had recently taken place and areas for improvement identified. However there were a number of actions outstanding.
- The practice had an up to date fire risk assessment. However the landlord had failed to complete the log book or conduct regular fire alarm checks. A fire drill had not been conducted in recent years. The practice's fire risk assessment indicated that immediate action was required to ensure fire doors had appropriate signage; however this had not been done.
- The practice was unable to provide evidence that the health care assistant had undertaken level two children safeguarding and protection training.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans 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.

Good



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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group 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 an alternative local centre when necessary.
- 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.
- 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.
- The practice provided medical services to two residential units for people with eating disorders. The practice provided general medical care, wound care in instances of self-harm and psychiatric support when necessary.
- The practice provided cognitive behaviour therapy (CBT- a talking therapy that can help manage problems by changing the way people think and behave) for their patients.

Summary of findings

- The practice provided an audiology service for their patients. We saw evidence that this had significantly reduced the number of referrals to secondary care, and had in the last twelve months identified six potentially serious cases that were referred for further care in a timely way. Patients were appreciative of the service which provided prompt care close to home.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.
- The provider was aware of and 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 had a strategy and supporting business plans which reflected the vision and values. However some staff we spoke with were unaware of the plans for the practice going forward.
- There were practice specific policies that were available to all staff. However some of these had recently been updated and we did not see evidence that these were embedded within the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However some of these were not always fully implemented or updated, for example, in relation to infection control and fire safety.
- Not all staff had received recommended training. For example, infection control and mental capacity training and children's safeguarding level two for the health care assistant.
- The practice had a virtual patient participation group (PPG) but recognised that the relationship between the practice and the PPG could be more effective and told us that this was a focus for them going forward

Requires improvement



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 provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- To support patients with needs that could be resolved non medically, the practice participated in the Gloucestershire social prescribing scheme. This scheme provided support for people with issues such as loneliness, low level mental health, healthy living and coping with caring responsibilities to help improve their well-being and meet their wider needs.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for people with long term conditions. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Longer appointments and home visits were available when needed.
- At the time of the inspection the GPs led on chronic disease management. The practice was in the process of recruiting a nurse who was qualified to fulfil this role.
- 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.
- One of the health care assistants checked hospital admission data to identify patients admitted to hospital and follow up post discharge. Patients not seen recently were also contacted by the health care assistant to see if there were any change in their circumstances that necessitated a change to care plans or a review by a GP.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84% which the same as the CCG average and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were offered for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice delivered training at the local schools to ensure teachers have the knowledge to support students, for example inhaler technique.

Requires improvement



Summary of findings

- The practice offers work placements for sixth form students who are considering a medical career.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Those who were unable to make it to the surgery were visited at home by the GP who knew them best.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to a local average of 86% and a national average of 84%
- The percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (/2014 to 2015) was 93% which was the same as the local average and comparable to a national average of 89%.

Requires improvement



Summary of findings

- 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 July 2016. The results showed the practice was performing in line with local and national averages. Of the 222 survey forms that were distributed and 117 were returned. This represented a 53% response rate compared to a national average of 38% and approximately 1% of the practice population.

- 99% of patients found it easy to get through to this practice by phone compared to the local average of 83% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Comments included that staff were kind and caring, efficient and professional.

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

Beeches Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Beeches Green Surgery

Beeches Green Surgery is located near to the centre of Stroud, a market town in Gloucestershire and has good transport links. The practice has a slightly higher than average patient population in the above 40 years age group and lower than average in the under years age group. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 8,500 patients. The area the practice serves is urban, semi-rural and rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low range for deprivation nationally and has a lower than average number of patients (0.5%) who are unemployed compared to the local average of 5%. The practice figures for those living with a long term condition is similar to both local and national averages.

The practice is managed by seven GP partners (three female and four male). The practice is supported by one salaried GP, female, two practice nurses, two health care assistants and an administrative team led by the practice manager. Beeches Green Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Morning appointments are available between 9am

and 11am every morning and afternoon appointments 4pm - 6pm every afternoon. Extended hours appointments are offered from 7.30am Monday mornings and between 6.30pm and 7pm on Wednesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the NHS 111 service. Out of hours services are provided by South West Ambulance Service.

The practice has a General Medical Services (GMS) contract to deliver health care services.

Beeches Green Surgery is registered to provide services from the following location:

Beeches Green Health Centre, Stroud, Gloucestershire GL5 4BH

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Beeches Green Surgery.

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.

