

# Dr Nadarajah Sivananthan

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Nadarajah Sivananthan on 26 July 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.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was good continuity of care. The practice provided excellent patient access, all urgent appointments were scheduled for the same day and routine appointment could be scheduled within two days. This was reflected by patient access scores and also confirmed by patients and the patient participation group we spoke with on the day of our inspection. The practice had a philosophy to see patients on the day and to educate patients to empower them by ensuring their whole care plan is identified and agreed at one appointment where appropriate.
- The practice had updated their clinical system to 'Vision Anywhere' which had enhanced patient care

# Summary of findings

by linking with NICE guidelines and [www.patient.co.uk](http://www.patient.co.uk) for additional patient support materials. The clinical system was securely available on GPs iPads and mobile phones giving full medical record access when on home visits. The clinical system also had built in dictation software that automatically uploaded notes to the surgery clinical system and electronic prescriptions were utilised.

The areas where the provider should make improvement are:

- Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice 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



# Summary of findings

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, 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 Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice. However, because of ease of access to their own practice these allocated slots were rarely used.
- Extended hours offered appointments to working age population.
- 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 and could be seen at the practice.
- 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 and routine appointments available within two days. They felt this resulted in a low unplanned admission rate, low referrals to secondary care and high satisfaction rates.
- The practice had a philosophy to see patients on the day and to educate patients to empower them by ensuring their whole care plan is identified and agreed at one appointment where appropriate.
- Prescribing was the lowest in the CCG which the practice felt was a result of sustained on-going patient education.
- The practice had updated their clinical system to 'Vision Anywhere' which had enhanced patient care by linking with NICE guidelines and www.patient.co.uk for additional patient support materials. The clinical system was securely available on GPs iPads and mobile phones giving full medical record access when on home visits. The clinical system also had built-in dictation software that automatically uploaded notes to the surgery clinical system and electronic prescriptions were utilised.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available on the practice website and from leaflets in the waiting room. This was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The 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 dementia, influenza, shingles and pneumococcal immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- High risk patients' clinical information was available online using Summary Care Records Version-2. This ensured visibility for doctors with appropriate credentials on their smart card to aide patient emergency management even if they are outside the locality.

Good



### People with long term conditions

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

- The practice nurse had additional training in diabetes and provided both chronic and acute management of these patients. Support from a GP was available if needed, and patients at risk of hospital admission were identified as a priority. The nurse personally contacted patients if they failed to attend review appointments.
- Performance for overall diabetes related indicators in 2014/15 was 91% 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.
- The practice used an electronic 'day book' message, to notify the reception team when to inform patients about follow-up advice. This led to a reduction in the need for patients needing to re-attend to discuss results or any changes in management of their condition. This also encouraged and empowered patients to reschedule an appointment when required for follow up.

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. A midwife held clinics at the practice twice a week.
- 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 in 2014/15 was 87% which was above 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 school nurses.
- The practice grouped all family members together on their clinical system to ensure that they could access relative's notes quickly if one family member had an appointment but wished to discuss a child's health at the same time.
- The practice held weekly multidisciplinary meetings with midwife representation.

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 surgery hours were offered on Monday evenings and Wednesday mornings for patients who could not attend during normal opening hours. Bookable telephone appointments were also available.
- The practice reduced repeat visits to the surgery by agreeing a plan of action at the initial consultation which was entered

Good



# Summary of findings

onto the clinical system so that results of investigations and any change in the management of the patients' condition was communicated to them by the GP via telephone consultation. This enabled good patient access at the practice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All vulnerable patients were coded and flagged on the practice clinical system to highlight to all staff members that they were on the vulnerable patient list.
- The practice displayed information for carers in the waiting room, on their website, on the health education screen and offered carers health checks.

Good



## 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).

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was comparable to both the clinical commissioning group average (CCG) of 86% and the national average of 84%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- 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 community psychiatric nurse held clinics at the practice every two weeks.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above and below both local and national averages. Two hundred and eighty-eight survey forms were distributed and 122 were returned, a completion rate of 42% (which represents 2% of the patient population).

