Coleford Family Doctors

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coleford Family Doctors on 27 September 2016. Overall the practice is rated as good.

- 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 were 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 area where the provider should make improvement is:

- Ensure that when controlled drugs are dispensed they are checked by a second person.
- The provider should ensure the process for checking the emergency medicines is reviewed.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, emergency medicines were not stored in a secure location within the practice and two of three oxygen cylinders were found to be out of date.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had implemented a care co-ordinator role whereby a designated nurse had oversight of the avoidance of unplanned admissions scheme and was the carer lead for the practice. This role entailed managing care plans, following up patients discharged from hospital, home visits and acting as a point of contact for carers.
- 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?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with and below than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 203 patients as carers (3% of the practice list). We saw the practice was trying to identify carers on their register by placing a carer's folder in the waiting room, asking if patients were carers on the new patient registration forms and through carer information on their website.

Are services responsive to people's needs?

Good

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 to secure improvements to services where these were identified. The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.
- 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 were 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 took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. The practice had skill mixed 75% of their staff to ensure stability and cross cover. Four nurses were trained to triage and one nurse was qualified to prescribe.

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 dementia, influenza, shingles and pneumococcal 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 worked closely with the community nursing team who were situated in the same building particularly for the monitoring of patients on the end of life care.
- The practice supported two local nursing homes and a dedicated GP visited the homes regularly and ensured that quarterly care plan reviews were carried out.
- The practice held monthly primary health care meetings with community based staff where care plans were routinely reviewed and updated.

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 and managed by a dedicated care co-ordinator.
- The practice diabetic lead had undertaken the University of Warwick training in diabetes, and two nurses had extended training in this area. Recent data from the clinical commissioning group showed the practice had the best control on diabetes for diabetic patients in the local area.
- The practice achieved 100% of the targets for care of patients with diabetes in 2014/15 which was above both the clinical commissioning group average of 95% and national average of 89%.
- 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.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 81% which was comparable to both the clinical commissioning group average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- We saw positive examples of joint working with midwives, health visitors, mental health workers, community nurses and social prescribers through minutes of monthly multidisciplinary safeguarding meetings.

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.
- The practice offered telephone consultation for all patients which was useful for working patients.
- The practice had implemented a 24 hour telephone service which allowed patients to book or cancel appointments via an automated telephone system.

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.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice displayed information for carers in the waiting room, on their website, on the waiting room information screen and offered carers health checks.
- The practice held a register of carers and supported them to receive appropriate support.

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).

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was below both the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 100% compared to the CCG average of 93% and national average of 88%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- A primary mental health nurse held weekly clinics at the practice for assessment and short term treatment of psychological problems.
- 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 July 2016. The results showed the practice was performing in line with national averages. Two hundred and eighteen survey forms were distributed and 136 were returned, a completion rate of 62% (which represents 2% of the patient population).

- 73% 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%.
- 83% 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%.
- 80% 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%.
- 71% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, of which 16 were all positive about the standard of care received. The one negative card commented on waiting two weeks for a routine appointment and waiting times in the practice.

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

Coleford Family Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers and a pharmacist specialist adviser.

Background to Coleford Family Doctors

Coleford Family Doctors are located within Coleford Health Clinic in Coleford, which is a rural market town in the Forest of Dean, Gloucestershire. Coleford Family Doctors is a long established traditional family orientated GP practice. The practice is situated in a single storey purpose built health centre building and is wheelchair accessible.

The practice provides general medical services to approximately 7,000 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 two GP partners (both female) who are supported by two salaried GPs (one female and one male) and a long term locum GP (male), which is equivalent to approximately three and three quarters full time equivalent GPs. The clinical team includes four practice nurses (one of which is a nurse prescriber), one health care assistant, three phlebotomists and a care co-ordinator (all female). The practice manager is supported by a team of 13 administrators / receptionists.

Coleford Family Doctors is a dispensing practice. The head dispenser is supported by two dispensers who dispense to 1,111 patients which equates to 16% of the practice population.

The practice population has a higher proportion of patients aged over 65 compared to local and national averages. For example, 26% of practice patients are aged over 75 compared to the local clinical commissioning group (CCG) average of 20% and the national average of 17%. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 98.5% of patients being white British.

