

# Cam & Uley Family 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Cam & Uley Family Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cam & Uley Family Practice on 17 November 2015. 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.
- 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.
- The practice provided a GP for emergency ward cover at the local community hospital.
- The practice helped patients book the most appropriate and quickest hospital appointments by accessing the choose and book system during the patients consultation.
- The practice had a lead GP for DoLS (Deprivation of Liberty Safeguards) who led on best interest decision making process for patients in care homes and worked closely with Independent Mental Capacity Advocates (IMCA).

# Summary of findings

We saw an area of outstanding practice:

- The practice met the needs of their housebound patients and those patients who would benefit from home visits. For example, joint home visits were available with the Psychiatrist for patients living with dementia or those with poor mental health; practice nurses visited those patients who had difficulty attending the practice following a hospital discharge.

The areas where the provider should make improvement are:

- Blank prescriptions at Uley Surgery should be handled in accordance with national guidance.
- The practice should complete an infection control audit to monitor the on going management of infection control.
- The practice should review the complaint documentation process so concerns are documented appropriately.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (2014/15) 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (July 2015) 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- Home visits were made available for those patients who would benefit from these.
- 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 to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff stated they were supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a 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 patient in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a lead GP for Deprivation of Liberty Safeguards (DoLS).
- Uley Surgery provided a delivery service for medicine and medical equipment.

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.
- 93% of newly diagnosed diabetics had taken part in a diabetic education programme.
- 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.

Good



### Families, children and young people

The practice is rated as good 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 children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- 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. This included GPs attending a regular local child safeguarding forum.

## **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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- 85% of patients were receiving electronic prescribing.
- The practice provided commuter clinics one morning and one evening per week. Following patient feedback telephone consultations had been increased.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.

Good



## **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).

Good



# Summary of findings

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Data for mental health showed the practice performed better than local and national averages.
- 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. This included helping patients make best interest decisions about their care and treatment.

# Summary of findings

## What people who use the service say

The results for the national GP patient survey (published on July 2015) showed the practice was performing in line with local and national averages. Survey forms were distributed to patients with a 44% completion rate. This represented approximately 1% of the practice's patient list.

- 96% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 84% and a national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 96% of patients described the overall experience of their GP practice as good (CCG average 89% and national average 85%).
- 93% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 82% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 56 comment cards of which 54 were positive about the standard of care received. Patients told us staff were always helpful and caring; GPs had time to listen; the care they received was very good with staff being efficient and professional.

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

We looked at NHS Choices and saw seven reviews for the Orchard Medical Centre since April 2014 of which four were very positive. We noted the practice manager had responded to each review. During this time period there were no reviews for Uley Surgery.

We looked at the NHS Friends and Family Test from April to September 2015, where patients are asked if they would recommend the practice. The results showed between 80% and 90% of respondents would recommend the practice to their family and friends.

## Outstanding practice

- The practice met the needs of their housebound patients and those patients who would benefit from home visits. For example, joint home visits were

available with the Psychiatrist for patients living with dementia or those with poor mental health; practice nurses visited those patients who had difficulty attending the practice following a hospital discharge.

# Cam & Uley Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Cam & Uley Family Practice

Cam & Uley Family Practice was created in 2013 from a merger of Orchard Medical Centre and Uley Surgery. The Orchard Medical Centre is situated in the village of Cam close to Dursley, Gloucestershire, GL11 5NE; 12 miles south of Gloucester and 25 miles north of Bristol. The practice operates from a purpose built medical centre which was undergoing an extension to provide a further six clinical rooms.

Uley Surgery is a branch surgery situated at 42 The Street, in the village of Uley, Gloucestershire GL11 5SY; 4 miles from Orchard Medical Centre. The practice operates from a converted end of terrace cottage in a conservation area. The practice provides a dispensary service to 1,600 patients. During our inspection we visited both practice sites.

The practice has a population of approximately 10,120 patients. The practice has a higher than England average of patients aged over 45 years and a lower than average group of patients between 15 years to 39 years old. The practice has a deprivation score of 11.2 meaning the area has a lower deprivation compared to the Clinical Commissioning Group average of 14.7 and a lower deprivation than the national average of 23.6.

