

# Partners in Health

## Quality Report

Pavilion Family Doctors  
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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 Partners in Health on 28 January 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 which demonstrated a culture of continuous learning for all staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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
- Information about services and how to complain was available and easy to understand.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke to during the inspection said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment however the patient survey results were not in line with these responses.
- Urgent appointments were available on the day they were requested but patients said they did not find it easy to make an appointment with a named GP.

We saw areas of outstanding practice including:

# Summary of findings

- Respiratory hospital admissions were recalled for review by the nurses following hospital discharge; care plans were updated and shared with the patient to prevent further admissions and deterioration in their health.
- The practice had developed their own in house training course for nurse triage, developing it into a research project to assess outcomes and its suitability to share with other practices.
- In addition the provider should:
  - Improve processes for making appointments.
  - Review and update procedures and guidance with regard to chaperone duties.
  - Ensure an up to date risk assessment is undertaken and fire risk policies and procedures are updated.

**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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice. All staff were encouraged to participate in learning following discussions of significant events at the practice meetings.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were invited to be involved in the analysis and investigation of the incident. They were involved in discussions 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. Openness and transparency about safety was encouraged by the management team.
- There were procedures in place for monitoring and managing risks to patient and staff safety however these were not always appropriate to keep people safe. We were told that evacuation procedures were discussed at induction of new staff and regular briefings were held with staff regarding fire procedures, however the practice was unable to provide evidence that these had taken place.
- Staff had received appropriate training to carry out chaperone duties, but some staff were not following recommended chaperone guidelines.
- We also found that some items of equipment were out of date, for example, the first aid kit and biohazard clean up kits. However following the inspection we received evidence to demonstrate that this had now been rectified.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the average for the locality and compared to the national average.

Good



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice had initiated a programme of annual audit and regular meetings to discuss learning and changes to practice that should be implemented.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Learning needs of staff were identified and training was put in place to meet those needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care for example 73% said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group average of 88% and the national average of 85%.
- The feedback we received from the 13 patients we spoke with on the day or from any of the comment cards we received. 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, for example the electronic screen in the waiting room and on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers register and comprehensive information was available to signpost carers to appropriate support networks.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had good facilities and was equipped to treat patients and meet their needs with the exception of some items that were out of date and two couches that were in a poor state of repair.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice installed new phone lines and adjusted the availability of pre-bookable and on the day appointments following feedback. Despite the changes patients had not reported significant improvements in getting through to the practice by telephone in the mornings or being able to make appointments.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day. In response to this the practice had trained additional nurses to undertake triage and minor illness clinics, which gave patients improved opportunities to see or speak to the GP they preferred.

## 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 this.
- 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. Staff felt able to raise concerns. They told us that the practice culture was one of learning and not blame.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels.
- All staff had received inductions and staff had received regular performance reviews and attended staff meetings.

# 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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with a community agent (community agents are employed by Gloucester county council and work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs).

Good



### People with long term conditions

The practice is rated as good for the care of people 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, for example all respiratory hospital admissions were recalled for review by the nurses within ten days of discharge.
- Longer appointments and home visits were available when needed. For example the practice conducted home visits for housebound patients with chronic obstructive pulmonary disease to carry out their annual reviews.
- The practice minimised the number of times patients had to visit the practice by reviewing a number of long term conditions during an extended appointment.
- 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. We spoke with district nurses attached to the practice who confirmed that team working with the practice was effective and that GPs responded to requests by the district nursing team on the same day.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates comparable for all standard childhood immunisations.
- 73% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was comparable to the national average of 74%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 85% of women aged 25-64 had had a cervical screening test in the preceding five years and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (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, for example early morning and evening commuter surgeries were available on Tuesdays until 8pm.
- 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 provided full sexual health services to young people and also information in the waiting room was available to signpost young people to sexual health services they could access elsewhere. Two nurses had completed additional sexual health training which meant patients could access these services more easily within the practice.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had no homeless patients. All staff were aware of a local service that offered medical care to the homeless and

Good



# Summary of findings

signposted people appropriately. There were no policies to allow people with no fixed address to register or be seen at the practice, however they told us they would not refuse to register a homeless patient, but they always advised patients to register at the specialist service.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing lower than local and national averages. Three hundred and twenty-six survey forms were distributed and 120 were returned. This represented a 37% response rate.

- 50% found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 74% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards 38 of which were positive about the standard of care received. Six of the comment cards referred to the difficulty in getting through to the practice by telephone during the morning.

We spoke with 13 patients during the inspection. All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve processes for making appointments.
- Review and update procedures and guidance with regard to chaperone duties.

- Ensure an up to date risk assessment is undertaken and fire risk policies and procedures are updated.

## Outstanding practice

- Respiratory hospital admissions were recalled for review by the nurses following hospital discharge; care plans were updated and shared with the patient to prevent further admissions and deterioration in their health.

- The practice had developed their own in house training course for nurse triage, developing it into a research project to assess outcomes and its suitability to share with other practices.

