

Stroud Valleys 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?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



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 Stroud Valleys Family Practice on 4 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events which demonstrated a culture of continuous learning for all staff.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control.
- 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.
- Feedback from patients about their care was consistently and strongly positive.

- 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 that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice had initiated an end of life project. An information session was organised for the local area

Summary of findings

and included patients of other GPs. The practice worked with the local palliative care consultant and hospice to ensure that patients and relatives had understanding and choice regarding their care and treatment.

- When a local practice closed, the partners were sensitive and caring in meeting the needs of 550 additional patients who registered with them over a six week period. These patients were transferring from an alternative therapy practice and the practice recognised the potential anxieties that patients could have. To address this practice employed a GP locum to ensure that all new patients received an extended appointment. This allowed for a full review to ensure levels of care were optimised. The practice has continued to provide additional GP staffing in order to continue to deliver high quality patient focussed care.

The areas where the provider must make improvements are:

- Assessing the risk of, and preventing, detecting, monitoring and controlling the spread of infections, including those that are health care associated.

The areas where the provider should make improvements are:

- Ensure staff have received mental capacity training within the practice.
- Review procedures for ensuring patients are aware of the chaperone policy.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- 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, however the practice did not have easily visible chaperone notices for patients' to see in some areas.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had no cleaning schedule and was unable to demonstrate oversight of the contract they had with the owners of the building and staff had not received up to date infection control training.
- On the day of the inspection the practice were unable to show us that a fire log which detailed the checks that had been done by the owners of the building and a fire drill had not taken place in the last 12 months. However post inspection we were sent evidence that these had been carried out in accordance with guidelines and that a fire drill had been conducted following our inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff, however the nurses and some GPs had not received mental health capacity training.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, for example the diabetic specialist nurse supported the practice when diabetic patients were transferring from oral medicines to injections.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
- 95% 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%.
- 99% said the last nurse they saw was good at involving them in decisions about their care, compare to the CCG average 87%, and the national average 85%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- There was a strong, visible, person centred culture. Staff were highly motivated to offer care that was kind and promoted peoples' dignity and worked to overcome obstacles to achieve this, for example, the practice had initiated an end of life project for the local area. They worked with the local palliative care team and hospice to ensure patients' and their relatives had understanding and choice regarding their care and treatment.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. People who use services were active partners in care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- The practice had worked effectively with the out of hours services to ensure that patients' retained autonomy over the care they received and that their wishes were adhered to.
- When a local practice closed, the partners were proactive in meeting the needs of 550 additional patients who registered with them over a six week period. Views of external stakeholders were very positive and aligned with our findings.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There are innovative approaches to providing integrated person-centred care. The practice was proactive in initiating a shared care package with the hospital team for a patient with complex needs who was unable to attend frequent hospital appointments due to work commitments which led to improved management of the patients' condition.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The PPG group had recently reformed and they fed back to the practice that they would like to invite guest speakers to information evenings that would attract the younger population. The practice were happy to engage with this.
- Patients can access appointments and services in a way and at a time that suits them. 93% patients said they always or almost always see or speak to the GP they prefer, compared to the CCG average 68%, and the national average 59%.
- Bookable telephone appointments were available with a GP which enabled patients' to access health care services in a way and at a time that suited them.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held monthly governance meetings when the practice closed which allowed protected time for all staff to attend.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A nurse visited housebound older patients at home and carried out annual reviews.
- The practice actively engaged with the services offered by the local community agent. Community agents work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs.
- The practice worked effectively and communicated well with relatives of older people facilitating patient centred care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 83% and comparable to the clinical commissioning group (CCG) and national averages.

