

The Phoenix Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 Phoenix Surgery on 1 September 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice was proactive in ensuring that all significant events were an opportunity for learning and improving.
- Risks to patients were assessed and well managed, with the exception of the safe management of medicines.
- 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.
- The GP's operated a system of personalised lists and 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 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.

We saw several areas of outstanding practice:

- Teenage mental health and behavioural issues had become a significant focus and the practice had initiated a service called Indigo. This provided accessible services to all young people irrespective of where they lived or which GP practice they were

Summary of findings

registered with. Indigo, offered support, advice and signposting for young people with mental health issues or needing advice on sexual health with positive outcomes.

- The practice demonstrated collaborative involvement as part of a GP led initiative with other organisations and the local community. For example, local schools and colleges, youth services and other GP practices. Working with a local trust the GP had secured funding for additional young people's counsellors for "Cotswold Counsellors" and additional mental health provision within the school setting.
- Drop in clinics for young people were provided at the practice and led by two nurses with the necessary skills and experience. The practice also provided support and information for parents to help them discuss difficult issues, such as drugs, alcohol, eating disorders with their children.
- The practice had implemented a scheme called "Staywell" that supported patients over 75 years of age, that were identified to be frail, to remain healthy and continue independent living. A nurse practitioner was employed by the practice to lead on the scheme and provided a single point of access for patients and their families. There was collaborative working with other health professionals, social care and voluntary agencies was integral to providing services at the right time and the right place and ensured the

service was tailored to meet the individual needs of each patient. The scheme had increased patient and family satisfaction with earlier identification and case management of vulnerable patients, reduced hospital admissions and improved social care support. The success of the scheme had led to the clinical commissioning group adopting this model and employing a team of eight nurses to deliver the service throughout the locality from October 2016.

The areas where the provider must make improvements are:

- Monitor the temperature of all areas where medicines are stored.
- Ensure all medicines and blank prescriptions are stored securely.
- Ensure all prescriptions for repeat medicines are signed by the prescriber before they are supplied to patients.
- Ensure policies relating to patient specific directions are followed.

The areas where the provider should make improvements are :

- Conduct a risk assessment of the dispensing process including lone-dispensing.
- Ensure that all fridges used to store medicines are appropriate and in line with national guidance.

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 requires improvement 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 managed with the exception of safe management of medicines.
- For example, temperatures were not monitored in all areas where medicines were stored and not all fridges were in line with national guidance for the storage of medicines; medicines were not always stored securely; policies for the administration of medicines under a patient specific directive were not always followed.
- At the branch surgery we found, blank prescriptions were not stored securely and not all repeat prescriptions were signed by a prescriber before being supplied to the patient. There was no risk assessment for the dispensing process, including lone dispensing.

Requires improvement



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.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Emergency admission rates for the practice were significantly below local and national rates.
- A focus on antibiotic prescribing had led to the practice significantly reducing inappropriate prescribing of these medicines.

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.
- The practice held a register of carers and supported them to ensure they received appropriate support.

Good



Are services responsive to people's needs?

The practice is rated as outstanding 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 (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre. The appointments were triaged at the practice and available under strict criteria. This meant resulted in greater emergency appointment availability for patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had identified the need for a young person friendly service that offered advice and support for all aspects of teenage health which was accessible to all young people irrespective of where they lived or which GP practice they were registered with. The service was led by a GP who worked collaboratively with all

Outstanding



Summary of findings

interested parties, for example, local schools and colleges, youth services, chemists and sexual health clinics to ensure young people have the information they need to access the health care support.

- Patients can access appointments and services in a way and at a time that suits them. For example, the practice had piloted skype and email consultations to assist working people access health care advice.
- A nurse practitioner was employed by the practice who led on a scheme called Staywell that supported patients over 75 where early identification could reduce potential problems leading to further deterioration and prevent unnecessary hospital admissions. Patients were identified using a nationally recognised frailty score. The success of the scheme had led to the CCG adopting this model and employing a team to deliver this service throughout the locality.
- The practice participated in social prescribing as a way to link patients in primary care with sources of non-medical support within the community
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, as the GPs held personalised lists, with urgent appointments available the same day.
- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. We saw that each year the practice held an extended total practice meeting which focussed on the practices ethos and vision and team building activities.
- 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.