# Partners in Health

## 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 a practice manager specialist adviser.

## Background to Partners in Health

Partners in Health, also known as Pavilion Family Doctors, is located close to the city centre of Gloucester with good transport links. The practice also has a branch surgery, St James Family Doctors, at the Quedgeley Health Campus. During our inspection we visited Pavilion Family Doctors and did not visit the branch surgery at Quedgeley Health Campus.

The practice population is comprised of a mixture of inner city and suburban and has a slightly lower than average patient population in the over 65 years age group. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 14,000 patients. The area the practice serves has a relatively low numbers of patients from different cultural backgrounds. A significant proportion of the practice area is in the bottom 20% of deprivation scales nationally.

The practice is managed by five GP partners, two male and three female, one female nurse partner and supported by two female salaried GPs. The practice has eight practice nurses three being nurse prescribers, two female healthcare assistants and an administrative team led by the practice business manager and practice manager.

The practice is open between 8.15am and 6.15pm Monday to Friday. Appointments are available 9am to 12pm every morning and 3pm to 6pm every afternoon. Extended hours surgeries are offered between 7am and 8 am on Tuesdays. The surgery phone lines are open between 8am and 6.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the Gloucester out of hour's service.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, online access and patient participation. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Partners in Health is registered to provide services from the following locations:

Pavilion Family Doctors, 153A Stroud Road, Gloucester, Gloucestershire GL1 5JJ

And at the Branch surgery

St James Family Doctors, Quedgeley Health Campus, Quedgeley, Gloucester GL2 4WD

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

# Detailed findings

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 28 January 2016. During our visit we:

- Spoke with a range of staff including 4 GPs, 4 practice nurses and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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 practice carried out a thorough analysis of the significant events

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice held monthly clinical governance meetings to which all staff were invited to discuss any significant events and complaints. We saw minutes that showed a whole practice discussion had taken place, actions put into place and learning outcomes documented.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level three. Staff took a proactive approach to safeguarding and focussed on early

identification, for example, an administrative staff member had raised a concern to a GP which following investigation led to the referral of a child to the safeguarding team.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we found that some staff were not following recommended chaperone guidelines as they were standing outside of the curtained area.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse partner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example we saw in the most recent audit that there was an action to conduct hand hygiene training and evidence that this had been completed. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

## Are services safe?

production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse were on the premises.

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

### 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 however these were not always appropriate to keep people safe. We were told that evacuation procedures were discussed at induction of new staff and that regular briefings were held with staff regarding fire procedures, however the practice was unable to provide evidence that these had taken place.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Receptionists had been trained in all administrative areas of work and rotated on a regular basis to maintain skills which ensured the practice was able to effectively deliver services to patients when there were unexpected staff shortages.

### 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 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.
- 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 peoples' needs. The minutes of the practice monthly meetings demonstrated that NICE guideline updates were discussed and any changes to practice were acknowledged by staff. Diabetic patients under hospital care were also invited to the practice for review which ensured patients received a holistic management plan that focussed on their individual needs and was in line with NICE guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example all respiratory hospital admissions were recalled for review by the nurses within ten days of the practice receiving the hospital discharge letter. This gave nurses the opportunity to identify the reason for admission. At the review, care plans were updated and shared with the patient to prevent further admissions and further deterioration in their health

### 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 97% of the total number of points available, with 9% exception reporting which was comparable to CCG (clinical commissioning group). (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). The practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators was 93% which was comparable to the CCG average of 91% and better than the national average of 87%.

The percentage of patients with high blood pressure whose last blood pressure was in the target range was 87% and was similar to the CCG (85%) and national (83%) average.

- Performance for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 93%, better than the CCG (85%) and national (83%) average.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was proactive in liaising with the CCG to suggest appropriate prescribing audits for the following year.
- Findings were used by the practice to improve services. For example, the practice was concerned that patients were not receiving messages from GPs on their repeat prescribing slips since the introduction of an electronic prescribing system. An audit found this to be the case and the practice initiated text messages to patients who consented, as a way to improve communicating messages to patients.
- The practice had initiated a programme of audit. Three new audits per year would be undertaken by the practice and the cycle completed by re-auditing the following year or as appropriate. Audit discussion had taken place on a regular basis at monthly meetings and actions documented.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The triage system was run by nurses. The lead nurse had ensured nurses conducting triage were appropriately qualified. A local university had run a triage course for nurses which the lead nurse and a GP from Partners in Health had developed. When the course was no longer delivered by the university, and no other courses were available for nurses to participate in, the practice modified the course for in-house training and developed competencies to be attained before they undertook triage. The nurses have ongoing mentorship, as well as peer review.
- In addition to GPs, two nurses had undertaken additional training and were able to insert contraceptive intrauterine devices and implants which ensured patients were able to access enhanced sexual health services within the practice.
- 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 during sessions, one-to-one meetings, appraisals, 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: safeguarding, basic life support and information governance awareness. 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. We saw that comprehensive care plans were shared with the out of hour's service. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We spoke with the district nursing team who confirmed that communication was effective and that the staff responded to requests for their involvement promptly.