The practice is located in an area with low social deprivation and is placed in the fourth least deprived decile by public health England. The prevalence of patients with a long standing health condition is 57% compared to the local CCG average of 55% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available between 8.30am and 12.30pm every morning and 13.30pm to 5.30pm every afternoon. Between 8am to 8.30am and 6pm to 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 respond to issues if needed.

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

The practice provided its services from the following address:

Coleford Health Centre

Detailed findings

Railway Drive

Coleford

Gloucestershire

GL16 8RH

This was the first inspection of Coleford Family Doctors.

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 27 September 2016. During our visit we:

- Spoke with a range of staff including four GPs, the practice manager, a dispensary manager, a dispenser, three practice nurses and a member of the administration team.
- We spoke with five patients who used the service and four members of the patient participation group.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, during a recent computer update prescriptions were not being received electronically in the dispensary. This was identified immediately and temporary processes were put in place during the IT update to ensure that all prescriptions were printed. This was raised as a significant event and discussed further 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. 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 nurses were trained to child protection or child safeguarding level three. The health care assistant was trained to level two and all other non-clinical practice staff were trained to level one.
- Notices in the waiting room, treatment room and consulting 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, all hand gels and gloves had been wall mounted and two foot stools had been replaced.
- The arrangements for managing medicines, including vaccines, generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines in the dispensary and treatment rooms were stored securely and there was an expiry date checking process in place. However, we noted that the emergency medicines were not secure and two of the three oxygen cylinders had gone beyond their expiry date (replacement cylinders were ordered on the day of the inspection). This meant the practice could not ensure the safety of these medicines.
- There were systems in place to monitor the temperature of all the fridges and staff took appropriate action when they recorded temperatures outside of normal ranges.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff had completed a number of dispensary audits including one looking at the advice given when supplying painkillers. These resulted in changes to improve patient safety.

Good

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health care assistants were trained to administer certain vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Processes were in place for handling requests for repeat prescriptions which included the review of high risk medicines. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions. The practice is currently reviewing their repeat prescription process to further improve patient safety.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents relating to medicines were raised as significant events and 'near misses' were recorded in line with a standard operating procedure. This helped to make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had opportunities for continuing learning and development. Dispensary staff showed us a comprehensive range of standard operating procedures (SOP) which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines). These were up to date and accurately reflected current practice. The dispensing process was safe and effective, and staff used a bar code scanner to check dispensed items were correct. The practice signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients and help ensure processes were suitable and the quality of the service was maintained.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. However, dispensary staff did not employ a second check by another staff member when dispensing controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the waiting room corridor which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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. Due to the practice multi skilling staff, there was appropriate numbers available

to cover all areas. Two receptionists were trained as phlebotomists, one receptionist was trained to support dispensary, four nurses were trained in triage, one nurse was a prescriber and all reception and administration staff were trained to support one another.

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. There were emergency medicines available in the practice and these had been recently reviewed to ensure they were appropriate.
- 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 but were not held in a secure area of the practice. The emergency medicines and kit were moved into a secure treatment room within 24 hours of our inspection. Staff knew of their location. All the emergency medicines we checked were in date except for two of the three oxygen cylinders, which were ordered on the day of the inspection for next day delivery.
- 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.

Good

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 were 100% of the total number of points available. We noted that exception reporting overall was 9% which was comparable to 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 95% and national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been over 15 clinical audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included undertaking an audit on patients prescribed a particular medicine which was found to be at risk of increasing blood pressure. The initial audit identified 14 patients were prescribed this medicine, the practice contacted and reviewed all these patients and where applicable changed their medicine. The practice reaudited this 12 months later and found that only one patient was still receiving this medicine.

Information about patients' outcomes was used to make improvements such as: due to rising numbers of patients presenting with pre-diabetic conditions, such as impaired glucose tolerance, the practice diabetic lead nurse had recently implemented group sessions to offer appropriate advice for patients identified by the practice as being at risk of developing diabetes.