Good



Summary of findings

- 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. However we found that arrangements for the safe management of medicines needed improvement.
- 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 strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 participated in social prescribing as a way to link older patients in primary care with sources of support within the community. It provided the practice with a non-medical referral option that could operate alongside existing treatments to improve health and well-being.
- The practice had implemented a scheme called “Staywell” and employed a nurse practitioner to lead on the scheme. Patients over 75 years of age, where early identification could reduce potential problems leading to further deterioration and prevent unnecessary hospital admissions were identified, using a nationally recognised frailty score. Collaborative working with other health professionals, social care and voluntary agencies was integral to providing services at the right time and the right place and ensured the service was tailored to meet the individual needs of each patient. The service had benefitted patients in a number of ways. For example, increased patient and family satisfaction, earlier identification and case management of vulnerable patients, reduced hospital admissions and improved social support. The success of the scheme had led to the clinical commissioning group adopting this model throughout the locality

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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to a local average of 90% and a national average of 88%.

Good



Summary of findings

- The practice effectively managed patients with long term conditions in the community setting. Continuity of care, by having personalised lists, regular reviews in the practice and the employment of a nurse practitioner to identify and manage those requiring additional support had led to the practice reducing hospital admissions of these patients to nearly half the local and national average.
- 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.

Families, children and young people

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

- 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 were relatively high for all standard childhood immunisations.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years (01/04/2014 to 31/03/2015) was 84% which was the same as the local average of 84% and above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had identified the need for a young person friendly service that offered advice and support for all aspects of teenage health, but with a significant focus on adolescent mental health and sexual health, which was accessible to all young people irrespective of where they lived or which GP practice they were registered with. The scheme called “Indigo” was led by a GP who worked collaboratively with all interested parties, for example, local schools and colleges, youth services, chemists and sexual health clinics to ensure young people had the information they needed to access health care support.

Outstanding



Summary of findings

Drop in clinics were provided at the practice and led by two nurses with the necessary skills and experience. The service also provided support and information to parents to help them discuss difficult issues, such as drugs, alcohol and eating disorders with their children.

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.
- The practice offered extended GP and nurse hours to provide improved accessibility for those patients who worked.
- 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.
- There were daily surgeries including at the branch practice based at the local university to ensure good access for students.
- The practice was continually working to improve access for working age patients and had piloted skype consultations.

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

Good



Summary of findings

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 percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 95% compared to a local average of 93% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 were published in January 2016. The results showed the practice was performing above local and national averages. Of the 264 survey forms that were distributed 122 were returned. This represented a 46% response rate compared to a national average of 38% and 1% of the practice population.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group CCG average of 83% and a national average of 73%.
- 86% 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 80% and a national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and a national average of 85%.
- 93% 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 a 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 31 comment cards which were all positive about the standard of care received. Comments included, staff are always helpful, happy and caring and that the practice offers a first class service.

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

The Phoenix Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, a practice manager specialist advisor, a pharmacy CQC inspector and an assistant CQC inspector.

Background to The Phoenix Surgery

The Phoenix Surgery is located close to the town centre of Cirencester in Gloucestershire. The practice has three branches, one at Kemble, one in South Cerney (both about five miles from the main practice) and one at the Royal Agricultural University, Cirencester which provides medical services to university students. The practice is part of the Gloucestershire Clinical Commissioning Group and has approximately 13,500 patients. Kemble has a dispensary which provides pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice dispenses medicines for approximately 650 patients. On the day of the inspection we visited The Phoenix surgery and the branch site at Kemble, but did not visit the other two branch sites.

The practice average patient population is significantly higher than the national average in the 15 to 25 years age group (due to the university population) and a slightly higher than average in the 45 to 70 years age group. Apart from the 15 to 20 years age group the practice has, a lower

than average population in the below 35 years age group. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low-range for deprivation nationally.

