

The Corinthian Surgery

Quality Report

St Pauls Medical Centre
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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 The Corinthian Surgery on 7 September 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management. The practice proactively sought feedback from staff and patients, which it mostly acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review the infection control audit to highlight improvements made and include review dates.

Summary of findings

- Ensure training records are reviewed and kept up to date and that mandatory training is repeated as needed in a timely way for example fire safety.
- Continue to improve the support and care of patients with long term conditions.

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.

However,

- Improvements made from the infection control audit were not clearly documented and there was no review date identified on the audit.
- Staff training records showed there were gaps in training such as safeguarding adults and children which has since been amended and fire training.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- One of the GPs had a special interest in ear, nose and throat clinical issues and carried out clinics at the practice at least

Good



Summary of findings

once per week. This service was not limited to the practice's patient list and patients from other local practices could also be referred to be seen by this GP. This enabled patients to access this service locally instead of attending secondary care services.

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 higher 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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or loneliness could be referred to a single hub for assessment as to which alternative service might be of most benefit.
- 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 participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels
- However the practice did not always ensure that training records were updated and mandatory training such as for fire safety update was not delivered in a timely way.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Nurses visited patients in care homes and those who were housebound to offer and administer flu vaccines.
- The practice supported two care homes and provided fortnightly “ward rounds” to patients living in those homes.
- The practice held weekly meetings which the district nurses and health visitors were invited to attend.

Good



People with long term conditions

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 98% of the targets for care of patients with diabetes in 2014/15 which was above both the clinical commissioning group average of 95% and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nurses visited housebound patients with long term conditions to complete annual reviews.
- The practice used self-management plans, particularly for asthma and chronic obstructive pulmonary disease (a chronic lung disease) and supported a small number of patients who had home monitoring through Telehealth (a system where information about the patient’s condition is monitored remotely and the information sent to a clinician at the practice without the need for the patient to attend the practice).

Good



Summary of findings

- The practice participated in the winter resilience program. They provided additional appointments between January and March primarily for patients diagnosed with chronic obstructive pulmonary disease to avoid unnecessary hospital admissions. All the practice patients could access the additional appointments.

Families, children and young people

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 80% which was comparable to the clinical commissioning group average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The safeguarding lead GP held regular child safeguarding meetings with health visitors, school nurses and community midwives.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours every Mondays from 7.30am and Wednesdays from 7am.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice supported a local residential home for patients with learning disabilities. Patients living in the home had a named GP who visited annually to offer health checks.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations through social prescribing.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice also supported a local alcohol and drug rehabilitation unit. There was an alcohol support worker attached to the practice who offered weekly appointments for patients who needed to be seen.

Good



People experiencing poor mental health (including people with dementia)

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

- 90% 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 above the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 95% compared to the CCG average of 93% and national average of 88%.
- The practice had a nominated nurse who was responsible for inviting patients who had mental health problems in for annual review. This involved a physical health check, lifestyle advice and completing a mental health care plan. The lead nurse for mental health gave us positive examples of how they encouraged patients to attend reviews.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- A primary mental health care nurse held clinics at the practice once a week and the practice had links to a community dementia nurse.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. Three hundred and seventeen survey forms were distributed and 110 (35%) were returned. This represented approximately 1% of the practice's patient list.

- 88% 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%.
- 91% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 89% 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 32 comment cards, of which, 25 were all positive about the standard of care received. Five comment cards had mixed positive and negative feedback and two of the comment cards related to specific issues and were not aligned to any patterns. Patients commented on the professionalism of staff at the practice and advised that they were treated with kindness, dignity and respect.

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

We looked at the NHS Friends and Family Test for July 2016, where patients are asked if they would recommend the practice. The results showed 89% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service SHOULD take to improve

- Review the infection control audit to highlight improvements made and include review dates.
- Ensure training records are reviewed and kept up to date and that mandatory training is repeated as needed in a timely way for example fire safety.
- Continue to improve the support and care of patients with long term conditions.

The Corinthian Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Corinthian Surgery

The Corinthian Surgery is a GP partnership close to Cheltenham town centre. The practice is located on the first floor within St Paul's Medical Centre which is a modern purpose built building and is wheelchair accessible with automatic doors and a lift. The practice has seven consulting rooms and two treatment rooms.

