

# Newnham and Westbury Surgery

## Quality Report

Newnham Surgery  
High Street  
Newnham  
Gloucestershire  
GL14 1BE  
Tel: 01594 516241  
Website: [www.newnham-westburysurgeries.nhs.uk](http://www.newnham-westburysurgeries.nhs.uk)

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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

<b>Overall rating for this service</b>	<b>Good</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

# 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 Newnham and Westbury Surgeries on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and 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 areas where the provider must make improvement are:

# Summary of findings

- Implement and undertake an infection control audit for assessing and monitoring risks associated with infection control, undertaking any relevant actions as required.
- Establish and operate an effective system to check, manage and mitigate the risks associated with the emergency equipment.

The area where the provider should make improvement is:

- Ensure actions are taken to improve patient satisfaction on access to the service.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- A practice GP had implemented a new protocol for monitoring high risk medicines and devised a booklet for patients' personal usage.
- Risks to patients were assessed and well managed.
- The practice had safe and effective systems for the management and dispensing of medicines, which kept patients safe.

However,

- We found there was not a robust policy and procedure for the checking and logging the emergency equipment used in the practice. The provider must review systems for the recording of emergency equipment checks and oxygen signage.
- There was no current infection control audit in place.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with and slightly below others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either Lydney hospital or the Dilke hospital. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. We saw that the practice's values were displayed in several staff areas to further embed this ethos.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, influenza and pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had access to a named GP to enable continuity of care.
- The practice visits one nursing home and one residential home weekly and involved professionals to discuss the changing needs of patients.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients. The practice arranged support for the 'homes' through the local Rapid Response Nursing Service which has reduced inappropriate hospital admissions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 93% which was below the clinical commissioning group average of 95% and above the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Multidisciplinary meetings were held every four to six weeks with community based staff.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 82% which was comparable to both the clinical commissioning group average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and rapid response nurses through minutes of monthly multi-disciplinary meetings.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours evening appointments were available on Mondays for working age patients to attend outside of working hours. The nurses also held early morning appointments from 8.10am Mondays to Wednesdays.
- Services available included in house spirometry, phlebotomy, vasectomy service, minor surgery, electrocardiogram, International Normalised Ratio monitoring for patients taking anticoagulants and NHS health checks.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and assessed and reviewed their care at least every 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held four to six weekly multi-disciplinary meetings to highlight any patients of concern or any safeguarding issues.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice took part in a local social prescribing initiative.

## People experiencing poor mental health (including people with dementia)

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

- 71% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- Performance for mental health related indicators was 94% compared to the CCG average of 97% and national average of 82%.
- 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. A patient participation group member runs a support group in the village for patients living with dementia and carers.
- 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.
- Annual dementia reviews were carried out on patients who had been diagnosed or are at risk of dementia and the practice maintains a register to monitor these patients.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and a mental health triage nurse visited the practice once a week.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016 and the results showed the practice was performing in line with local and national averages. Two hundred and thirty-one survey forms were distributed and 130 were returned, a completion rate of 56% (which represents 4% of the patient population).

- 78% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and a national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 83% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards of which 31 were positive about the standard of care received. Patients told us that they received excellent and professional care and that they were treated with dignity and respect. The other four comments cards were a mix of positive and negative.

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

We looked at NHS Choices and saw three reviews for Newnham and Westbury Surgery since November 2013, one was positive and two were negative aligning to poor service from the reception team. The practice manager confirmed that this had been reflected on and resolved internally.

We looked at the NHS Friends and Family Test from February 2016, where patients are asked if they would recommend the practice. The results submitted showed 90% of respondents would recommend the practice to their family and friends.

## Areas for improvement

### Action the service **MUST** take to improve

- Implement and undertake an infection control audit for assessing and monitoring risks associated with infection control, undertaking any relevant actions as required.

- Establish and operate an effective system to check, manage and mitigate the risks associated with the emergency equipment.

### Action the service **SHOULD** take to improve

- Ensure actions are taken to improve patient satisfaction on access to the service.

# Newnham and Westbury Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Newnham and Westbury Surgery

Newnham and Westbury Surgeries are situated in Newnham and Westbury respectively which are both based in rural areas of The Forest of Dean in Gloucestershire. The practices are based approximately 3 miles apart and serve the local population as one practice over two sites.

