Hadwen Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hadwen Medical Practice on 21 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had 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.
- The practice provided the initial health assessments for all children entering local authority care homes and known to Gloucestershire social services agencies. Templates developed by the practice were adopted country wide and led to faster information recording rates. In 2014, the Care Quality Commission noted that the practice had a clear approach and good processes in place to ensure that their vulnerable child databases were kept up-to-date.
- 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.

Summary of findings

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We found one area of outstanding practice:

- The patient participation group (PPG) was well engaged and represented across all age groups, including two 16 year olds and two carers also engaged and providing a contribution. The PPG suggestions for changes to the practice management team had been acted upon and as well as this, the group had raised awareness about patient services. For example, following PPG suggestions, the practice changed the release time of its next day appointments to better suit patient needs, and invested in telephone monitoring software that alerted staff whenever a caller had been waiting for an extended period of time.

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?

Good

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.
- The practice provided the initial health assessments for all children entering local authority care homes and known to Gloucestershire social services agencies. Templates developed by the practice were adopted country wide and led to faster information recording rates. In 2014, the Care Quality Commission noted that the practice had a clear approach and good processes in place to ensure that their vulnerable child databases were kept up-to-date.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework for April 2015 to March 2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey (January 2016) 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.
- Patients could access an art therapy session to improve their mental health, general wellbeing and social interaction.
- There is a dedicated carers area in the practice with information regarding services, and links to local organisations.

Are services responsive to people's needs?

Good

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 (CCG) to secure improvements to services where these were identified. For example, one of the GP partners was involved in devising new methods of working with the practice's identified frail population, and was the lead for organising urgent care provision, on a city wide basis.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- Patients could access three practice nurses specialising in diabetes care.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered home visits by its health care assistants for urgent blood tests and patient annual monitoring of self-testing.
- The practice offered a range of flexible appointment options. These included:
  - Saturday morning appointments for patients who could not attend during normal weekday opening hours.

Summary of findings

- Emergency appointment slots, including telephone consultations, each weekday.
- At 12.30pm each day the practice made availability of next day appointments open to patients who were also available to book these appointments online.
- Telephone appointments were offered, where appropriate, as an alternative to face to face consultations.
- The practice increased the length of individual appointment times for patients with complex medical conditions. This included longer appointments on Saturday morning.

- The practice offered text reminders for appointments.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- The practice offered a weekly drop-in clinic for baby immunisations.
- The practice reception team was split into hubs, with specialists in repeat prescribing and patient services, to improve processes and reduce access difficulties for patients.
- The practice hosted a weekly clinic with a mental health nurse, for people experiencing mental health problems.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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 provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was well engaged and including representation across the age groups, and two carers.
- There was a strong focus on continuous learning and improvement at all levels.
- The Hadwen Medical Practice is a training practice for doctors and currently has a training GP partner and one registrar.

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.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.

Good

People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for patients with long-term conditions compared well with national figures. For example, the percentage of patients with a diagnosis of diabetes, on the register, whose last measured total cholesterol was that of a healthy adult, was 82%, compared to the national average of 81%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- The practice offered home visits by its health care assistants for urgent blood tests, self-testing monitoring and the completion of annual reviews, including an annual review for its coeliac patients.

Good

Summary of findings

Families, children and young people

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

Good

- 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 practice assessed the capability of young patients using Gillick competencies. The competencies are a means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 89%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a number of emergency appointment slots, including telephone consultations, each weekday.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered a weekly drop-in clinic for baby immunisations.
- The practice provided the initial health assessments for all children entering local authority care homes and known to Gloucestershire social services agencies. Templates developed by the practice were adopted country wide and led to faster information recording rates. In 2014, the Care Quality Commission noted that the practice had a clear approach and good processes in place to ensure that their vulnerable child databases were kept up-to-date.

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).

Good

- 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.