Good



People with long term conditions

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

- Nursing staff and GP's worked together effectively to provide chronic disease management. Patients at risk of hospital admission were identified as a priority. Individualised care plans were discussed and updated at each review.
- Longer appointments and home visits were available when needed. Patients with more than one chronic disease were able to book a longer appointment so that visits to the practice were minimised for the patient.
- 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.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 73% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was comparable to CCG and national averages.
- 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.
- 82% of women aged 25-64 had had a cervical screening test in the preceding 5 years (04/2014 to 03/2015)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided comprehensive sexual health promotion and services.
- We saw positive examples of joint working with midwives, health visitors and school nurses such as effective multidisciplinary team working to support young mothers caring for a new baby.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care for example late appointments were available 6.30pm to 8pm Monday to Thursdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in initiating a shared care package with the hospital team for a patient who was unable to attend frequent hospital appointments due to work commitments which improved health outcomes.
- Patients were able to book telephone appointments with a GP which enabled patients' who were working to access health care at a time convenient to them.

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.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, (04/2014 to 03/2015) which was slightly higher than the national average of 84%.
- 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.
- The practice worked closely with relatives and carers of patients' experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty survey forms were distributed and 118 were returned. This represented a 47% response rate.

- 98% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried, CCG average 89%, national average 85%.
- 97% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 97% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Twelve of the comments specifically mentioned the excellent service received from all members of staff.

We spoke with 6 patients during the inspection. All 6 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Responses from the friends and family test showed 100% of patients would recommend this practice to family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Assessing the risk of, and preventing, detecting, monitoring and controlling the spread of infections, including those that are health care associated.

Action the service **SHOULD** take to improve

- Ensure staff have received mental capacity training within the practice.
- Review procedures for ensuring patients are aware of the chaperone policy.

Outstanding practice

We saw areas of outstanding practice:

- The practice had initiated an end of life project. An information session was organised for the local area and included patients of other GPs. The practice worked with the local palliative care consultant and hospice to ensure that patients and relatives had understanding and choice regarding their care and treatment.
- When a local practice closed, the partners were sensitive and caring in meeting the needs of 550

additional patients who registered with them over a six week period. These patients were transferring from an alternative therapy practice and the practice recognised the potential anxieties that patients could have. To address this practice employed a GP locum to ensure that all new patients received an extended appointment. This allowed for a full review to ensure levels of care were optimised. The practice has continued to provide additional GP staffing in order to continue to deliver high quality patient focussed care.

Stroud Valleys 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Stroud Valleys Family Practice

Stroud Valleys Family Practice is located close to the centre of Stroud, a market town in Gloucestershire and has good transport links. The practice has a higher than average patient population in the over 45 years age group and lower than average in the under 40 years age group. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 4,500 patients. The recent closure of a local practice led to an increase in practice population by 12% over a six week period. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the lower-range for deprivation nationally.

The practice is managed by three GP partners, one male and two female and supported by one male salaried GP as well as two practice nurses, a healthcare assistant and an administrative team led by the practice manager. Stroud Valleys Family Practice is a training practice providing placements for GP registrars and medical students.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11.30am

every morning and 4pm to 6pm Monday, Tuesday and Wednesday afternoon, 3pm to 6pm Thursday afternoons and 3pm to 5.30pm on a Friday. Extended hours surgeries are offered between 6.30pm and 8pm on Monday to Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance.

The practice has a General Medical Services (GMS) contract to deliver health care services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Stroud Valleys Family Practice is registered to provide services from the following locations:

Stroud Valleys Family Practice

Beeches Green Health Centre

Stroud

Gloucestershire

GL5 4BH

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident led to the practice reflecting on their management of a delayed diagnosis. All aspects of care were considered including call triaging, notes recording and a comprehensive in-house clinical update. We saw evidence of good communication with the patient and practice staff and changes made to the call triaging system to ensure that this did not happen again.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- There was no visible notice in the waiting room that advised patients that chaperones were available if required but there was one in a patient information folder. The examination room had a notice explaining that chaperones were available.
- 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 premises were managed by the owners of the building and included cleaning services. The practice had no cleaning schedule and were unable to demonstrate oversight of the contract. A member of staff commented that sometimes the floors in the treatment areas looked as though they might not have been washed.
- The practice nurse was the infection control clinical lead. There was an infection control protocol in place; however there was no evidence to demonstrate staff had received up to date training. An infection control audit had taken place and we saw evidence that action was being 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 and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found that a number of these were out of date and a number were missing. The practice did not have a robust system for the production of Patient Specific Directions (PSDs), to enable health care assistants to administer vaccines after specific training, when a doctor or nurse were on the premises. We fed this back to the practice on the day of the inspection. Post inspection evidence provided demonstrates that the practice had put in place appropriate PGDs and PSDs.