The practice provides its services to approximately 8650 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following location:

St Pauls Medical Centre,
121 Swindon Road,
Cheltenham,
Gloucestershire,
GL50 4DP

The practice partnership has seven GP partners making a total of approximately five whole time equivalent GPs. There are three male and four female GPs. The clinical team includes a nurse practitioner, two practice nurses and

two health care assistants, all of which are female. The nursing team are directly supported by a senior nurses' receptionist and a nurse receptionist. The practice management and administration team consist of a practice manager, a business manager, an office manager, two practice secretaries, two administrative clerks, a senior receptionist and four receptionists. The practice is approved for teaching medical students from the University of Bristol.

The practice population demographic is aligned with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that 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 79 and 83 years, which is in line with the national average of 79 and 83 years respectively.

The practice is open from 8.30am to 6.30pm Monday to Friday. The practice operates a range of appointments times between 9am to 6pm Monday to Friday. Extended hours are available from 7.30am to 8.30am on Mondays and 7am to 8.30am on Wednesdays. The practice is closed on every first Wednesdays of the month between 12.30pm and 2pm for training. When the practice is closed during core hours, calls are diverted to a call handling service (Message Link), who will divert any urgent calls to a designated member of staff at the practice.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 September 2016. During our visit we:

- Spoke with a range of staff including six GPs, one nurse practitioner, two practice nurses, two health care assistants, three members of the administration and reception team, the practice manager and the business manager.
- We also spoke with patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 child collapsed at the practice, the practice reflected on how the situation could be managed better and as a result identified that not having a suction device was an issue. The practice subsequently acquired a suction device.

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 although all staff confirmed they had received training on safeguarding children and vulnerable adults relevant to their role, training records identified gaps for some non-clinical staff. The provider explained that they had recently changed their online training provider and could not provide evidence for some non-clinical staff had completed the training. They therefore arranged for those members of staff to complete the training and sent us evidence that all non-clinical staff had completed safeguarding adult and children training. GPs and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room and all the consulting and treatment rooms advised patients that chaperones were available if required. Clinical staff and nurses' receptionists undertaking chaperoning duties had received relevant training and a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner 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. However, this was not clearly recorded and the audit lacked a review date. Following our inspection, the provider sent us evidence that the infection control audit had been updated and reviewed since our inspection.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe

Are services safe?

medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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. Health care assistants did not administer vaccines or injections.

- We reviewed five 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 99% of the total number of points available. The practice's exception rate overall was 12% which was above both the clinical commissioning group (CCG) average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 98% which was above the CCG average of 95% and the national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and the national average of 93%.

We reviewed exception rates where these were higher than local and national averages and found that the practice had an appropriate recall system to follow up patients with long-term conditions in line with their contractual obligations. Practice data showed that the exception rate for osteoporosis was 4% in 2015/16 compared to the

published 2014/15 data of 13%. In addition, the nurse who led on mental health showed us examples of where patients did not attend reviews despite letters being sent, and how they have managed to positively influence some patients with mental health problems to attend reviews.

The practice reviewed its patients who have atrial fibrillation (AF) and with support from the CCG pharmacist, they have used a scoring system to identify patients who would benefit from blood thinning medicines, balanced against a scoring system which identifies patients at high risk of bleeding, and found that more patients could be prescribed blood thinning medicines. This has resulted in exception reporting for AF decreasing from 14% in 2014/15 to 6% in 2015/16. This data was provided by the practice and was unverified.

The practice participated in the winter resilience program. They provided additional appointments between January and March primarily for patients diagnosed with chronic obstructive pulmonary disease to avoid unnecessary hospital admissions.

One of the GPs had a special interest in ear, nose and throat clinical issues and carried out clinics at the practice at least once weekly. This service was not limited to the practice's patient list and patients from other local practices could also be referred to be seen by this GP. This enabled patients to access this service locally instead of attending secondary care services.

There was evidence of quality improvement including clinical audit.

