

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Kingsholm Surgery

Alvin Street, Gloucester, GL1 3EN

Tel: 01452522902

Date of Inspection: 16 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Kingsholm Surgery
Registered Manager	Dr. Luke Corrigan
Overview of the service	Kingsholm Surgery supports around 4,800 patients from one site in Gloucester. The surgery offers a range of services including health screening, antenatal care, postnatal care, immunisations, contraceptive services and asthma and diabetes advice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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One GP partner had left and one had joined the surgery but the information had not been shared with CQC. The provider has now submitted the registration applications.

Patients felt supported and involved in their care. One patient said "they give me enough time and information to make decisions". The practice was sensitive to people's privacy and dignity. One person told us "staff are really friendly but stay professional". Patients felt they received high quality care. One person told us staff were always "completely thorough and professional". People also found it easy to book an appointment and one person told us "it's extremely easy to book".

There were safeguarding policies in place supported by staff training which meant staff felt able to raise concerns. There was a good understanding of the Mental Capacity Act 2005 but there was scope for additional training.

The building was well maintained and clean. There were no access problems for people with a disability although there was no convenient parking. Safety checks were completed but there was no business continuity plan in place.

The practice scored well in the national satisfaction survey. Seventy three per cent of patients would recommend the surgery to a friend compared with 48% nationally. Patients we spoke with felt no improvements were needed. Complaints and incidents were used as a learning opportunity. There was a lack of information on complaints for patients and currently no patient group.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People felt informed and involved in the care planning process.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care or treatment and understood the choices available to them. We asked people if they had enough information during and after consultations. One patient said "they give me enough time and information to make decisions". Another patient told us the advantages, disadvantages and side effects of treatments were always explained to them. We were told by other patients they were made to feel central to any decision making process.

We spoke with five patients about their experience of doctor and nurse consultations. One person told us "they listen and ask me how I feel". They told us professionals took their problems seriously and "knew and treated the individual person". This meant that patients felt supported in relation to their care and treatment.

We asked patients about their experience of reception staff. One person told us "reception staff listen, are welcoming and not intrusive". Four out of five people told us reception staff did not ask them to explain why they needed an appointment. They felt this was respectful. The provider may find it useful to note that one person did mention having been asked a personal question in reception that they found uncomfortable to answer. Staff told us they only asked patients if they minded telling them the reason for the appointment if it was necessary to ask.

We did not see any confidential information on display to the public during our inspection. One patient told us having the seating area away from the reception desk minimised the chances of people overhearing conversations. We asked reception staff how they maintained people's confidentiality. They told us confidential calls were transferred away from the front desk. They also said a room would be found if a patient wanted a private conversation. All staff had completed confidentiality training. This meant patients could be confident their personal information would not be inadvertently shared with others.

People's diversity, values and human rights were respected. A proportion of the patient population had English as a second language or did not speak English at all. Staff told us face-to-face translators were used as they felt this was more helpful than telephone translation. Where it was appropriate, family members or friends supported patients with language difficulties. Patients needing a translator always had a double appointment booked as consultations took longer and doctors did not want the person to feel rushed.

People we spoke with felt comfortable during consultations, including intimate procedures. One person told us "staff are really friendly but stay professional". In reception and consultation rooms there were signs offering chaperones if patients wanted one. There was also a policy and staff training to support this. This meant that patients felt their dignity and privacy were respected during consultations.

The two GP partners at the practice were male. Staff felt this could be problematic for patients wishing to see a female doctor for cultural reasons or personal choice. As a result, they were pleased that the salaried doctors recruited by the practice were female to meet this need. One of the patients we spoke with said they had been worried about seeing a male doctor but had been completely put at their ease.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People experienced safe and appropriate care which met their needs. The planning and delivery of care reflected people's wishes and aspirations and safeguarded them from harm.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We asked patients about the quality of care they felt they had received. One person told us the nurses and doctors were always "completely thorough and professional". Another person said "if the children are ill I find them more than thorough". We were also told "nothing is too much trouble for the doctors and nurses".

We spoke with staff about the management of appointments. The results of the national GP survey showed that patients were very happy with current access. Five per cent of patients surveyed said they had to wait more than a week for a routine appointment compared with a national average of 15%. We were told all staff monitored appointment availability and made changes to the allocation of appointments as needed. One GP told us "if my surgery is full and they need to be seen then I fit them in".