Are services safe?

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 carried out by the owners of the building. We did not see evidence that the practice had oversight of this and they did not have a log which detailed the checks that had been done. The practice did not carry out regular fire drills. We highlighted this to the practice on the day of the inspection and received post inspection evidence that a policy for this was now in place and that the practice had conducted a fire drill within 48 hours of the inspection. 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. For example the practice employed two part time nurses and their hours were organised so that cover was ensured throughout the week and also during holiday and sickness.

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 had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The 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 13% exception reporting, compared to the clinical commissioning group (CCG) average 10%, and the national average 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw evidence that the practices procedures for excepting patients were clinically appropriate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from (04/2014 to 03/2015) showed;

- Performance for diabetes related indicators was 100% compared to the CCG average of 95% and national average of 89%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 82%, compared to the CCG average 85%, and the national average 84%.
- Performance for mental health related indicators was similar to the CCG and national average. 92% of patients

with a psychosis had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) which was comparable to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, diabetic patients on certain oral medicines, who were at possible risk of kidney problems were identified. These patients were reviewed and their treatment changed. An audit follow up showed that patients were now being routinely identified and managed appropriately.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, such as for those reviewing patients with long-term conditions. The lead nurse for diabetes had completed a course which gave her the skills to convert diabetic patients from oral medicines to injections. Regular supervision and mentoring took place with a GP to discuss patients that had been reviewed by the nurse. The nurse also worked closely with the diabetic specialist nurse from the hospital, holding joint clinics at the practice.
- The practice supported its GP trainees effectively. There was a robust induction, a named supervisor and regular clinical supervision.
- 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

Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Advanced care plans were shared with the out of hour's service providers to ensure patients' wishes were known and considered when their own GP was unavailable.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, there was effective multidisciplinary team working to support young mothers care for their new born babies.

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 however, we found that nursing staff and some GPs had not undertaken formal training. 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 and those requiring advice on their diet, smoking and alcohol cessation. For example, the practice found that the numbers of patients who had successfully quit smoking after they had attended their smoking cessation service had reduced. The practice identified that these patients often had more complex needs and referred these to external stop smoking services to receive additional support.
- The practice worked closely with a local community agent. Community agents are employed by Gloucester county council and work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs.
- The practice's uptake for the cervical screening programme was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

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

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

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 97%, compared to a CCG average of 72% to 96% and five year olds from 92% to 100% compared to the CCG average of 90% to 95%.
- Flu vaccination rates for the over 65s were 83% which was higher than the national average of 73%. Flu

vaccination rates for at risk groups 29% which were below the national average of 52%. However we were told that the percentage was higher than this, but there were problems with data transference, between private providers of flu vaccines and the practice, which were being resolved.

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 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 that staff responded compassionately when they needed help and provided support when required.

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

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 95% said the GP gave them enough time, CCG average 89%, national average 87%.
- 98% said they had confidence and trust in the last GP they saw, CCG average 97%, national average 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern, CCG average 88%, national average 85%.

- 99% said the last nurse they spoke to was good at treating them with care and concern, CCG average 92%, national average 90%.
- 98% said they found the receptionists at the practice helpful, CCG average 90%, 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. For example, we saw that the practice had worked effectively with the out of hours services to ensure that the patient retained autonomy and that their wishes were adhered to. 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:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care CCG average 85%, national average 81%.
- 99% said the last nurse they saw was good at involving them in decisions about their care, CCG average 87%, national average 85%.
- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- The practice provided medical care for a local nursing home for patients with dementia and physical complex needs. The practice invited relatives of newly admitted patients to an appointment so that care could be discussed and planned with a GP. This alleviated anxieties for relatives and ensured the GP gained an understanding of each individual patient.