- Patients could book late appointments on two evenings per week.
- On-line prescribing was available, which enabled patients to order their prescription on-line.
- The practice nurses and health care assistants offered extended hours appointments on a Saturday morning.
- The practice reception team was split into specialist hubs for repeat prescribing and patient services to improve the processes used to issue repeat prescriptions, and reduce access difficulties for patients.
- The practice offered a range of flexible appointment options. These included:
  - Pre-bookable Saturday morning appointments for patients who could not attend during normal weekday opening hours.
  - Emergency appointment slots, including telephone consultations, each weekday.
  - A 12.30pm time for release of next day appointments, also available to be booked online.
  - Telephone appointments where appropriate, as an alternative to face to face consultations.
- The practice offered text reminders for appointments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice 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.
- 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 was proactive in ensuring that vulnerable patients who do not attend their scheduled appointments are visited by the practice nurse, assessed and if necessary, booked for a same day, emergency appointment at the practice.

- There is a dedicated carers area in the practice, with information provided regarding services and links to local organisations.

People experiencing poor mental health (including people with dementia)

Good

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

- 83% of patients diagnosed as living with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group (CCG) average of 86%, and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption had been recorded over the course of a year was 97%, which exceeded the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients were referred to art therapy sessions at a local community centre to improve their mental health, general wellbeing and social interaction.
- The practice hosted a weekly clinic with a mental health nurse, for people experiencing mental health issues.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with or below local and national averages. For the survey 245 survey forms were distributed and 101 were returned, representing around 0.6% of the practice's patient list.

- 61% of patients found it easy to get through to the practice by telephone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 79% 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 89% and national average of 85%.
- 85% of patients described the overall experience of their GP practice as good compared to the CCG average of 89% and national average of 85%.
- 78% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to the CCG average of 84% and national average of 79%.

We saw evidence that the above figures had been affected by the relatively small size of the practice premises and a 10% turnover per annum due to the nature of the practice's patient demographics. The practice is currently reviewing its systems and processes, to facilitate patient care and further enhance its service provision. Changes made have included developing their nurse and health care assistant roles, offer greater choice and flexibility for appointments, and investing in solution-focused software that monitors and responds to patient waiting times.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed the 25 comment cards we had received which were all very positive about the standard of care. Patients described staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with three patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. The practice has most recently submitted data for October 2015 and March 2016. This combined data showed that 86% of respondents would recommend the practice to family and friends.

Outstanding practice

We found one area of outstanding practice:

- The patient participation group (PPG) was well engaged and represented across all age groups, including two 16 year olds and two carers also engaged and providing a contribution. The PPG suggestions for changes to the practice management team had been acted upon and as well as this, the group had raised awareness about patient services. For example, following PPG suggestions, the practice changed the release time of its next day appointments to better suit patient needs, and invested in telephone monitoring software that alerted staff whenever a caller had been waiting for an extended period of time.

Hadwen Medical Practice

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.

Background to Hadwen Medical Practice

The Hadwen Medical Practice is located in Gloucester. Founded in 1986, the practice occupies a two-storey building with access for people with disabilities. Administrative offices are located on both floors. Prescribing, Information Technology and coding rooms are to be found on the ground floor, along with rooms for consulting and nurse treatment, and a reception area. A pharmacy leases a large space to the rear of the practice.

The Hadwen Medical Practice is one of 85 GP practices in the Gloucestershire Clinical Commissioning Group (CCG) area. The practice population is 98% white, with the largest minority ethnic population (around 1.6%) being Asian or Asian British.

Glevum Way Surgery is the main site of The Hadwen Medical Practice (address: Glevum Way, Gloucester, Gloucestershire GL4 4BL). There are local branch practices at The Wheatway (61 The Wheatway, Abbeydale, Gloucester GL4 5ET), and St Michael's (St Michael's Square, Gloucester GL1 1HX). Neither branch practice is more than four miles from the main site.

The branch practices were not inspected at this time. This report relates to the main site at Glevum Way. 80% of the practice's patients are seen at Glevum Way Surgery.

The Hadwen Medical Practice has around 17,706 registered patients, most of whom live within a two to three mile radius of Glevum Way Surgery. The practice has lower than national average patient populations aged from 20 to 24, and 35 to 39 years of age. The patient populations aged from 0 to 4, and 45 to 49 years of age are higher than the national average. A measure of deprivation in the local area recorded a score of 7, on a scale of 1-10. A lower score indicates a more deprived area.