The practice is managed by eight GP partners, four male and four female and supported by five practice nurses, one being a nurse prescriber, one health care assistant and an administrative team led by the practice manager. The Phoenix Surgery is a training practice providing placements for GP registrars, medical and nursing students.

The Phoenix Surgery is open between 8am and 6.30pm Monday to Friday. Morning appointments are available 8.30am to 12.10pm and afternoon appointments from 2.50pm to 6pm Monday to Friday. Telephone appointments are also available through the day. Extended hours surgeries are offered between 6.35pm and 7.15pm Monday to Thursday each week and 9am until 1pm some Saturdays. Extended nurse hours are available 6.30pm until 7pm on Tuesday and Wednesdays. 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.

South Cerney practice is open 8.30am until 12pm Monday to Friday and 3pm until 6pm Mondays and Wednesdays.

Kemble practice is open Thursday and Friday mornings and Monday afternoons. The dispensary is open on Tuesday afternoons.

Surgeries are held at the Royal Agricultural University each morning except Thursdays, and afternoons on Monday, Wednesday and Friday.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours service is provided by South Western Ambulance Service NHS Foundation Trust (SWASFT).

Detailed findings

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

The Phoenix Surgery is registered to provide services from the following locations:

9 Chesterton Lane, Cirencester, Gloucestershire GL7 1XG

And in addition has branches from this location at:

Kemble Surgery, Church Rd Kemble Cirencester GL7 6AE

South Cerney Surgery, Clarkes Hay, South Cerney, Cirencester GL7 5UA

Royal Agricultural University, Stroud Rd, Cirencester GL7 6JS

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of The Phoenix Surgery.

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 1 September 2016. During our visit we:

- Spoke with a range of staff including four GPs, five nurses, members of the administrative team 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 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. Following a recent trend analysis the practice recognised that some staff members were more likely to report significant events than others. In order to improve and promote learning in a blame free culture the practice had recently renamed significant events to quality improvement case discussions.

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, a patient received an injection monthly instead of three monthly. Discussions were held at a quality improvement case study meeting and areas identified for change in order to prevent this happening again. The patient was contacted; explanations were given and told of the actions the practice had taken to prevent reoccurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two or level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, did not always keep patients safe (we looked at the medicine processes for obtaining, prescribing, recording, handling, storing and security). No action had been taken at The Phoenix Cirencester where the overflow fridge had consistently been out of temperature range. This meant the practice could not be assured that any vaccines stored in this fridge were kept within the recommended temperature ranges to be safe and effective to use. Room temperatures were not monitored and there was no air conditioning in place.
- We checked medicines kept in the treatment rooms, medicine refrigerators and the dispensary at Kemble and found that they were not always stored securely. For example, the medicine cupboard and fridge at The Phoenix Cirencester were unlocked and located within an unsecured store room. We received information post

Are services safe?

inspection, that following discussions, a more suitable lock was going to be fitted to the door. The dispensary at Kemble managed stocks well and there was an expiry date checking process in place.

- 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. At The Phoenix Cirencester, blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, prescription pads were not securely stored at Kemble. Patient group directions (PGD's) 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 were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. However on the day of the inspection we found that an injection had been administered to a patient without written instructions from a prescriber. Post inspection we received information that this had been raised as a quality improvement case study meeting in order to identify why this had occurred and to put in place processes that would reduce the risk of this happening again.
- Processes were in place for handling requests for repeat prescriptions which included the review of high risk medicines. However, those repeat prescriptions not generated automatically were not always signed by the prescriber before the medicines were supplied to patients. Protocols were reviewed to improve patient safety.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had some opportunities for continuing learning and development. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Any medicines incidents or 'near misses' were

recorded for learning and was supported by a standard operating procedure, and discussed at practice meetings as necessary. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

- Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (SOPs are written instructions about how to safely manage medicines). These were up to date and accurately reflected current practice. The dispensing process was undertaken by a trained member of staff. The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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 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.

Are services safe?

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 staff knew of their location. All the emergency 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.
- One afternoon a month was dedicated to protected learning time. Visiting specialists delivered education sessions, for example, recently from a local breast surgeon, to ensure all staff were up to date with recent evidence and guidelines. Opportunities were also taken to improve knowledge around areas identified from significant events.