The practice team includes nine GP partners, (male and female). In addition there was one female salaried GP and two female GPs working under the retainers' scheme. (A GP retainer works as a short term support for GPs who are restricted from working in General Practice in the usual way due to personal circumstances). This equated to a whole time equivalent of 8.25 GPs. In addition the practice employs one female nurse practitioner; five female practice nurses and three health care assistants; a practice manager; dispensing staff; administrative staff which includes receptionists; secretaries; IT support and a cleaner.

The practice is a training practice for medical students and GP trainees with one GP providing training support. At the time of our inspection a GP trainee was being supported by the practice.

The practice had a General Medical Services contract (GMS) with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients with dementia; learning disabilities and minor surgery.

Orchard Medical Centre is open between 8am to 6.30pm Monday to Friday. Extended hours surgeries are offered on Mondays from 7.30am and 6.30pm until 8.30pm. Uley Surgery is open from 8am until 12.45pm then 1.45pm until 6.30pm except Wednesday when the practice closes at 5pm. When Uley Surgery is closed telephone access was available through Orchard Medical Centre.

The practice provided 44 GP sessions per week at Orchard Medical Centre and 11 GP sessions per week at Uley Surgery between 8.30am to 12.30pm and 2pm to 6pm Monday to Friday. The national GP patient survey (July 2015) reported patients were satisfied with the opening times and making appointments. The results were above local and national averages.

# Detailed findings

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and South Western Ambulance Service provided an Out Of Hours GP service.

## 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

In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff. For example, GPs, nurses and administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed the personal care or treatment records of patients.

- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- Visited Uley Surgery dispensary.

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 are provided for specific groups of people and what good care looks 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 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 (CQC) at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- The practice held a monthly significant event meeting.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice shared significant events and learnings with the Clinical Commissioning Group. This included problems with hospital discharge letters and a delayed ambulance for a severely unwell child.

We saw the practice raised significant events for all new cancer diagnosis to enable them to identify any learning to improve patient outcomes.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding vulnerable people who were trained to safeguarding children level 3. The GPs

attended safeguarding meetings when possible and always reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained high standards of cleanliness and hygiene. We observed the premises to be clean and tidy meeting infection control guidelines. We spoke with the cleaner who had a good understanding of infection control. 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 we saw this had been updated when a patient was diagnosed with an infectious disease. We saw infection control had been reviewed when the practice moved to the new premises. However an annual infection control audits had not been undertaken since 2012 which was before the practice had moved premises.
- 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. We saw a telephone reference had been undertaken for one nurse. We spoke with the practice who provided a risk assessment and updated guidelines.
- 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.

### Medicines management

During our inspection we visited the dispensary at Uley Surgery. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines which were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure

## Are services safe?

processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature. The day before our visit one medicines fridge had stopped working effectively. We saw the practice had responded appropriately to keep medicines safe and viable. The practice had followed correct guidelines.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in an appropriate cupboard and access to them was restricted and the keys held securely. The practice carried out regular audits of the prescribing of controlled drugs and there were arrangements in place for them to be safely disposed of. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were kept securely at all times. However we saw blank prescriptions at Uley Surgery were not handled

in accordance with national guidance as these were not tracked through the practice. We spoke with the practice about this and a process was started to ensure blank prescriptions were handled correctly.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The nurses used Patient Group Directions (PGDs) to administer vaccinations and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated and saw clear dates for future reviews. The health care assistant administered vaccinations and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

We saw 85% of patients were signed up to electronic prescribing. Uley dispensary provided a medicines and medical equipment delivery service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

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

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice did not stock atropine, a medicine used for emergency management of patients with a low heart rate during intrauterine contraceptive implantation. We spoke to the practice and saw evidence after the inspection that atropine was now stocked.
- Staff were able to discuss how they responded to medical emergencies. For example, one receptionist told us about how they had prioritised care for a patient suspected of having a heart attack.