### 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 patients' 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then

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

signposted to the relevant service. The practice worked with the Gloucestershire social prescribing organisation to support patients with weight loss and exercise programmes which would benefit their health.

- We spoke with the community agent that worked with Partners in Health (community agents are employed by Gloucester county council and work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs). We were told that the practice proactively engaged with the community agent to support patients who would benefit from the services they offered.

The practice's uptake for the cervical screening programme was 78% which was the same as the CCG average of 78% and comparable with the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 96% and five year olds from 86% to 95%.

Flu vaccination rates for the over 65s were 68% and at risk groups 52%. These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Of the 42 patient Care Quality Commission comment cards we received 38 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. Four comment cards made reference to the difficulty in getting through to the practice by telephone.

We spoke with seven members of the patient participation group. 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 below average for being treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 91%, national average 89%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

However the feedback we received from the 13 patients we spoke with on the day and the comment cards we received gave positive feedback about these aspects of care.

### 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responding positively to questions about their involvement in planning and making decisions about their care and treatment were below average. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

The 13 patients we spoke to on the day, all commented that the GPs and nurses explained test results well and supported them to make informed decisions. Staff were aware regarding the low scores from the patient survey and had adjusted appointment times to give nurses and GPs more time in a consultation to address the issues raised.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 113 (3%) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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 offered extended hours between 7am and 8am and 6.30pm - 8pm on Tuesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The computer system alerted receptionists to patients with a learning disability, and prompted a longer appointment to be booked. Patients who had more than one long term condition were able to book longer appointments to enable them to have all their conditions reviewed during one visit to the surgery.
- Home visits were available for older patients and patients who would benefit from these, for example the nurse lead for Chronic Obstructive Pulmonary Disease (COPD) visited all housebound patients to carry out annual reviews which meant that these patients had the management of their condition optimised even though they were unable to get to the surgery.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered nurse led triage 8.30am-6pm.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm and 3pm to 6pm daily. The practice telephone lines were open from 8am. Extended hours surgeries were offered between 7am and 8am and 6.30pm - 8pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 50% patients said they could get through easily to the surgery by phone (CCG average 83%, national average 73%).
- 40% patients said they always or almost always see or speak to the GP they prefer (CCG average 68% national average 59%).

Six patients we spoke with on the day all commented on the difficulty in getting through to the practice by phone, particularly in the morning. Six of the 42 comment cards also stated this and the patient participation group also spoke about the feedback they had given to the practice about how long it took to get through to the practice. The practice had responded to the feedback by:

- Installing a new phone system and increasing the number of staff taking calls during the early morning.
- They had increased the number of available appointments that could be booked online.
- They had also introduced a dedicated line for the cancellation of appointments, to reduce the number of patients who did not attend for appointments and provided more appointments for patients to be able to book.
- The practice had trained additional nurses to undertake triage and minor illness which would give patients improved opportunity to see or speak to the GP they preferred.

### 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.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example a notice was displayed in the waiting room and information was available on the practice website.

We looked at eight written and two verbal complaints that were received in the last 12 months and found that there was openness and transparency in dealing with the complaints and they had been dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example following a complaint the practice had invited a consultant from the local hospital to talk with the practice so that there would be better understanding of hospital processes and the opportunity to improve communication between both services.

# 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 which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice told us how they invited patients involved in a significant event to be present at the review meeting.
- They 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. On one Tuesday afternoon each month the practice closed from 1pm – 4.30pm which gave protected time for whole staff meetings. Nurse meetings were held fortnightly and minutes distributed for those unable to attend. Reception staff also had regular meetings in place.
- 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 in doing so and felt supported if they did. All staff told us they felt that the practice worked very well as a team. Staff felt able to raise concerns as they felt the practice culture was one of learning and not blame.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG fed back to the practice that communication between the practice and patients could be improved by the use of an electronic notice board in the waiting room. The practice responded by installing electronic screens at both surgeries and published this on their website.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged

# Are services well-led?

Good 

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

all members of staff to identify opportunities to improve the service delivered by the practice. For example reception staff fed back that the ratio of book on the day and pre-bookable appointments needed to be addressed as there was not sufficient opportunity to book routine appointments that patients were requesting. The management team responded quickly and increased the number of pre-bookable appointments.

## Continuous improvement

- The practice had formed in-house multidisciplinary teams to monitor and improve the care delivered to patients for a number of conditions, for example patients diagnosed with heart conditions. A GP, nurse and a member of the administration team met regularly to identify gaps in care. This had led to an improvement in team working and opportunities to identify learning which was then shared with the practice for the benefit of patients.
- A local University had offered a triage course for nurses which the lead nurse and a GP from Partners in Health had developed. When the course was no longer delivered by the university, and no other courses were available, the practice modified the course for in-house training and developed competencies to be attained. The nurses had ongoing mentorship and peer review of consultations. This had led to the practice being assured that nurses conducting triage were appropriately qualified. The practice had developed this programme into a research project to assess outcomes and its suitability to share with other practices.