- 91% 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%.
- 91% 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 84% and a national average of 76%.
- 93% 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%.
- 90% 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 36 comment cards all of which were very positive about the standard of care received. Patients told us that they received excellent and professional care and that they felt listened to. Patients also commented on how they could always get an appointment and be seen within two to three days for routine appointments.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All three patients also advised that all staff at the practice go above their duty to improve their care.

We looked at practice reviews on NHS Choices, all ten of the reviews were positive about the practice commenting on a personalised, caring and professional service with good appointment access. We looked at the NHS Friends and Family Test for June 2016, where patients are asked if they would recommend the practice. The results showed 100% of respondents would recommend the practice to their family and friends.

## Areas for improvement

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

- Review how the practice identifies carers in order to increase the numbers of patients who may require carer support.

# Dr Nadarajah Sivananthan

## 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 and a nurse specialist adviser.

### Background to Dr Nadarajah Sivananthan

The practice is more commonly known as Quedgeley Medical Centre and was established in 1995. The provider relocated to a purpose built surgery in 2000 which is located in Olympus Business Park, Quedgeley. The practice list has significantly increased within the past year seeing an increase of 1600 additional patients registering with the practice. The practice is situated in a two storey building which was designed by the provider to ensure room for growth. The practice is wheelchair accessible with consultation and treatment rooms available on the ground floor.

The practice provides general medical services to approximately 5,800 patients. 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 three GP partners (one female and two male) which is equivalent to approximately three full time equivalent GPs. The clinical team includes a practice nurse and a health care assistant. The practice manager is supported by a team of four receptionists.

The practice population has significantly increased over the past three years and has a lower proportion of patients aged 65 years and over compared to local and national averages. For example, 9% of practice patients are over 65 years of age compared to the clinical commissioning group (CCG) average of 20% and the national average of 17%. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 93.5% of patients being white British.

The practice is located in an area with low social deprivation and is placed in the third least deprived decile by Public Health England. The prevalence of patients with a long standing health condition is 46% compared to the local CCG average of 55% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 9am and 6.30pm. Extended surgery hours are also offered on Monday evenings from 6.30pm to 8.15pm and Wednesday mornings from 7.30am to 8.30am.

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 address:

Quedgeley Medical Centre

Olympus Park

Gloucester

Gloucestershire

GL2 4NF

This was the first inspection of Dr Nadarajah Sivananthan.

# Detailed findings

## 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 26 July 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, one practice nurse and two members of the reception team. In addition to this we spoke with three patients and four patient participation group members who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 36 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a blood sample bottle was labelled in advance of a patient attending clinic, another patient was seen, blood taken and placed in the incorrect bottle. An apology was immediately given to the patient and the incident was reported and investigated in line with practice policy. Following this incident the practice manager has ensured that the relevant member of staff has re-read the blood sample procedure and spot checks and mentoring are in place to ensure this type of incident could not reoccur.

### 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection or child safeguarding level three and all other team members were trained to level one.

- Notices in the consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice disposed of fabric pillow cases and implemented disposable pillow cases as a result of a recent infection control audit completed in February 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, due to having the lowest prescribing rates in the locality the clinical commissioning group (CCG) advised that the practice did not require the CCG pharmacy team to regularly visit to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient

## Are services safe?

Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice nurse was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed three 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 which identified local health and safety representatives. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 were panic buttons installed in reception, the consultation rooms 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.
- 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 from 2014/15 were 96% of the total number of points available. Exception reporting for the practice was 5.5% which was significantly lower than both the local average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 91% which was comparable to both the clinical commissioning group (CCG) average of 95% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was comparable to both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice measured their performance against practices in the area with similar patient demographics and disease prevalence.

Findings were used by the practice to improve services. For example, recent action taken as a result included monitoring patients who had a particular implant inserted over a three year period to ascertain removal requests due to possible side effects. The re-audit identified that the request for removal was lower than anticipated at 16%. The outcome of this audit has resulted in the practice continuing to encourage this particular implant for use.