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 to meet patient's 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 showed the practice achieved 99.6% of the total number of points available, with 6.9% 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 2014/15 showed;

- Performance for diabetes related indicators was 100%. This was 5.3 percentage points above the Clinical Commissioning Group (CCG) average and 10.8 percentage points above the national average.
- The percentage of patients with hypertension having a blood pressure test in the last 12 months was 85.8% which was 0.6 percentage points above the CCG average and 2.2 percentage points above the national average.
- Performance for mental health related indicators was 100% which was 3.2 percentage points above the CCG average and 7.2 percentage points above national average.

Clinical audits demonstrated quality improvement.

- We reviewed clinical audits completed in the last two years. We saw some of these were completed audits where the improvements made were implemented and monitored.
- Practice nurses undertook audits which resulted in improved patient care. For example, the practice nurses had reviewed women who had gestational diabetes during their pregnancies which resulted in yearly blood tests for this group of patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was taken of patients who had had their spleen removed. The audit found the patients, who are at risk of severe infections, had not attended for yearly health checks. As a result all these patients are now invited in for health checks annually.

We saw QoF performance was discussed at clinical meetings.

### Effective staffing

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

- The practice had comprehensive six week induction programmes for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. As well as other topics relevant for each staff group.
- 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. GPs attended monthly learning events within the locality.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 nurse meetings or during six monthly supervision sessions for staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw appraisals had well written

# Are services effective?

(for example, treatment is effective)

formal objectives. 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.

## 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated. The meetings included monthly meetings for patients with a cancer diagnosis; monthly meetings with health visitors and midwives and regular meetings with district nurses.

The GPs were accessible to other health professionals for example, district nurses, during their daily coffee break. The GP registrar told us the coffee break gave staff the opportunity to discuss specific patient concerns.

The practice provided rooms twice weekly for the mental health care workers. The practice worked with the integrated and clinical assessment treatment service to provide assessment and admission avoidance for at risk older patients. This service was held within the practice.

We received positive feedback from a local nursing home who told us the practice had a designated GP for nursing homes. They told us the practice went above and beyond expectations with the care they delivered.

## 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. The GPs and nurses had received protected learning time to better understand the Mental Capacity Act with a Psychiatrist. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients with poor or limited capacity to make decisions were discussed at the practice clinical meeting.
- The process for seeking consent was monitored through records audits.
- One GP was the lead for DoLS (Deprivation of Liberty safeguards). This is a process to prevent patients in care homes or hospitals being deprived of their liberty. We saw examples that best interest decision making processes were led by the GP and the practice worked with independent mental capacity advocates (IMCA).

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- We saw the practice made referrals to a local slimming group and smoking cessation advice was available from a local support group.
- The practice had set up a walking for health group.

# Are services effective?

(for example, treatment is effective)

- The practice issued food vouchers for the local food bank.

The practice's uptake for the cervical screening programme was 82.8% of patients, which was above the Clinical Commissioning Group (CCG) and the national average. The data showed 75% of female patients living with mental illness had received cervical screening. This meant the practice had an exception rate of 16.7% for patients living with mental illness which was below the CCG and national average. The exception rate indicates the practice had a poor uptake rate of female patients living with mental illness.

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 in easy read format for patients living with a learning disability. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% and five year olds from 92.3% to 100%.

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. We observed many of the patients were greeted by name on arrival to the practice. GPs were seen to escort patients to another area of the practice for further tests. We observed a receptionist speaking to a patient who was confused about their prescription. We saw the receptionist make phone calls on behalf of the patient and call them back to update them and reassure them.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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.

The majority of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. 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 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 87%.
- 91% of patients said the GP gave them enough time (CCG average 89% and national average 87%).

- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 90%).
- 94% of patients said they found the receptionists at the practice helpful (CCG average 90% and national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 93% 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%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 81%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%).