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 100% of the total number of points available. The practice exception rating was 7% which was slightly below the local average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014-2105 showed:

- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 85% compared to a local average of 81% and a national average of 78%.
- Performance for mental health related indicators was better than the local and national average. The percentage of patients with a serious mental illness who

have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 95% compared to a local average of 93% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last 12 months years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit that highlighted that a number of patients living with osteoporosis (a medical condition in which the bones become fragile) had not received medicine and management reviews. A follow up audit demonstrated that the actions taken had been effective in ensuring these patients received an annual review.
- Information about patients' outcomes was used to make improvements such as: A focus on antibiotic prescribing had led to the practice significantly reducing inappropriate prescribing of these medicines. One example of the way in which the practice had done this was to perform throat swabs on patients who potentially had a respiratory infection and then waiting for the results prior to the prescribing of antibiotics.
- Three pillars of care, continuity, self-care and patient access provided the basis for the model by which the practice delivered care. The practice GPs held personalised lists which provided continuity of care. Patients seeing the same GP had led to excellent knowledge of a patient's medical and personal circumstances and a trusting patient GP relationship. It had also meant that there was a greater confidence to manage patients in the community where otherwise they may have felt it appropriate to admit patients. The partners told us that this had significantly contributed to lower referral and hospital admission rates compared to local practices with a similar population and demographics. For example, emergency admission rates were 15% below other local practices. Also the number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions (chronic conditions for which it is possible to prevent and reduce the need for hospital

Are services effective?

(for example, treatment is effective)

admission through active community management) per 1,000 population (01/04/2014 to 31/03/2015) was 7% compared to a local average of 12% and a national average of 15%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses reviewing patients with long-term conditions had undertaken diploma level training. GP partners discussed various courses available and ensured between them that a variety of clinical areas were covered. Updates and information were cascaded to other clinical staff at meetings and monthly protected learning time sessions.
- 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. We saw evidence of in depth care plans being in place for patients that covered a wide range of clinical conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- The practice was proactive in promoting self-care and giving patients knowledge that would support them to live healthier lives. For example, in collaboration with the patient participation group the practice had planned hand hygiene education that could prevent the spread of common infections. For a designated week

Are services effective?

(for example, treatment is effective)

hand washing techniques would be demonstrated to patients. A lighting box (device that highlights areas where germs are still present) would be used to show how effective handwashing had been.

- The practice's uptake for the cervical screening programme was 84%, compared to the local to the clinical commissioning group CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. For bowel cancer 65% of eligible patients had been screened which was higher than the local average of 63% and the national average of 58%. For breast cancer 85% of the eligible patients had received screening compared to a CCG average of 77% and a national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 71% to 94% compared to a local average of 72% to 95% and five year olds from 88% to 96% compared to the local 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.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 in line with local and national averages 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 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.
- 92% 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:

- 88% 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 87%.
- 88% 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 the 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 the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 231 patients as carers (1.8% of the practice list). The practice work with Carers Gloucestershire to ensure patients receive appropriate support. Written information as well as a page on the practice website was available to direct carers to various avenues of support available to them. All carers

were invited for an annual health check with the health care assistant. Each patient registered as a carer received a pack with relevant information and young carers received information that was appropriate for them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



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 participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre. The appointments were triaged at the practice and available under strict criteria. This resulted in greater emergency appointment availability for patients.

- The practice offered GP extended hour's surgeries on Monday to Thursday evenings until 7.15pm and some Saturday mornings. Nurse appointment extended hours were offered on Tuesday and Wednesday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 had recognised that the first contact a young person made when accessing health services need to be positive and welcoming and that confidentiality was extremely important to them. The practice initiated a young person friendly service, accessible to all young people irrespective of where they lived or which GP practice they were registered with. The service, called Indigo, offered support, advice and signposting. Sexual health had been the initial emphasis, however teenage mental health and behavioural issues had become a significant focus. The service was led by a GP who worked collaboratively with all interested parties, for example, local schools and colleges, youth services and other general practices to ensure young people had the information needed to access health care support. Information was shared on a

