

Quedgeley Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quedgeley Medical Centre on 26 September 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey (2017) showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients rated the practice higher than local and national average for consultations with nurses. For example, 100% of patients said the nurse gave them enough time compared with the local average of 94% and the national average of 92%.
- Information about services and how to complain were available on the practice website. However, this was not visible in the waiting areas. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice worked together with other local practices as part of a cluster to implement improvements to services locally and share knowledge.

Summary of findings

- Arrangements were in place for staff to whistle blow to another practice in the cluster, should staff have concerns and wish to raise their concerns to someone outside of the practice.

The areas where the provider should make improvement are:

- Provide accessible and up to date information on the practice's complaint process.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff had received an additional one hour training in safeguarding children.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Published data from the Quality and Outcomes Framework for the current provider was unavailable. We looked at the current 2017/18 QOF targets to understand how the practice was achieving the expected outcomes.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (2017) showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that 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 accessible. The practice had developed an information booklet for patients about the various services available to them.
- 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided more 'on the day' appointments and committed to see every patient who needed an appointment.
- Patients we spoke with 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 took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice's website and evidence from three examples reviewed showed the practice responded quickly to issues raised. However, this information was not visible in the waiting area of the practice. The practice took action to resolve this following the inspection. There were systems in place to ensure learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients such as psychiatry and dermatology.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. GPs at the practice also met with community health care professionals and other local practices to discuss patients with complex needs and complex cases to ensure their health needs were being met.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the practice from April 2017 to the present date, which was unverified, showed that:
- 50% of patients on the register with diabetes had their last average blood test result within the normal range.
- 45% of patients with diabetes, on the register, had a record of a foot examination and risks classification.

Summary of findings

- 80% of patients with suspected Chronic Obstructive Pulmonary Disease (a chronic lung disease) had the diagnosis confirmed using the recommended lung function tests and within appropriate time scales.
- The practice encouraged patients to self manage their long term conditions and supported them to access resources to enable them to do this effectively. For example, the practice supported patients with diabetes to use an online tool which included understanding diabetes and steps patients could take to improve their condition.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations for under two year olds.
- Patients told us, on the day of inspection, that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered which included extended hour openings, 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Data from the practice which was unverified showed that between April and September 2017, 50% of patients with a learning disability received an annual health check.
- The practice offered longer appointments for patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advanced care planning for patients living with dementia.
- Data from the practice from April 2017 to date, which was unverified, showed that all women registered at the practice between the age of 25 and 65 with severe mental health problems had a record of a cervical screening test being performed in the preceding five years.

Good



Summary of findings

- The practice hosted a mental health clinic with a mental health nurse every fortnight to ensure these patients' need were met.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. The practice could refer patients who required additional support to social prescribing which was a clinical commissioning group initiative where patient with non-medical issues, such as debt or loneliness could be referred to a single hub for assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 on 6 July 2017. The results showed the practice was performing above local and national averages. Two hundred and nineteen survey forms were distributed and 87 (a 40% completion rate) were returned. This represented 1.5% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 25 comment cards, of which, 23 were all positive about the standard of care received. Patients commented that the GPs and staff were polite and caring and treated them with dignity and respect. Two comment cards contained negative comments relating to the care the patients have experienced in relation to mental health.

We spoke with eight patients during the inspection. Five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients told us that they did not feel their needs had been met by the GPs at the practice. Two of those patients also completed a comment cards each.

Quedgeley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience (A member of the inspection team who have received care and experienced treatments from a similar service.)

Background to Quedgeley Medical Centre

Quedgeley Medical Centre was established in 1995 and relocated to a purpose built surgery in 2000 located in Olympus Business Park, Quedgeley, Gloucester. The service provider at this practice changed in December 2016. The former GP left the practice and a new GP partnership was formed to become the registered provider for the location.

The practice is situated in a two storey building and is wheelchair accessible with consultation and treatment rooms available on the ground floor.

The practice provides general medical services to approximately 5,800 patients. (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 full-time GP partners (one female and one male). The clinical team includes two practice nurses. The interim practice manager is supported by a team of six receptionists. The practice has a lower proportion of patients aged 65 years and over compared to local and national averages. For example, 9% of practice patients are over 65 years of age compared to the 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 93.5% of patients identifying themselves as white British.