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 diabetic lead had undertaken the University of Warwick training in diabetes, and two nurses had extended training in this area. The practice had implemented a care co-ordinator role whereby a designated nurse had oversight of the avoidance of unplanned admissions scheme and was also the carers' lead for the practice. This role entailed managing care plans, following up patients discharged from hospital, home visits and acting as a point of contact for carers.
- 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, 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, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice actively encouraged staff to extend their roles and had provided triage nurse training, nurse prescriber training, dispenser NVQ level three training and phlebotomy training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses.
- 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 81% which was comparable to both the clinical commissioning group average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 79%, which was above both the CCG average of 77% and the national average of 72%. The practices

Good

Are services effective?

(for example, treatment is effective)

uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 63% which was comparable to the CCG average of 63% and above the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages recorded in 2015/16. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 92% to 96% compared to CCG averages of 90% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 92% to 100% compared to CCG averages of 90% to 95%.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

Sixteen of the 17 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. The negative comment card related to waiting two weeks to see a named GP and waiting over 20 minutes in the practice for an appointment.

We spoke with five members 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 comparable to the national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and 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 national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 94% 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 below the local and national averages. For example:

- 84% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 203 patients as carers (3% of the practice list). The practice new patient registration form asks whether patients were carers and whether they would like to be added to the carers register. The practice had a dedicated carer's lead who updated the carer information folder and carers board in the waiting room. Further carer information was displayed on the health education screen in the waiting room. Carers were offered annual health checks and longer appointments and could be referred to social prescribing. Written information was available to direct carers to the various avenues of support available to them.

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

Good

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 Gloucestershire scheme called 'Choice Plus', which provided additional GP appointments for patients with acute on the day problems at various locations in the county.

- 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 vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice team had recently undertaken deaf awareness training.
- The practice had implemented a 24 hour telephone service which allowed patients to book or cancel appointments via an automated telephone system.
- The practice participated in a "Village Agent" scheme run by the local County Council to facilitate access to benefits and services to patients over the age of 50.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available between 8.30am and 12.30pm every morning and 13.30pm to 5.30pm every afternoon. Between 8am to 8.30am and 6pm to 6.30pm every weekday telephone calls were diverted to the practice call handling service (Message Link). They referred urgent matters to the practice that had members of staff on standby to respond to issues if needed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 73% 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.

The reception team followed a protocol where they added any potential urgent cases to an assessment list for the triage nurses to contact. Home visits were also listed for GPs to contact and arrange visit timings directly with patients. 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 and utilised a supporting protocol and policy.

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 in the waiting area and on the practice's website to help patients understand the complaints system. There was a complaints procedure displayed in the waiting room and complaint forms were available.

We looked at 12 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with

Good

Are services responsive to people's needs?

(for example, to feedback?)

in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care.

For example, when a patient complaint was received relating to issues with online medicines ordering being rejected, the practice investigated and found that this was due to safety parameters in the online ordering system which prevented patients from ordering repeat prescriptions too often or too early. The practice wrote to the patient to apologise that this had happened and explained the reason behind the prescription being rejected. Information was also placed on the practice website to advise patients of the repeat prescription online ordering process and reasons why prescriptions would be rejected.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had an ethos to deliver a caring, open and honest service to improve the patients' experience which was evident in the attitude of the team at the practice and high satisfaction received from patient feedback.

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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had advised the practice that they had concerns regarding patient confidentiality at the reception window due to patients

Are services well-led?

Good

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

standing directly behind one another and being able to overhear conversations. Resolution ideas were discussed and the practice placed signage in the corridor requesting that patients waiting for the reception staff waited behind the signs to allow better privacy. The PPG had also helped raise funds for the practice to purchase equipment including a phlebotomy chair and couches for the treatment rooms.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 had implemented a care co-ordinator role whereby a designated nurse had oversight of the avoidance of unplanned admissions scheme and was the carer lead for the practice. This role entailed managing care plans, following up patients discharged from hospital, home visits and acting as a point of contact for carers.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice had skill mixed 75% of their staff to ensure stability and cross cover. Four nurses were trained to triage and one nurse was qualified to prescribe.
- The practice diabetic lead had undertaken the University of Warwick training in diabetes, and two nurses had extended training in this area. Recent data from the clinical commissioning group showed the practice had the best controlled of diabetes for diabetic patients in the locality.