All the patients we spoke with gave positive feedback about appointment availability. One person told us "it's extremely easy to book". Others told us they could get an appointment on the same day if they needed it. This showed people generally had access to care when they needed it. Patients we spoke with valued the call back service. They told us they received a call back quickly that meant they did not need to attend the surgery for an appointment.

The practice used the out-of-hours service commissioned by the Clinical Commissioning Group (CCG). Practice staff and patients told us they had not experienced any difficulties with this system to date. In order to support clinicians seeing patients out-of-hours, the practice kept notes updated on a system called Adastra that could be accessed outside the practice. This system was maintained by one of the GPs to ensure information remained current.

The practice took part in the Quality and Outcomes Framework (QOF). QOF is a range of national quality standards for GP practices based on the best available research-based evidence. We discussed some areas of lower than expected achievement with one of the

GP partners. Some could be explained by the makeup of the practice population. The GP partner agreed to review others, such as physical health monitoring of patients with a history of mental health problems. Some patients may have been receiving the appropriate care but this was not being recorded using the correct computer codes.

Some of the QOF indicators showed higher than expected levels of exception reporting. This was where the practice had recorded there was a reason for the patient not receiving a specified treatment. The partner we spoke with agreed to review the exception reporting levels to ensure patients were receiving the appropriate treatments. Partners met on a weekly basis to discuss QOF but the need for a more strategic approach was discussed. Some work had already been undertaken to address known low achievement.

People's care and treatment reflected relevant research and guidance. The practice ensured that guidance from the National Institute for Health and Clinical Excellence (NICE) was followed as this is considered best practice. GPs received an alert from NICE when new guidelines were published. These were then discussed at the weekly partners' meetings. This would ensure that all patients received the best possible care.

Alerts received from the National Patient Safety Agency (NPSA) and Medicines and Healthcare Products Regulatory Agency (MHRA) were shared with the relevant staff by the practice manager. The clinical staff were then responsible for ensuring they were implemented as needed. We were told that very few were relevant to the practice.

There were arrangements in place to deal with foreseeable emergencies. All staff had received basic life support training which was renewed 18 monthly for clinical staff and three yearly for non-clinical staff. Staff had been trained to use the defibrillator and it had been successfully used in the past. Each computer had an emergency icon that called other staff immediately.

All the emergency drugs we checked, including oxygen, were in date. The provider may find it useful to note that some equipment often used with emergency drugs, such as oxygen masks and syringes, were out of date. A new system was being introduced to monitor drug expiry dates and the provider assured us that relevant equipment would be added to the list.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Systems were in place to respond appropriately to any allegations of abuse and to protect people from harm.

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## **Reasons for our judgement**

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The surgery had a GP lead for both vulnerable adult and child safeguarding. The leads were available to discuss concerns from other staff and ensured staff awareness of safeguarding. The child safeguarding lead told us they did not currently attend the safeguarding leads meetings hosted by the Clinical Commissioning Group (CCG) but would look into this.

The practice had a policy for child and vulnerable adult safeguarding. Both were comprehensive but a few minor points did not exactly match current practice. Staff were supported in their decision making about the protection of patients because they had guidelines to refer to. The provider may find it useful to note that staff did know where to access the contact details for social services in case they needed to make a referral direct.

All staff had current child safeguarding training to the level recommended by the General Medical Council and had completed an adult safeguarding e-learning course. This meant that patients were protected from the risk of abuse because staff had adequate knowledge that reflected current guidelines. Staff we spoke with were confident about how to manage a concern. Reception staff told us they could report any safeguarding concerns directly to one of the GPs.

We spoke with clinical staff about their understanding of the Mental Capacity Act (MCA) 2005. This is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The GPs had undertaken a course on dementia which included the MCA. They understood the need to assess capacity but were less clear about whether consent could be given on behalf of someone lacking capacity. We spoke with a nurse who clearly understood that if someone lacked capacity the clinician needed to make a decision in their best interest.

All clinical staff were currently expected to complete a Disclosure and Barring Service (DBS) check prior to working at the surgery. This reduced the risk of inappropriate staff working with children and vulnerable adults. Reception staff were not asked to complete a

DBS check as the practice felt the risk posed by these staff was low. The practice planned to review this approach regularly. A DBS check lists spent and unspent convictions, cautions, reprimands and final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## Our judgement

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The provider was meeting this standard.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

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## Reasons for our judgement

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The building was owned by the partners and they were responsible for its ongoing maintenance. The building appeared clean and tidy. Any maintenance issues we saw during our inspection were already being addressed by the practice manager. Staff told us that maintenance was completed promptly.

