

# Gloucester GP Consortium Ltd

## 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 Gloucester GP Consortium Limited on 8 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, complaint

forms in languages other than English were not readily available for patients who need these. 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 a high yearly turnover of patients, typically 50% of the practice patients left the practice and new patients joined each year.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure complaint forms in languages other than English are readily available for patients who need these.
- Ensure actions are taken to improve the identification of carers.

**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.

- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below 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.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice delivered a CCG led initiative called "Choice Plus". This initiative allowed additional emergency GP appointments to be available for patients to be seen at one of two locations, either the Gloucester Health Access Centre or Matson Lane Surgery. Appointments were triaged by the practice where patients were registered and available under strict criteria; this resulted in greater emergency appointment availability for patients.
- Most 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.
- Appointments with a GP were 15 minutes except for those provided under Choice Plus which were 12 minutes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, complaint forms in languages other than English were not readily available. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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 Directors and GPs in the practice

# Summary of findings

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 had recently been set up and was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in influenza, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GPs had specialist experience in palliative care and could therefore offer specialist support to patients receiving end of life care.
- The practice supported three care homes and provided fortnightly visits to patients living in the homes.

### 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.
- The practice achieved 89% of the targets for care of patients with diabetes in 2014/15 which was below the clinical commissioning group average of 95% and similar to the 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.
- The practice offered regular blood testing for patients on blood thinning medicines.

# 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 the cervical screening programme was 79% which was below the clinical commissioning group of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held monthly meetings with health visitors; midwives and school nurses to review children on the child protection and children in need register.

## 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 was open from 8am to 8pm everyday including weekends and bank holidays.

## People whose circumstances may make them vulnerable

Good



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

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



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Patients on the vulnerable list were discussed at the practice's bi-monthly clinical governance meeting.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. There was a benefits advisor available on the premises and the practice could refer patients to social prescribing via the care co-ordinator.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

**Good**



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

- 76% 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 the clinical commissioning group (CCG) of 86% and 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 68% which was below the CCG average of 93% and above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# Summary of findings

- The practice hosted bi-weekly clinics ran by the community mental health nurses at its two sites.
- The practice supported a local alcohol rehabilitation unit.
- 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. The practice provided examples of how they had positively supported patients with mental health needs and worked with community teams to promote good outcomes for those patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Four hundred survey forms were distributed and 81 (20%) were returned. This represented approximately 1.5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 4 comment cards, which were all positive about the standard of care received. Patients commented on the professional nature of all staff and on the excellent service they receive at the practice.

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

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure complaint forms in languages other than English are readily available for patients who need these.
- Ensure actions are taken to improve the identification of carers.

# Gloucester GP Consortium Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Gloucester GP Consortium Ltd

Gloucester GP Consortium Limited is a limited company also known locally as The Gloucester Health Access Centre. The purpose built practice is located in the centre of Gloucester City within Eastgate House which is home to many other businesses including a dental practice. The Gloucester Health Access Centre is located on the ground floor at the rear of the building and is wheelchair accessible.

The practice provides its services to approximately 5,500 patients under an Alternative Provider Medical Services (APMS) contract. (APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. walk-in centres.). The practice also has a branch, Matson Lane Surgery which was not visited during this inspection. The practice delivers its services from the following addresses:

Eastgate House,  
121-131 Eastgate Street,  
Gloucester,

Gloucestershire,

GL1 1PX.

And,

Matson Lane Surgery,

Taylor House,

Matson Lane,

Gloucester,

GL4 6DX.

The practice has four salaried GPs partners making a total complement of approximately two and a half whole time equivalent GPs. There was one male and three female GPs. The nursing staff team include one nurse manager and two practice nurses who were all female; the practice also employed one health care assistant. The practice management and administration team included a practice manager, an assistant practice manager and 28 administration staff and reception staff.

The practice had a higher than average patient population aged between zero and nine years old, and 20 to 34 years old. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second most deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 75 and 82 years, which is lower the national average of 79 and 83 years respectively. The practice population is ethnically diverse; approximately 45% of the population are white

# Detailed findings

British and 40% of the population are Eastern European. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes

The practice is open from 8am to 8pm, seven days a week. Appointments with a GP are from 8am to 8pm every day.

When the practice is closed, patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Gloucester GP Consortium Limited.

## 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 8 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, the nurse manager, one practice nurse, the assistant practice manager, the practice manager and one member of the reception and administrative staff.

- We also spoke with two members of the patient participation group and seven patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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, when a baby was given the incorrect vaccine, the practice contacted the patient's parents to explain the error and provided all the relevant information from the manufacturer. This was discussed at the practice's clinical governance meeting. The practice changed their appointment system as a result and now provide a double appointment for childhood immunisation to allow nurses more time to review the patient's information and minimise the likelihood of a similar error happening again.

### 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 were trained to child protection or child safeguarding level three and nurses were trained to level two.

- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

## Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and 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 reception office 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The practice's exception rate overall was 25%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We discussed the high exception rates with the practice and they explained that the majority of their patients were from Eastern Europe and did not consistently attend reviews and screening. For example, the majority of female patient eligible for cervical screening would normally return to their home country to have this done. The practice would offer screenings even if the patients have had this in their home country. We found that the practice recall system encouraged patients to attend reviews and screenings before being excepted.

The practice had a high turnover of patients and typically 50% of the practice's patient population had recently moved to the United Kingdom and did not always have previous record of long-term condition. There were occasions where patients had already moved on to a different part of the country before a long term condition check had been undertaken by the practice. The practice

had also brought in a specialist nurse in respiratory conditions and invited patients to attend specific clinic to review their asthma or chronic obstructive pulmonary disease (a chronic lung disease).