- There had been 10 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. The practice contributed to research programmes and recommended patients who may be suitable to participate. For example, the practice was recommending patients for a study by a local orthopaedic surgeon to determine the best treatment for carpal tunnel syndrome.
- Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audit included ensuring patients on specific medicines

Are services effective?

(for example, treatment is effective)

for osteoporosis are reviewed at regular intervals and appropriate actions are taken as recommended by national guidelines. Although re-audit showed there were improvements in the number of patients reviewed, the practice identified that further improvements were required and planned to further re-audit patients on those medicines in 2017.

Information about patients' outcomes was used to make improvements such as closely monitoring patients who have mental health problems and encouraging them to attend reviews.

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. However, we found from the practice's training record that some staff were out of date with fire safety training. Following our inspection, the practice sent us evidence to demonstrate that they had arranged fire safety training to take place in October 2016 for all staff.
- 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. The practice invited other professionals such as district nurses and health visitors to attend their weekly practice meetings.

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:

Are services effective?

(for example, treatment is effective)

- 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 and mental health needs. Patients were signposted to the relevant service through the social prescribing service. There was a notice board advising patients of the services available through social prescribing.
- Smoking cessation advice was available from the nursing team. We saw evidence of how they actively engaged with patients who were receiving smoking cessation support and offered them further advice and support as required. Practice data showed that 73% of patients who were smokers had stopped smoking following smoking cessation support.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 57% 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 79% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 71% to 97% compared to the CCG average of 72% to 96%; and five year olds ranged from 87% to 96% compared to the CCG average of 90% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 32 comment cards, of which, 25 were all positive about the standard of care received. Five comment cards had mixed positive and negative feedback and two of the comment cards related to specific issues and were not aligned to any patterns. 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% 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%.
- 86% 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%.
- 87% 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%.

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 172 patients as carers (approximately 2% of the practice list). We saw that the practice encouraged patients to register as carers when

they first register with the practice. There was a dedicated carers' notice board in the waiting area. 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. 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 offered extended hours from 7.30am to 8.30am on Mondays and 7am to 8.30am on Wednesdays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported two care homes and provided fortnightly "ward rounds" to patients living in those homes. The practice also provided medical support to a local home for people with learning disabilities and a local alcohol and drug rehabilitation unit.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. The practice operated a range of appointments times between 9am to 6pm Monday to Friday. Extended hours were available from 7.30am to 8.30am on Mondays and 7am to 8.30am on Wednesdays. The practice was closed on every first Wednesdays of the month between 12.30pm and 2pm for training. When the practice was closed during core hours, call were diverted to a call

handling service (Message Link), who diverted any urgent calls to a designated member of staff at the practice. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 88% 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.

The practice worked with the other four practices in the building on a rotational basis to provide urgent home visits every day and they all shared access to patient records so that the GP could view and update patient records when undertaking urgent home visits. 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 in the practice's waiting area and on their website.

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

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and actions were taken as a result to improve the quality of care. For example, when a patient complained that they felt their address had been shared with other organisations without

their consent, the practice investigated this and although it was found that the practice was not responsible for sharing the address, the practice wrote to the patient apologising for the stress that this has caused. We saw the practice also used this complaint as an opportunity to learn from and re-iterate at practice meeting, the importance of maintaining confidentiality.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice did not always ensure that training records were updated and mandatory training such as fire safety updated was not delivered in a timely way.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the partners and the practice manager held away days at least once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, supported the practice with patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and some patients had suggested that the chairs in the waiting area needed to be replaced. We saw that the practice had ordered new chairs and were awaiting delivery of these.
- 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. Most 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 to a single hub for assessment as to which alternative service might be of most benefit.
- The practice participated in a Gloucestershire scheme called 'Choice Plus', which provides additional GP appointments for patients with acute on the day problems at various locations in the county.
- The practice participated in the winter resilience program. They provided additional appointments between January and March primarily for patients diagnosed with chronic obstructive pulmonary disease to avoid unnecessary hospital admissions.
- The practice contributed to research programmes and recommended patients who may be suitable to participate. For example, the practice recommended patients for a study by a local orthopaedic surgeon to determine the best treatment for carpal tunnel syndrome.