Are services caring?

- The practice had initiated an end of life project. An information session was organised for the local area and included patients of other GPs. The practice worked with the local palliative care consultant and hospice to ensure that patients and relatives had understanding and choice regarding their care and treatment.
- The practice had recognised that referrals were being made to secondary care that had the potential to be avoided. The GPs had set up practice meetings to specifically discuss and utilise their combined knowledge to explore ways to progress care without referral. Patients' were asked for their permission to discuss their case with colleagues at this weekly meeting. This has led to a reduction in referrals and also a more timely resolution for the benefit of patients.
- When a local anthroposophical practice closed the partners were proactive in meeting the needs of 550 additional patients who registered with them over a six week period. This represented a 13% increase in the practice population. (Anthroposophical medicine is a form of alternative medicine). The practice recognised that many of these patients would be anxious about the change in their health care provision back to traditional medicine. To address this, the practice employed a GP locum to ensure that all new patients received an extended appointment. This allowed for a full review to ensure levels of care were optimised. The practice has continued to provide additional GP staffing in order to continue to deliver high quality patient focussed care.
- Four of the comment cards we received specifically mentioned the care and attention they had received when they transferred to the practice.
- The practice had a folder in the patient waiting room that told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 (2.4%) of their patients who were also carers. Written information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments Monday to Thursday evenings from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone appointments with a GP which enabled patients who were working to access health care at a time convenient to them.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. A nurse carried out home visits to review housebound patients. This ensured they had access to the same level of care as patients who could attend the surgery.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- Patients who had more than one chronic disease were able to book longer appointments to minimise the number of times they were asked to attend the practice for reviews.
- There were disabled facilities, a hearing loop and translation services available.
- We saw that the practice was able to adapt the care offered to patients, for example the practice was proactive in initiating a shared care package with the hospital team for a patient who was unable to attend frequent hospital appointments due to work commitments which resulted in improved management of the patients' condition.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to

11.30am every morning and 4pm to 6pm on Monday, Tuesday and Wednesday afternoon, 3pm to 6pm on Thursday afternoons and 3pm to 5.30pm on Friday. Extended hours surgeries are offered between 6.30pm and 8pm Monday to Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone, CCG average 83%, national average 73%.
- 93% patients said they always or almost always see or speak to the GP they prefer CCG average 68%, national average 59%.
- People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice website and from the information folder in the patient waiting room.
- The PPG group had recently reformed and they fed back to the practice that they would like to invite guest speakers to information evenings that would attract the younger population.

We looked at three complaints received in the last 12 months and found that there was openness and transparency in dealing with the complaints and they had been dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result

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

to improve the quality of care. For example following a complaint the practice recognised that it could improve the handling of telephone messages and made changes to their processes to ensure this happened.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. On one afternoon a month the practice closed from 1pm to 4.30pm which gave protected time for whole staff 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.

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

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

- The practice previously had an online patient participation group (PPG) which had ended. A PPG had been recently formed; a patient survey had been initiated but not yet completed by the PPG. The PPG members had supported the practice during Saturday morning flu clinics.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff told us that feedback had been given to the management team that it was difficult to complete their work schedule if they also had to answer the phone. The management team responded by allocating an additional member of staff to answer the phones.

Are services well-led?

Good 

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

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 practice had recognised that referrals were being made to secondary care that had the potential to be avoided. The

GPs had set up practice meetings to specifically discuss and utilise their combined knowledge to explore ways to progress care without referral. Patients' were asked for their permission to discuss their case with colleagues at this weekly meeting. This has led to a reduction in referrals and also a more timely resolution for the benefit of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>How the regulation was not being met:</p> <p>The registered provider had failed to identify the risks associated with staff not having received infection control training and implementing and monitoring appropriate cleaning schedules.</p> <p>This was in breach of regulation 12 (1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>