Detailed findings

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 November 2016. During our visit we:

- Spoke with a range of staff including five GPs, one health care assistant, the practice manager and four administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an annual analysis with all staff of the significant events. We were told that incidents were discussed as they arose at weekly clinical meetings, however we saw no evidence of this, nor evidence that learning was shared with the wider team in a timely way. We reviewed incident reports and minutes of meetings where these were discussed annually. Action points were documented however we found that these were not always completed, nor that learning had been embedded throughout the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level three. However the health care assistant was only trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However we were told that receptionists who had been trained but had not undergone a DBS check had performed chaperone duties until very recently. The practice's chaperone policy did not reflect this.
- The premises were managed by the owners of the building and included cleaning services by NHS property services. We noted that the practice had been making efforts to improve communication and to define areas of responsibility and accountability with the landlords of the building. We received communication post inspection that showed that a meeting between the landlord and the practice had been arranged. A cleaning schedule had recently been introduced by the practice to improve oversight of standards of cleanliness and hygiene. A GP was the infection control lead. There was an infection control policy in place, however this made no reference to the safe disposal of waste and the practice were not able to demonstrate oversight as they were unable to inform us if the cleaners correctly labelled the clinical waste in line with legislation. Post inspection, we received information that the practice had checked with the cleaners that clinical waste was labelled correctly. The only training that had taken place was an in house session delivered to staff by a non-clinical member of staff which focussed on needle stick injuries, spillages and sample handling. Post inspection we received information that told us that comprehensive infection control training had been planned for all staff. An infection control audit had recently taken place and areas for improvement identified. However there were a number of actions outstanding.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service where appropriate.

Monitoring risks to patients

Risks to patients were assessed.

- 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 an up to date fire risk assessment. However, despite requests by the practice to the property services company, the landlord had failed to complete the log book or conduct regular fire alarm checks. On the day of the inspection the property company arrived to test the fire alarm; however some staff did not recognise it as the fire alarm. A fire drill had not been conducted in recent years. We discussed this with the practice at the inspection and have since received evidence documenting that a fire drill has now

taken place. The practice's fire risk assessment indicated that immediate action was required to ensure fire doors had appropriate signage; however this had not been done. 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).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a lockable, dedicated cupboard.
- 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. Medicines were checked and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with 8% exception reporting, compared to the clinical commissioning group (CCG) average 10%, and the national average 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was comparable with local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range (2014 to 2015) was 82% compared to a local average of 79% and the national average 77%.
- Performance for mental health related indicators was higher than the local and national averages. For example, the percentage of patients with a serious mental health illness who have a comprehensive,

agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 93% which was the same as the local average and comparable to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- Clinical audits had been conducted in the last two years; four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the management of patients with atrial fibrillation, a heart condition.

Information about patients' outcomes was used to make improvements such as: an audit demonstrated that none of the 14 patients with diabetes who were of child bearing age had received preconception advice. A follow up audit showed that ten of the 14 patients had received this advice.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. GPs within the practice carried out long term chronic conditions reviews. The health care assistant was being trained to perform lung function testing for appropriate patients. The practice was in the process of recruiting a suitably qualified nurse who would lead on chronic disease management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

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.

- Staff received training that included: safeguarding, basic life support and information governance and fire safety. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a teaching and training practice and supported Registrars, medical and nursing students (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). The practice also offered work placements for sixth form students who were considering a medical career.

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.
- The health care assistant checked hospital admission data to identify patients admitted to hospital and follow up post discharge. Patients not seen recently were also contacted by the health care assistant to see if there were any change in their circumstances that necessitated a change to care plans or a review by a GP.

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. When patients receive care from a range of different staff and services the practice ensured that the care was coordinated and was tailored to meet an individual's needs. For example, when a patient with cancer had to make a 100

mile round trip to undergo a regular procedure the practice liaised with secondary care colleagues and the palliative care team and trained their practice nurse to deliver this care.

Consent to care and treatment

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

- Some staff had not received training in mental capacity however those we spoke with 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 people, 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 appropriately 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.
- The practice's uptake for the cervical screening programme was 84% which the same as the CCG average and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by 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. For bowel cancer 62% of eligible patients had been screened which was similar to the local average

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

of 63% and above the national average of 58%. For breast cancer 82% of the eligible patients had received screening compared to a clinical CCG average of 76% and a national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 98% and five year

olds from 94% to 100% compared to the CCG of 90% to 96% and nationally 73% to 93%. Five year old immunisation rates were 94% to 100% compared to a local, 90% to 96% and nationally from 82% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and above average for the nurses and reception staff. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% 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 the national average of 85%

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 88% 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%.
- 94% 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.