The practice is located in an area with low social deprivation and is placed in the third least deprived decile by Public Health England. The prevalence of patients with a long standing health condition is 46% compared to the local CCG average of 55% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 6.10pm. Extended surgery hours are also offered on Monday evenings from 6.30pm to 8.15pm and Wednesday mornings from 7.30am to 8am.

Out of hours GP cover is provided by CareUK and is accessed via NHS 111.

The practice provided its services from the following address:

Quedgeley Medical Centre,
Olympus Park,
Gloucester,
Gloucestershire,
GL2 4NF.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and information supplied to us by the practice. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses, the interim practice manager and four receptionists.
- We spoke with eight patients who used the service and three members of the patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform one of the GP partners 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice became aware through consultation, that a patient, who had been on blood thinning medicines, had not received regular blood level monitoring for a number of years, the practice raised this as a significant event and this was discussed with the patient. The practice ensured that the patient received a blood test and they discussed this with all staff to highlight the importance of regular blood monitoring for patients on these medicines and the risks for patients of not receiving such monitoring. Systems were implemented to ensure this did not happen again. This included alerts being placed on patients' records. The practice also undertook an audit of patients on blood thinning medicines to ensure all those patients were monitored appropriately. The audit showed that only the one patient had not received the appropriate monitoring.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the samples of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child safeguarding level three. All other staff at the practice had also received an additional one hour training on safeguarding level three.
- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- For example, the practice was making a number of improvements to promote hygiene such as replacing fabric chairs to wipeable chairs.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, 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 to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. For example, travel medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 for the current provider were unavailable. As the practice had a new provider registration from 1 December 2016, it was too early within the financial year to understand how the practice was meeting targets to monitor patient outcomes.

However, unverified data from the practice for 2016/17 showed that 98% of the total number of points available had been achieved.

We looked at the current 2017/18 QOF targets to understand how the practice was achieving the expected outcomes. Data from the practice from April 2017 to September 2017, which has not been verified, showed that:

- From April 2017 to September 2017, 50% of patients on the register with diabetes had received their annual diabetic review including a blood test for average blood sugar which showed results were within normal range.
- 45% of patients with diabetes, on the register, had a record of a foot examination and risks classification.

- 80% of patients with suspected Chronic Obstructive Pulmonary Disease (a chronic lung disease) had the diagnosis confirmed using the recommended lung function tests and within appropriate time scales.

GPs at the practice also met with community health care professionals to discuss patients with complex needs and complex cases to ensure their health needs were being met.

The practice worked together with other local practices as part of a cluster to implement improvements to services locally and share knowledge. For example, patients with complex health needs and complex cases were discussed and knowledge shared within those meetings.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit to look at patients on a specific high risk medicines included, a review of the recall system to ensure patients on high risk medicines were monitored in line with national and local guidelines. On the first audit cycle, the practice identified that seven out of 19 patients had not received appropriate monitoring. The practice identified a range of improvements which included a recall note and an alert being placed on the patient's notes, limited repeat prescriptions to ensure regular blood tests and processes to conduct quarterly records checks. On the second audit cycle, the practice identified that all patients had received the appropriate monitoring.

Information about patients' outcomes was used to make improvements such as purchasing a computer software system to improve the way patients on high risk medicines were monitored and ensure they were not missed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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.
- 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included regular updates for safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

- The practice could refer patients who required additional support to social prescribing which was a clinical commissioning group initiative where patient with non-medical issues, such as debt or loneliness could be referred to a single hub for assessment.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 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 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 and signposted them to relevant services. 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 encouraged patients to self manage their long

Are services effective?

(for example, treatment is effective)

term conditions and supported them to access resources to enable them to do this effectively. For example, the practice supported patients with diabetes to use an online tool which included understanding diabetes and steps patients could take to improve their condition.

- Smoking cessation advice was available from the nursing team.
- The practice engaged with an external organisation to encourage patients and staff to cycle more often. They facilitated training on the benefits of cycling and installed a cycle rack at the practice.

Published data for the year 2015/16 showed the practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 84% and the national average of 81%. 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. 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 was a policy to offer telephone or written 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the clinical commissioning group (CCG) averages. For example, practice data as at September 2017, which was not yet verified showed, for the vaccines given to under two year olds uptake ranged from 93% to 96%; in five year olds uptake was 79% compared to the CCG average of 92% to 96% for under two year olds and 89% to 96% for five year olds. The practice also ensured that young patients going to university were offered vaccination against meningitis. Practice data showed an increase in uptake, for example, 35 vaccines had been given since April 2017 compared to 30 between April 2016 and March 2017.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Of the 25 comment cards we received, 23 were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comment cards contained negative comments relating to the care the patients have experienced in relation to their mental health.