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 89% which was below the CCG average of 95% and similar to the national average of 89%.
- Performance for mental health related indicators was 70% which was below the CCG average of 97% and the national average of 93%.

We discussed diabetes and mental health indicators with the practice. The practice had an action plan in place to address the low achievements in QOF which included placing alerts on patient records to remind clinical staff of patients who are due a review as well as sending letters out to patients. Results from 2015/16 were lower than the previous year. The practice identified that they had lost approximately three whole time equivalent of GPs between March 2015 and March 2016. The practice also fully recruited staff to the nursing team in December 2015 and they did not have a diabetes lead nurse. The practice had plans for nurses to complete specific training in long term conditions.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits undertaken in the last two years, two 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 of clinical audit included ensuring clinicians request that patient who are on medicines for underactive thyroid have a blood test before authorising repeat prescriptions. Audit results showed that there has been an improvement in uptake from 90% in 2015 to 95% in 2016.



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as reminding GPs to ensure patients were having blood tests before authorising repeat medicines.

### 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.
- 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.

### 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 bi-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 and could also be referred to the local care coordinator via the social prescribing service. Social prescribing is a local CCG led initiative whereby patients with non-medical issues, such as financial difficulties 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 effective?

(for example, treatment is effective)

- Smoking cessation advice was available from the nursing team. Patients could access smoking cessation advice from one of the practice nurses and health care assistant at the either of the practice's locations, seven days a week when the practice was open.

The practice's uptake for the cervical screening programme was 79%, which was below the CCG 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 37% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 58% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were lower than the CCG averages. For example, childhood

immunisation rates for the vaccines given to under two year olds ranged from 60% to 93% compared to the CCG average of 72% to 96%; and five year olds ranged from 57% to 90% compared to the CCG average of 90% to 95%. The practice realised that many children had recently arrived in the United Kingdom and therefore made every attempts to ensure those children were up to date with their immunisation schedule. Parents were advised about the importance of the immunisation schedule, and where the parents were likely to move to their home country for a substantive amount of time, the practice offered the parents information on the required immunisation for their children, and a record book so that the information can be updated on their return. The practice offered a double appointment for all childhood immunisation.

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

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

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

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

We spoke with two 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. However, the practice was below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 68% 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%.

- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients' response to questions about their involvement in planning and making decisions about their care and treatment were well below local and national averages. Results were below local and national averages. For example:

- 68% 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%.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

We discussed the low satisfaction scores with the practice. The practice felt that high turnover of patients has an impact on continuity of care.

We looked at the NHS Friends and Family Test for January 2016, where patients are asked if they would recommend the practice. The results showed that 100% of respondents would recommend the practice to their family and friends.

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.

## Are services caring?

- Information leaflets were available in easy read format.

### **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 23 patients as carers (approximately 0.4% of the practice list). The practice had a dedicated carers board in the waiting room. Carers were offered annual health checks and could be

referred to social prescribing (A CCG initiative to identify appropriate services to patients with specific needs, beyond their medical care). Written information was available to direct carers to the various avenues of support available to them. The practice told us they had identified a low number of carers which was due to having a younger practice population and that they take every possible step to identify carers.

Staff told us that if families had suffered 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.

# 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. The practice delivered a CCG led initiative called "Choice Plus" which allowed additional emergency GP appointments to be available for patients to be seen at either the Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged by the practice where patients were registered and available under strict criteria and this resulted in greater emergency appointment availability for patients.

- Any patients could walk in and could see a GP on an appointment basis at the practice regardless of whether they were registered at the practice or not.
- Appointments were 15 minutes in length.
- There were longer appointments available for patients with a learning disability. Patients whose first language was not English were automatically offered a double appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice hosted a minor surgery clinic every week.
- The practice offered regular blood testing for patients on blood thinning medicines.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8am to 8pm, seven days a week. Appointments with a GP were from 8am to 8pm every day.

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

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice's reception area. However, complaint forms in languages other than English were not readily available. The practice told us that they could provide this if patients requested it.

We looked at 12 complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient complained that they had been kept waiting for their appointment and were not informed about how long they would have to wait, the practice investigated clinic times for that particular day and spoke with reception staff on duty. Reception staff were reminded to keep patients informed about waiting times.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the directors and GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The directors were actively involved in the day to day operational running of the practice. Staff told us the GPs and management team 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 and training for all staff on communicating with patients about notifiable safety incidents. The directors and GPs 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.
- Staff said they felt respected, valued and supported, particularly by the GPs and the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff were able to buy shares in the company if they wished which enabled them to vote and contribute to major decisions affecting 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 patient participation group (PPG) had been formed in the last few months and had only had one meeting with the practice so far. We spoke with two members of the PPG and they told us that they felt the practice was open and honest with them. The practice recognised that due to their high turnover of patients, retention of a stable PPG was a challenge. They had therefore taken every opportunity to engage with patients such as hiring a bus to hold engagement events in the community and attending local community groups on a regular basis.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us



# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice had trialled emergency appointments where patients from other practices could be seen if they needed an urgent appointment. This formed the basis of a successful bid for the Prime Minister's challenge fund leading to the formation of Choice Plus, a CCG led initiative which allowed additional emergency slots to be made available for patients to be seen at either the Gloucester Health Access Centre or Matson Lane surgery. The appointments were triaged by the practice where patients were registered and available under strict criteria and this resulted in greater emergency appointment availability for patients in the local area.
- The practice recognised that due to their high turnover of patients, retention of a stable PPG was a challenge. They had therefore taken every opportunity to engage with patients such as hiring a bus to hold engagement events in the community and attending local community groups on a regular basis.