Staff told us translation services were available for patients who did not have English as a first language. The practice had a protocol accessible to all staff about translation services. We saw notices in the reception areas informing

## Are services caring?

patients this service was available. Patients with a hearing loss or vision problems were flagged on the practice's computer system so the GP can collect the patient from the waiting room.

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

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

The practice had identified which patients were carers and the practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers lead.

The practice recently held a talk for the local population on dementia and Alzheimer's disease.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, One GP was a member of the CCG medicines group. The practice were aligned to the CCG and Public Health England priority targets. For example, increased smoking cessation advice.

- The practice offered a 'Commuter's Clinic' on a Monday morning from 7.30am and on a Monday evening until 8.30pm 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 patients who would benefit from these. Practice nurses provided home visits after a hospital discharge for those patients who were unable to attend the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a designated GP to provide care and treatment to care home patients.
- After a hospital discharge, practice nurses identify those patients needing to be followed up from the avoidable admissions list.
- Joint home visits and appointments were available with the Psychiatrist for those patients living with dementia or poor mental health.
- The practice provided additional minor surgery procedures, for example, ultrasound guided injections by a GP with additional skills in orthopaedic medicine. Two other GPs had special interests and additional training in ear, nose and throat medicine and dermatology.
- Uley Surgery dispensary offered a medicines and medical appliances delivery service.
- The practice provided one GP for emergencies and for ward cover at the local community hospital.

- The practice helped patients book the most appropriate and quickest hospital appointments by accessing the choose and book system during the patients consultation.

### Access to the service

The Orchard Medical Centre was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times. Extended hours were offered on Mondays from 6.30pm until 8.30pm and on Thursdays from 7.30am to 8am. Uley surgery was open from 8am for telephone calls. For appointments the practice was open between 8.25am and 12.45pm then 1.45pm until 6.30pm except Wednesdays when the practice closed at 5pm. When Uley Surgery was closed patients were able to speak to staff at Orchard Medical Centre. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients who needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 75%.
- 96% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).
- 90% of patients said they usually see or speak to the GP they prefer (CCG average 68% and national average 60%).

Patients told us on the day of the inspection they were able to get appointments when they needed them. Patients were sent text reminders the day before appointments.

### Listening and learning from concerns and complaints

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

- The practice complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw information was available to help patients understand the complaints system on the practice website. However there was no information displayed in the practice advising patients how to complain.

We looked at 17 complaints received in the last 12 months and found most were satisfactorily handled, dealt with in a timely way with openness and transparency. We looked at three complaints about clinical care in depth. We saw a clear plan was in place to manage actions following an investigation and to prevent further incidents. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained about the practice letter

inviting patients to diabetic reviews. The patient complained the wording was confusing. We saw the practice reviewed and changed the letter inviting patients to attend for a review.

One patient told us they had made a complaint via email one month prior to our visit and had not received a response. We spoke to the practice and the practice manager checked their system and could not find the complaint. Some complaints we looked at had no written evidence of an investigation, an action plan or an apology to the patient's. The practice manager, in response to our feedback, undertook a course on complaint handling. We saw evidence after the inspection that the practice had reviewed their complaints documentation.

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

### Governance arrangements

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

- 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 lead practice nurse was an active part of the management team. We saw this provided good advocacy for the practice nurses and the care and treatment they provided and they were able to influence improvements to patient care. The lead practice nurse was involved in the recruitment process for a new GP.

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
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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, 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.
- Staff told us there was a strong team ethos.

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

The practice encouraged and valued feedback from patients, the public and staff. They 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; practice feedback forms; the Friends and Family Test and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had introduced a white noise machine to ensure patient confidentiality in the treatment room; they provided a photograph board of all the staff so patients could

# Are services well-led?

Good 

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

identify staff easily and they had engaged a patient to analyse patient comment cards. This resulted in changes to patient parking availability and an improved telephone system.

- The PPG told us GPs took time to ensure the group understood the practice and were involved in future planning. For example, the PPG were included in the planning for the recent extension.
- 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.

## **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. We saw the practice influenced external organisations, for example, NHS England and the Clinical Commissioning Group around treatment provided to patients locally.