The practice team consists of eight GP partners (three male, five female) and five salaried GPs (all female). In addition, two nurse practitioners, five nurses, and five health care assistants are employed. The clinicians are supported by a Management Partner (who as the title suggests is both the manager and a partner in the practice), and a team of office assistants, secretaries and receptionists. The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The Hadwen Medical Practice is a training practice for doctors and currently has a training GP partner and one registrar.

The Hadwen Medical Practice is open from 8am to 6.30pm, from Monday to Friday, and from 8am to 11.30am on Saturday. Telephone contact is from 8.30am to 6pm, from Monday to Friday. A mix of pre-bookable and next day appointments, which can be booked up to two months in advance, were available from 8am to 6.30pm from Monday to Friday, and 8am to 11.30am on Saturday. The practice offered evening (6.30pm to 8pm) extended opening hours on Tuesday and Wednesday. Extended hours appointments are available to pre-book up to two months in advance.

Detailed findings

The branch practice at The Wheatway was open from 8.30am to 12.30pm, Monday to Friday; and from 1.30pm to 6pm, Monday to Thursday. Appointments were from 8.30am to 12.30pm Monday to Friday; and from 1.30pm to 6pm on Friday.

The branch practice at St Michael's Square was open from 8.45am to 12.30pm, on Monday, Tuesday, Wednesday and Friday; and from 1.30pm to 6pm on Monday and Friday. Appointments were from 8.45am to 12.30pm Monday to Friday, and from 1.30pm to 6pm on Monday and Friday.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available. Information about the Out Of Hours service was available on the practice website and displayed at the entrance to the practice.

The Hadwen Medical Practice provides regulated activities from its location at Glevum Way, Gloucester, Gloucestershire GL4 4BL.

Why we carried out this inspection

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

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

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 31May 2016. During our visit we:

- Spoke with a range of staff. For example three GPs, two nurses and two administrative staff;
- Spoke with three patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 25 Care Quality Commission 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 Care Quality Commission at that time.

Good

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 Management Partner 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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, discussions took place immediately following a significant event at the next daily clinical team meeting, with each event discussed individually. Information was cascaded to staff through circulated minutes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, medicines that were due to be placed in the treatment room fridge were accidentally left on a counter, and due to it not being stored in accordance with manufacturer's instructions, could not be used. The incident was discussed with the reception team and the practice now label all items that should be stored in the fridge with an 'icicle' sign, so that it is clear that these items should be stored in the refrigerator.

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. All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and children. The GP 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 adults relevant to their role. The practice was proactive in ensuring that all GPs and nurses were trained to safeguarding level three. We saw evidence that non-clinical staff were trained either to level one or level two.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) 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.

Good

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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.
- The practice very rarely used locums and had employed four in the past year, to cover sickness, staff shortages and holiday absence. We found that appropriate recruitment checks were in place.
- The practice provided the initial health assessments for all children entering local authority care homes and known to Gloucestershire social services agencies. Information was collated about the young person or child prior to their appointment so that the GP could provide an accurate report for the local authority and a full health check. We saw evidence that a template for recording this relevant information was developed by a GP at the practice and adopted county wide, leading to faster GP response rates when undertaking these initial health assessments. In 2014, the Care Quality Commission published a review of health services in safeguarding and looked after children services in Gloucestershire. The review noted that the Hadwen Medical Practice 'had a clear and robust approach to any child identified as vulnerable or subject to child protection who fails to attend an appointment (DNA). They have good processes in place to ensure their vulnerable child databases are kept up-to-date. The clear flagging system in the practice enables the receptionist to see the child is subject to a CIN [Child In Need] plan, child protection plan or is a looked after child and will alert the GP if the child does not attend. The GP then makes the decision on how to address this, either through ringing to offer another appointment, alerting another health professional or referring to children's social care. This provides a further mechanism to help keep children and young people visible and engaged with health services.'

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. 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 that 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, fit for use and stored securely.

Good

Are services safe?

- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The 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 100% of the total number of points available, with 12.3% exception reporting. (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 2014-2015 showed:

- Performance for diabetes related indicators either exceeded or was comparable with the national average. For example, the percentage of patients with a diagnosis of diabetes, on the register, whose last measured total cholesterol was that of a healthy adult, was 82%, compared to the national average of 81%.
- The percentage of patients with high blood pressure having regular blood pressure tests was comparable with the national average. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 87%, compared to the national average of 84%.
- Performance for mental health related indicators was comparable with or exceeded the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 96%, compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, three 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:

- The practice conducted an audit to monitor the use of a high risk medicine for the treatment of autoimmune diseases, to see if regular monitoring was undertaken and abnormal results followed up as per guidelines. The audit found that monitoring had improved as a result of agreed action points, and that monthly reminders should be sent to patients about medicines used to decrease pain and joint inflammation.
- The practice conducted an audit to determine whether it should be offering a formal annual review to its coeliac patients. The audit found the need to consider a formal annual review that included at least blood tests, with possibly weight and height measurements; and the need to consider a recall system that ran alongside recall for other related medical conditions.

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. They covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing on-line resources and discussion at practice nurse meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. For example, we saw evidence that one of the practice nurses gained a teaching and assessing qualification and had recently mentored a health care assistant through their Level Three diploma in Health and Social Care. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice nurses regularly attend multi-disciplinary team meetings to review patients' care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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

Consent to care and treatment

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

- Staff had undertaken 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses and health care assistants offered non-medical support with health and well-being issues for adult patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The practice ran a well-attended smoking cessation clinic and due to the number of patients who successfully quit smoking, one of the practice health care assistants was named 'Gloucester Smoking Cessation Advisor of the Year' in 2014.
- The practice's uptake for the cervical screening programme was 89%, which was higher than both the clinical commissioning group (CCG) average of 84% and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring a female sample taker was available.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the

last 30 months for those patients aged between 60 and 69 years of age were 67%, which was comparable with the clinical commissioning group (CCG) average of 63%, and higher than the national average of 58%.

- 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.

Childhood immunisation rates for the vaccines given were comparable with CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 97% compared to the CCG range from 94% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 92% to 96% compared to 90% to 95% within the CCG.

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

Good

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 patient 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 and could offer them a private room to discuss their needs.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 25 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 seven 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 (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice generally exceeded or was in line with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 74% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

We saw evidence that this issue related to patient dissatisfaction over the number of available appointments. A 10% turnover in the local population had led to an increased demand for appointments. The practice is currently reviewing its systems and processes, to facilitate patient care and further enhance its service provision. Changes made have included offering greater choice and flexibility for appointments, and investing in solution-focused software that monitors and responds to patient waiting times.

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 told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results compared with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 89% and national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Good

Are services caring?

Staff told us translation services were available for patients who did not have English as a first language, and for patients who were either deaf or had a hearing impairment. We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 354 patients (around 2% of) as carers and a registration pack for carers outlined the different support groups available to them. Once carers were identified, we saw patient records were flagged and that the practice offered more flexibility around appointment times.
- The practice held a database of carers details and alerted carers whenever a local carers group met. This provided an opportunity for carers to gain support, and raised awareness of carers services locally.
- There is a dedicated carers area in the practice, with information regarding services for carers provided by the practice and links to local organisations.
- Patients could access an art therapy session to improve their mental health, general wellbeing and social interaction.

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 or by giving them advice on how to find a support service.

Good

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, one of the GP partners was involved in devising new methods of working with the practice's frail population on a city wide basis, and was the lead for organising urgent care provision for the city.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access for mobility impaired staff.
- The practice referred patients to an art therapy service to improve their mental health, general wellbeing and social interaction.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments. They also assisted GPs in contacting patients.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice offered a weekly drop-in clinic for baby immunisations.
- The practice offered home visits by its health care assistants to housebound patients for urgent blood tests, self-testing monitoring and the completion of annual reviews.
- The practice reception team was split into hubs, with specialists in repeat prescribing and patient services, to improve the process used to issue repeat prescriptions, and reduce access difficulties for patients.
- The practice hosted a weekly clinic with a mental health nurse, for people experiencing mental health problems.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- The practice offered a range of flexible appointment options. These included:
  - Saturday morning appointments for patients who could not attend during normal weekday opening hours.
  - Emergency appointment slots, including telephone consultations, each weekday.
  - At 12.30pm each day the practice released the appointments available for the next day, patients were also able to book these appointments online.
  - Telephone appointments were offered, where appropriate, as an alternative to face to face consultations.
  - The practice increased the length of individual appointment times for patients with complex medical conditions. This included longer appointments on Saturday morning.
- The practice offered text reminders for appointments.