The Newnham surgery is located in purpose built premises over two levels. The ground floor has a reception, dispensary and waiting area with two consulting and one treatment room. The first floor of the building is used for administration and storage purposes.

The Westbury surgery is located in a purpose built premises on one level. This surgery has been built with accessibility in mind and has full disabled access including a ramp into the building, automatic doors, wide doors and corridors, disabled toilet and a large dispensary.

The practice provides general medical services to approximately 3,200 patients who are able to be seen at either surgery. Services to patients are provided under a

General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has two GP partners (one female and one male) which is equivalent to two whole time equivalent GPs who are supported by two practice nurses (both female). The practice manager is supported by a reception manager and two receptionists.

Both Newnham and Westbury surgeries are dispensing practices managed by a dispensary manager who is supported by two dispensers. The practice dispenses to approximately 50% of the registered patient base.

The practice population has a higher proportion of patients aged between 65 and 74 compared to local and national averages. For example, 25% of practice patients are aged between 65 and 74 compared to the local clinical commissioning group (CCG) average of 20% and the national average of 17%. The practice cares for 105 nursing home patients which is 3% of the practice patient list compared to a clinical commissioning group average of 0.5%.

The practice is located in an area with low social deprivation. The prevalence of patients with a long standing health condition is 50% compared to the local CCG average of 55% and national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

Patients can be seen at either practice and they are opened as follows:

Newnham surgery:

# Detailed findings

8.10am to 6.30pm, Tuesdays and Wednesdays

8.30am to 6.30pm, Thursdays

8.30am to 1pm, Fridays

Westbury surgery:

8.10am to 6.30pm, Mondays

1pm to 6.30pm, Fridays

Between 8am and 8.30am every weekday telephone calls are picked up by message link who will contact the onsite duty doctor to treat any medical emergencies.

Appointments are available between 8.30am and 1pm every morning and 2pm to 6pm every afternoon. Extended surgery hours are also offered at Westbury surgery every Monday between 6.30pm and 8.15pm.

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following addresses:

Newnham Surgery

High Street

Newnham

Gloucestershire

GL14 1BE

Westbury Surgery

Rodley Road

Westbury-on-Severn

Gloucestershire

GL14 1PF

This was the first inspection of Newnham and Westbury Surgeries. We noted that the practice were not registered for family planning. The provider informed us that they did not realise they had to register for family planning. The provider advised that they would apply to CQC for this registration.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, two nurses, two dispensers, one reception team manager and the practice manager.
- Spoke with six patients who used the service and three patient participation group members.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 35 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?

# Detailed findings

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).

- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and these were discussed at practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient handed in a blood sample at reception which was placed to one side and then accidentally left when the samples were collected. This was discussed at practice level and a new process was implemented whereby a basket has been placed in reception for all samples to be placed into. Since the process was reviewed there has been no reoccurrence of this incident.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead

members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice manager and nurses were all trained to child protection or child safeguarding level three. All administration staff were trained to a minimum of child safeguarding level one.

- A notice in the waiting room and in all consulting rooms advised patients that chaperones were available if required. The one member of staff who acted as a chaperone was trained externally for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training in April 2016. However, the last infection control audit was undertaken in 2013. We were advised by the practice manager that this would be completed as a priority.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However at Westbury surgery there were no oxygen warning signs displayed and it was not clear if weekly checks of the oxygen was being recorded. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and systems were put 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. A

## Are services safe?

PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). A few medicines were supplied in blister packs to help people with taking their medicines. Safe systems were in place for dispensing and checking these, and a detailed standard operating procedure was being drawn up.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and 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 two staff members had undertaken external fire marshal training in November 2015. 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, needle stick injury and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, some of the disposable needles in the kit were found to be out of date on the day of our inspection.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with an 8% 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 93% which was below the clinical commissioning group (CCG) average of 95% and above the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 79% which was below both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 94% which was below the CCG average of 97% and above the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, however none of these were completed audits where improvements had been made or monitored and they were all due for re-audit in the next few months.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had recently participated in peer review of referrals with other local practices.

Findings were used by the practice to improve services. For example, following an audit, 16 patients were identified who needed changes to, or new, medication. All have been contacted and have been reviewed. There are plans for re-audit when the prescribing adviser next attends the practice.