need to know basis and with the young persons' consent following nationally agreed guidelines. However if there were safeguarding concerns information would be shared, following discussion with the young person. If concerns were identified, Indigo supported the young person to identify a key adult to support them and facilitated discussions at the most appropriate venue. We saw evidence, of a number of young people with mental health issues who had accessed the service and the positive outcomes that resulted. We also saw that with the right intervention at the right time, young people often agreed to share their problems with families and their own GP. The lead GP at the practice for this initiative had worked with the local school to secure additional mental health provision within the school setting. Working with a local trust the GP was able to secure funding for additional young people's counsellors for Cotswold Counsellors and individual pupil counselling and group work on emotional resilience for a group of 15 year old girls at a local school. We saw feedback from the school that demonstrated the positive impact that this had made. A website has been developed and information leaflets and posters distributed. Drop in clinics were provided at the practice and led by two nurses with the necessary skills and experience. The service also provided support and information to parents to help them discuss difficult issues, such as drugs, alcohol, eating disorders with their children.

- The practice had implemented a scheme called "Staywell" that supported patients over 75 years of age, that were displaying visible signs of frailty, to remain healthy and continue independent living. A nurse practitioner was employed by the practice to lead on the scheme and provided a single point of access for patients and their families. Those patients over 75 years of age, where early identification could reduce potential problems leading to further deterioration and prevent unnecessary hospital admissions were identified, using a nationally recognised frailty score. Collaborative working with other health professionals, social care and voluntary agencies was integral to providing services at the right time and the right place and ensured the service was tailored to meet the individual needs of each patient. The service had benefitted patients in a number of ways. For example, increased patient and family satisfaction, earlier identification and case



Are services responsive to people's needs?

(for example, to feedback?)

management of vulnerable patients, reduced hospital admissions and improved social support. The success of the scheme had led to the clinical commissioning group adopting this model and employing a team of eight nurses to deliver the service throughout the locality from October 2016.

- The practice participated in social prescribing as a way to link patients in primary care with sources of support within the community. It provided the practice with a non-medical referral option that could operate alongside existing treatments to improve health and well-being.
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Access to the service

The Phoenix Surgery was open between 8am and 6.30pm Monday to Friday. Morning appointments were from 8.30am to 12.10pm and afternoon appointments from 2.40pm to 6.10pm. 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.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG of 80% and the national average of 78%.

- 87% of patients said they could get through easily to the practice by phone compared to the CCG of 83% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 from posters in the waiting room and on the practice website.

We looked at six complaints received in the last 12 months and found that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint highlighted an issue with the practice's complaints process and as a result the practice's processes were reviewed and updated.

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. We saw that each year the practice held an extended total practice meeting which focussed on the practices ethos and vision and team building activities.
- 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. However we saw that the practices policy for patient specific directions (PSD) had not been followed, which resulted in an injection being given without a PSD being in place.
- 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. We reviewed a variety of risk assessments and policies, including, recruitment, fire risk assessments and chaperone policies and saw these were in place and reviewed regularly. However we found that arrangements for the safe management of medicines needed improvement.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people 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 meeting. For example, total practice meetings individual staff group meetings and meetings with the wider community team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, following suggestions by the PPG the practice purchased chairs with arms, for the waiting room, to make it easier for patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, when the nursing team made the suggestion to start offering late nursing appointments for patients who were working, the partners were happy to implement this.

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.

- To improve opportunities for patients to consult with a GP the practice had been the pilot practice for trialling skype consultations.
- The practice had trialled photographic email consultations as an addition to general email queries. The practice had worked with the clinical commissioning group Information Governance department to ensure compliance. Work is ongoing to develop this further.
- The practice was a teaching and training practice and supported Registrars, medical and nursing students (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to:</p> <ul style="list-style-type: none">• Monitor the temperature of all areas where medicines are stored in line with national guidance.• Ensure all medicines and blank prescriptions are stored securely.• Ensure all prescriptions for repeat medicines are signed by the prescriber before they are supplied to patients.• Ensure policies relating to patient specific directives are followed. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>