Access to the service

The Hadwen Medical Practice is open from 8am to 6.30pm, from Monday to Friday, and from 8am to 11.30am on Saturday. Telephone contact is from 8.30am to 6pm, from Monday to Friday. A mix of pre-bookable and next day appointments, which can be booked up to two months in advance, were available from 8am to 6.30pm from Monday to Friday, and 8am to 11.30am on Saturday. The practice offered evening (6.30pm to 8pm) extended opening hours on Tuesday and Wednesday. Extended hours appointments are available to pre-book up to two months in advance.

The branch practice at The Wheatway was open from 8.30am to 12.30pm, Monday to Friday; and from 1.30pm to 6pm, Monday to Thursday. Appointments were from 8.30am to 12.30pm Monday to Friday; and from 1.30pm to 6pm on Friday.

The branch practice at St Michael's Square was open from 8.45am to 12.30pm, on Monday, Tuesday, Wednesday and Friday; and from 1.30pm to 6pm on Monday and Friday. Appointments were from 8.45am to 12.30pm Monday to Friday, and from 1.30pm to 6pm on Monday and Friday.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was either below or comparable with, local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 61% of patients said they could get through easily to the practice by phone (CCG average 83% and national average 73%).
- 54% of patients said they usually get to see or speak to the GP they prefer (CCG average 66% and national average 59%).

We saw evidence that the above figures had been affected by the relatively small size of the practice premises and a 10 per-cent per annum increase in the local population. The practice is currently reviewing its systems and processes, to facilitate patient care and further enhance its service provision. Changes made have included developing their nurse and health care assistant roles, offer greater choice and flexibility for appointments, and investing in solution-focused software that monitors and responds to patient waiting times.

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

Patients with a learning disability were monitored through a learning disability register and offered an annual health check with a practice nurse who had specialist experience with this group of patients. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Management Partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at 10 written complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient experiencing extreme pain was not seen at the practice at short notice. The patient was advised to go home to await a telephone triage call, and was not advised about the availability of next day appointments. The practice discussed the incident and spoke to staff to ensure that they understood that the practice will ask the on-call GP to see the patient the same day, if urgent; and if this was not needed, for patients to be advised of the next day appointment availability.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to 'strive for a culture of excellence in all aspects of primary healthcare provision.'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored. The practice aimed to relocate to a purpose built facility close to their current site, that would be large enough to better cater for the needs of the expanding local population.

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:

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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. The Management Partner was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us the practice held weekly clinical team meetings and administrative team meetings took place fortnightly. The partners held away days on two weekends per year where staffing levels, staff skill mix and long term aims and objectives were discussed and agreed upon.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. 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.
- The lead practice nurse and lead health care assistant roles were rotated on a six-monthly basis, to ensure that all team members were exposed to leadership opportunities.
- We saw effective leadership within the practice nurse team.

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

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

The patient participation group (PPG) was well engaged, including representation across the age groups and two

Are services well-led?

Good

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

carers. The practice was experiencing difficulty finding someone to represent young people, and resolved this issue by writing to local schools and offering students interested in a career in medicine the chance to be exposed to the working of general practice. The practice now has two 16 year olds providing a contribution to the PPG.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice responded to feedback from the PPG and changed the way that its next day appointments were made available to patients. Following consultation with the PPG, the release time of next day appointments was changed from 8.30am to 12.30pm, and these were also made available for patients to book online.
- The practice responded to complaints that patients were waiting some time for a member of the reception team to answer the phone by purchasing telephone monitoring software. This software alerted staff whenever a caller had been waiting for an extended period of time, and enabled the practice to re-direct a member of staff who may be dealing with administration tasks to the phone room in order that telephone calls received into the practice may be prioritised.

Continuous improvement

There was a strong 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 Hadwen Medical Practice is a training practice is a training practice for doctors and currently has a training GP partner and one registrar.
- The practice is one of five practices in Gloucester that piloted the ‘Choice+’ system, which enables the booking of additional urgent appointments for patients, at two separate locations locally. This proved so successful that it was adopted county-wide.