We spoke with eight patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One member of the PPG shared examples of how the practice went above and beyond when supporting a vulnerable patient.

Results from the national GP patient survey (2017) showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with local and national averages for its satisfaction scores on consultations with GPs and above average for consultation with nurses. For example:

- 88% of patients said the last GP they saw was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 86% of patients said the last GP they saw gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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. Most patients 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. Three patients however, told us that they did not feel listened to and supported by their GP. We spoke to the practice who advised that they will look into this and take appropriate action. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey (2017) showed patients responded positively to questions about their involvement in planning and making decisions about their

Are services caring?

care and treatment. Results for consultation with GPs were below local and national averages. However, results for consultation with nurses were above local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (1% of the practice list). The practice used opportunities, such as flu clinics to identify patients who were also carers and provide information about support services available to them. Written information was available to direct carers to the various avenues of support available.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Where appropriate, one of the GPs also attended the patient's funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended opening hours on Monday evenings from 6.30pm to 8.15pm and Wednesday mornings from 7.30am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Where patients required a referral to other services, this was undertaken with the patient during their consultation to avoid the patient having to attend another appointment.
- The practice hosted a mental health clinic with a specialist mental health nurse every fortnight.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice provided more 'on the day' appointments and committed to see every patient who needed an appointment.
- The practice had increased the number of phone lines available to improve patient access.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services were available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, patients with mobility problems were seen in one of the consultation or treatment rooms on the ground floor.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 6.10pm. Extended opening hours appointments were offered on Monday evenings from 6.30pm to 8.15pm and Wednesday mornings from 7.30am to 8am. 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. Appointments were bookable online, or by phoning the practice.

Results from the national GP patient survey (2017) showed that patient's satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared with the CCG average of 81% and the national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Patients or carers requesting an urgent appointment or home visit were telephoned by a GP to gather information to allow an informed decision to be made by the GP on duty regarding prioritisation of clinical need. 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 a system for handling complaints and concerns.

- Its complaint 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 on the practice's website to help patients understand the complaint system. However, information about how to make a

complaint was not visible in the waiting area for patients. We saw the complaint leaflets had not been printed correctly. We raised this with the practice who rectified this immediately.

We looked at three complaints received since December 2016 and found these were satisfactorily handled and dealt with in a timely way. We saw there was openness and transparency with patients when dealing with complaints. Lessons were learned from individual concerns, complaints and an analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient complained about not being able to request repeat medicines over the phone and that the handrails leading to the first floor were not safe, the practice explained to the patient the reasons for not taking telephone requests and supported the patient to order their repeat prescription online. The practice also informed the patient that they could be seen in one of the ground floor consulting rooms if they had difficulties with stairs. All patients were also informed of this when they booked appointment and a room on the first floor was likely to be used. They also undertook a risk assessment of the hand rails to ensure they were safe to use.

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 and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and practice nurses had lead roles in key areas. For example, there was a lead GP for safeguarding and GPs and practice nurses had lead roles in the management of long-term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had a reciprocal arrangement with a local practice within the cluster for staff to raise any concerns via this route, in addition to the usual processes should they feel the need to.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 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. From the sample of five documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held weekly 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 had been held in December 2016 and August 2017. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, when the practice wanted to circulate their newsletter in electronic format, the PPG highlighted that some patients may not have access to a computer and having the newsletter in paper form would be beneficial to those patients. The practice facilitated this and ensured that hard copies of the newsletter was available to patients.
- The NHS Friends and Family test, complaints and compliments received to make improvements. For example, when patient commented that they had to wait a long time to speak with someone on the phone,

the practice installed additional phone lines. We saw the practice monitored patient's waiting time on the phone to ensure staff were deployed appropriately during busy periods.

- Staff through staff away days and generally 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. For example, when the practice proposed to change the frequency of their weekly practice meeting to a longer intervals, practice staff commented that they preferred weekly meetings and we saw the practice had maintained this. 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.

The practice encouraged patients to self manage their long term conditions and supported them to access resources to enable them to do this effectively. For example, the practice supported patients with diabetes to use an online tool which included understanding diabetes and steps patients could take to improve their condition.