Information about patients' outcomes was used to make improvements such as contacting the local council to improve safe access to Newnham surgery through implementation of a pedestrian crossing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence of infection control training undertaken by the full team, one nurse had completed a chronic obstructive pulmonary disorder and respiratory diploma and one nurse was scheduled to attend a child immunisation course later this month.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most of the staff had received an appraisal within the last 24 months, new appraisal preparation forms had been completed by all staff and dates were scheduled for all staff to receive an up to date appraisal.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 83%, which was above both the CCG average of 77% and the national average of 72%. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 66% which was above both the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 69% to 100% compared to CCG averages of 72% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 86% to 95% compared to CCG averages of 90% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Of the 35 patient Care Quality Commission comment cards we received 31 were positive about the service experienced and the remaining four all contained positive comments alongside negative comments. Of the four comment cards with mixed reviews, two of the negative comments were related to poor access to appointments, which did not align with the other comments received. Patients said they felt the practice offered an excellent service and staff were professional, compassionate and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said the practice manager was very honest, responsive and caring to patients. We were informed that one PPG member ran a local business and if patients mentioned anything negative to him relating to the practice the PPG member would relay this to the practice manager who in turn would contact the patient to discuss and resolve their concerns. We were also advised that the Westbury surgery was a real asset to patients particularly those with physical disabilities.

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 aligned with or slightly below for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 82% of patients 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%.

## Are services caring?

- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers which equated to 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them including social prescribing. The practice had a carer's lead who was available to support carers as necessary and was responsible for updating both the carers folder and carers information in the waiting room.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a CCG led initiative called choice plus which allowed additional emergency slots to be available for patients to be seen at either Lydney hospital or the Dilke hospital. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients.

- The practice offered a 'Commuter's Clinic' on Monday evenings until 8.15pm for working patients who could not attend during normal opening hours. The practice also held early nurse led appointments starting at 8.10am on Mondays, Tuesdays and Wednesdays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those available privately.
- There were disabled facilities across both surgeries, a hearing loop and translation services available.
- Services available included in smoking cessation, diabetes clinic, spirometry clinic, asthma clinic, travel clinic and NHS health checks.
- Additional services available at the surgery included minor surgery and vasectomy clinics.

### Access to the service

Patients can be seen at either surgery and they were open as follows:

Newnham surgery:

8.10am to 6.30pm, Tuesdays and Wednesdays

8.30am to 6.30pm, Thursdays

8.30am to 1pm, Fridays

Westbury surgery:

8.10am to 6.30pm, Mondays

1pm to 6.30pm, Fridays

Between 8am and 8.30am every weekday telephone calls were picked up by message link who would contact the onsite duty doctor to treat any medical emergencies. Appointments were available between 8.30am and 1pm every morning and 2pm to 6pm every afternoon. Extended surgery hours were also offered at Westbury surgery every Monday between 6.30pm and 8.15pm.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%. We found through speaking with patients that this was mainly due to the fact that the opening times were split between both surgeries therefore Newnham was open three and a half days per week and Westbury one and a half days per week.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, however it may not be at the surgery they prefer if this was an urgent appointment.

### 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 information was available to help patients understand the complaints system and there was a poster in the waiting area, details were also on the practice's website under practice policies.

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

We looked at six complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a

complaint relating practice communication, the practice purchased name badges for all staff to wear. Automatic doors were also installed two years ago at the Newnham surgery due to patient and patient participation group feedback.

# 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 on the practice website 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 that:

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners and the practice manager all encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with three members of the PPG group who told us that the group had been active for at least five years although in the past two years they had not all met together as often as previously. The PPG aimed to meet quarterly and submitted proposals for improvements to the practice management team. For example, the PPG informed the practice manager of a patient complaint discussed with a PPG member relating to the attitude of

# Are services well-led?

Good 

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

reception staff. We were informed that this had been dealt with and since then there has been no further issues. The PPG advised that the practice manager was very approachable and always took appropriate and prompt action to resolve any concerns relayed.

- 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. The social prescriber saw patients at the surgery.

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 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><b>12.—(1) Care and treatment must be provided in a safe way for service users.</b></p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;</p> <p>(g) the proper and safe management of medicines;</p> <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p>

## Requirement notices

### How the regulation was not being met:

- The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure robust procedures were in place for checking and maintaining emergency equipment and medicines.
- The system to identify, assess and mitigate risks arising from cross infection had not been operated effectively. Control of infection risk assessments required by the relevant code of practice had not been completed.

This was in breach of regulation 12(2) (a)(b)(e)(f)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.