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 76 patients as carers (1.5% of the practice list). Receptionists told us that they would be flexible regarding appointment times for

patients who were also carers. Five of the carers had received a health review in the last 12 months. There were no alerts on the computer system that flagged if a patient was a carer. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre. The appointments were triaged at the practice and available under strict criteria. This resulted in greater emergency appointment availability for patients.

- Extended hours appointments are offered from 7.30am until 7.45am on a Monday morning and 6.30pm to 7pm on Wednesday and Thursday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Those who were unable to make it to the surgery were visited at home by the GP who knew them best.
- Longer appointments were also available for any patient who needed it. For example, a patient who had difficulty with speech was always given a 20 minute appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided medical services to two residential units for people with eating disorders. It was recognised that this cohort of patients were high users of medical services. The practice provided general medical care, wound care in instances of self-harm and psychiatric support when necessary.
- The practice provided cognitive behaviour therapy (CBT- a talking therapy that can help manage problems by changing the way people think and behave) for their patients. We saw an example where a patient had gained benefit from CBT and had been able to stop the

medicines being taken for anxiety and depression. Despite funding no longer being available the practice continued to provide this for their patients because of the benefits seen.

- The practice provided an audiology service for their patients. In the previous 12 months, this service had saved 34 audiogram referrals, 14 hearing aid referrals and had identified six potentially serious cases of unilateral hearing loss, which resulted in specialist referral in a timely manner. We also saw that patients were appreciative of the service which provided prompt care close to home.
- To support patients with needs that could be resolved non medically, the practice participated in the Gloucestershire social prescribing scheme. This scheme provided support for people with issues such as loneliness, low level mental health, healthy living and coping with caring responsibilities to help improve their well-being and meet their wider needs.
- The practice delivered training at the local schools to ensure teachers have the knowledge to support students who required it, for example inhaler technique.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday and from 7.30 to 6.30pm on Mondays. Morning appointments are available between 9am and 11am every morning and afternoon appointments 4pm - 6pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

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

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system, for example, on the practice website and a patient leaflet. Both advised patients who to contact other than the practice if they wished to do so.

We looked at 10 complaints received in the last 12 months and found that these were appropriately handled in line with national guidance and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice received a complaint about the way they were spoken to by a receptionist. This was discussed at a practice meeting and staff were updated on customer service skills.

Are services well-led?

Requires improvement 

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

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however a number of policies had been updated or completed just prior to the inspection and these were not always fully implemented and embedded. For example:

- In relation to infection control and fire safety and chaperone duties.
- Not all staff had received recommended training. For example, infection control and mental capacity training.
- Learning from significant events were not shared in a timely manner to drive improvement.
- Only five of the seventy six carers identified, had received a health check in the last 12 months.

Leadership and culture

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

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

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

- The practice gave affected people 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.
- Staff said they felt respected, valued and supported by the leadership team. However some staff we spoke with were unaware of the plans for the practice going forward.
- 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 the virtual patient participation group (PPG) and through surveys and complaints received. A PPG member we spoke with told us that the practice contacted them once or twice a year requesting their feedback on various topics, for example appointment access. All communication was initiated by the practice. The practice had recognised that the relationship between the practice and the PPG could be more effective and told us that this was a focus for them going forward.
- The practice had gathered feedback from staff through, 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

Are services well-led?

Requires improvement 

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

management. For example, the health care assistant suggested an improved appointment booking system to ensure patients were booked in with the nurse or health care assistant correctly. This was implemented by the practice.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice provided cognitive behaviour therapy (CBT- a talking therapy that can help manage problems by changing the way people think and behave) for their patients.
- The practice provided an audiology service for their patients with good outcomes for patients.
- Representatives of the practice attended the local school to educate staff in ways they could better support students, for example inhaler technique.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Assessing the risks to the health and safety of service users of receiving the care and treatment.</p> <p>Doing all that is reasonably practicable to mitigate any such risks.</p> <p>How the regulation was not being met:</p> <p>The registered provider did not do all that was reasonably practicable to, monitor, manage and mitigate risks related to infection control and fire safety.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Good governance.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that</p>

Requirement notices

paragraph include:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of a regulated activity (including the quality of the experience of service users in receiving those services)

How the regulation was not being met:

The registered provider had failed to:

- Ensure areas identified for action in practice policies were completed and embedded in relation to infection control and fire safety.
- Ensure all staff had received recommended training.
- Ensure learning from significant events was shared in a timely manner to drive improvement.

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