We were shown around the building by staff. The building was welcoming and patients appreciated the environment. There was adequate light and space in clinical and non-clinical areas. All of the rooms we saw were pleasantly decorated and in good repair. This meant that the building provided a safe and pleasant environment for patients to be treated.

Washable floors had been laid where necessary for infection control. We were told there was a laundry rota for privacy curtains in clinical areas as these were not disposable. This reduced the risk of unnecessary infections for staff and patients. One of the nursing staff told us they were in the process of updating the infection control policy for the practice. Once this was in place, audits would be undertaken to monitor compliance with the policy. They were not aware of infection control issues at the time of our inspection.

The practice manager told us the necessary safety checks for gas, electricity and water were in place. This included legionella checks. Some areas of the building were protected with key code access. This was to ensure that staff were safe and confidential information was protected. The practice manager told us that a lone member of staff was never left in the building for their own safety.

The practice manager told us there were no access problems for people with limited mobility. Patients did not need to access the upper floor which currently had no disabled access. All of the corridors and doorways were wide enough for someone using a wheelchair and there was a toilet modified for people with a disability. This meant the surgery had made arrangements to ensure that care and treatment was provided for patients with regard to their disability. The surgery currently had a small car park for staff but no allocated parking for people with a disability. Staff told us this could cause a

problem. There was currently no space to offer parking.

The practice manager told us they did not currently have a business continuity plan. The aim of this document would be to ensure the practice could begin providing care as soon as possible after a major incident. They did, however, have a continuity plan relating specifically to the IT system. The practice manager told us they would find out what information other surgeries had in place to see if this would help them respond to a major incident.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Quality assurance systems ensured that views were sought from people using the service and staff. This feedback was used to improve the service provided.

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### Reasons for our judgement

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People who used the service and staff were asked for their views about their care and treatment and they were acted on. The practice took part in the national GP satisfaction survey and also ran a local survey. The results from both were generally very positive. In the national survey, 73% of patients would recommend the surgery to a friend compared with a national average of 48%. We spoke with five patients and asked them about any improvements the surgery could make. Each patient told us they were very happy with the service offered by the surgery and could not think of any improvements.

We asked the practice manager why the surgery did not have a patient participation group (PPG). A PPG is a group of patients who feedback to the surgery on patient issues and review the results of the annual patient satisfaction survey. A group had been established in the past but it was felt it brought little benefit to the surgery. The practice had found it difficult to recruit patients willing to take part. There were no plans to start a new group at this time. The practice manager felt the good survey results showed patients still felt listened to.

The practice did not have a website at the time of our inspection. The practice manager told us they were planning to move to a new clinical system. The new system would need to be in place before a website was implemented as some of the website functions would rely on the clinical system. The new clinical system would not be in place until after April 2014. Patients we spoke with did not tell us they needed a website but 19% of patients wanted online appointment booking in a recent survey. The practice manager told us a significant proportion of their population did not have internet access.

The practice leaflet explained patients could make a complaint but did not explain how they could start the complaints process. The practice manager said the leaflet would be amended to provide the necessary information. We also found the contact details included in the complaints leaflet were no longer current. The practice manager said this would be corrected. The provider may find it useful to note there was no information on display in

reception telling patients they could make a complaint and how to begin.

We asked patients if they would know how to complain. One person did not know but said they would ask reception. Another said they would feel confident to complain if needed but they had no need. One person was under the impression they would have to complaint direct to a GP and said they would not feel comfortable to do this. A lack of information about how to complain could put people off making legitimate complaints that could improve the quality of the service offered by the surgery.

The provider took account of complaints and comments to improve the service. We reviewed the complaints log since April 2013. One complaint had been received and the practice manager told us what had been done as a result of the complaint. The issues had been addressed and an appropriate response had been sent to the complainant.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We looked at the significant events that had been reviewed by the practice since April 2013. A template was completed that ensured discussion took place about what could have been done better and the resulting actions. This ensured that similar incidents were unlikely to occur. We were told that the impact of the actions was not formally reviewed to ensure the problems had been resolved. The practice manager told us they would consider signing off significant events after review in the future.

The GP partners monitored the referral rates within the practice. This involved peer reviewing referrals to ensure they were appropriate. They also worked with a pharmacist to identify potential overprescribing. Both processes helped to ensure patients received the appropriate treatment and decisions about care and treatment were made by the appropriate staff at the appropriate level.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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