Information about patients' outcomes was used to make improvements such as undertaking an audit to monitor the volume of calls coming into the surgery. This was completed in February 2016 and re-audited in May 2016. It identified that the calls had increased in line with the high number of patient registrations and highlighted peak call times. Two receptionists have been allocated to handle calls only during the identified peak times and the practice were looking to recruit an additional receptionist to support with the increase in calls. Through this analysis the practice maintained good telephone access for patients during periods of increased registrations; this was reflected in high patient satisfaction via GP survey.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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.
- 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 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 and could be referred to social prescribing. Social prescribing was a CCG 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.
- Smoking cessation and dietary advice was available from the practice nurse.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

The practice's uptake for the cervical screening programme was 87%, which was above 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 the last 36 months was 74%, which was comparable to both the CCG average of 77% and above the national average of

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

72%. The practices uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 60% which was comparable to both the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable both the CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 72% to 97%

compared to CCG averages of 72% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 92% to 98% compared to CCG averages of 90% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. The PPG advised that the practice offered personalised care and great appointment access. The PPG informed us that they had raised concerns with the practice about the increase in patients registering with the practice and the effect this could potentially have on the personalised care received. The practice met with the PPG and discussed the succession plan at length to try and reassure the group. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 92% 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%.
- 81% 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%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 97% 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 in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to both local and national averages. For example:

- 86% 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%.
- 84% 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%.
- 95% 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:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices on the patient information screen in the reception areas informing patients that a translation service was available.
- Information leaflets were available in easy read format.
- The screen in the waiting room provided health promotion advice.
- The practice had a hearing loop.

### **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 48 patients as carers (less than 1% of the practice list). The practice new patient registration form asks whether patients were carers and whether they would like to be added to the carers register. The practice had carer information in the waiting room and displayed on the patient information screen in the waiting room. Carers were offered annual health checks and longer appointments and could be referred to social prescribing. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, 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 and could be seen at the practice. 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 Gloucester Health Access Centre or Matson Lane Surgery. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice. However, because of ease of access to their own practice these allocated slots were rarely used.

- Bookable telephone appointments were available for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for 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. Routine appointments were available within two days. The practice felt this resulted in a low unplanned admission rate, low referrals to secondary care and high satisfaction rates.
- Designated extended hours appointment slots were available for the working age population.
- Prescribing was the lowest in the CCG which the provider felt was a result of sustained on going patient education.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice had a philosophy to see patients on the day and to educate patients to empower them by ensuring their whole care plan is identified and agreed at one appointment where appropriate.
- The practice had updated their clinical system to 'Vision Anywhere' which had enhanced patient care by linking with NICE guidelines and [www.patient.co.uk](http://www.patient.co.uk) for additional patient support materials. The clinical system was securely available on GPs iPads and mobile phones giving full medical record access when on home visits. The clinical system also had built in dictation software that automatically uploaded notes to the surgery clinical system and electronic prescriptions were utilised.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments are available between 9am and 6.30pm. Extended surgery hours were also offered on Monday evenings from 6.30pm to 8.15pm and Wednesday mornings from 7.30am to 8.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above both the local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% 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 and only had to wait up to two days for a routine appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had adopted a GP triage system where patients would be contacted to assess their medical needs and offered either an appointment, telephone consultation or a home visit.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system; there were leaflets available in the waiting room and details on the practice website.

We looked at two 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 to as a result to improve the quality of care. For example, the practice was aware of increased patient registrations and actively audited and re-audited the volume and times of calls coming into the practice. The results from these audits led to the practice manager changing the rota to ensure that two receptionists were allocated to handle calls only during the identified peak times and the practice were looking to recruit an additional receptionist to support with the increase in calls.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

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 practice manager were very 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 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 twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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), through surveys and complaints received. The PPG worked collaboratively with the practice and submitted proposals for improvements to the practice management team. For example, through patient surveys the PPG identified an issue with paper hand towels being removed from the patient toilet and being replaced with fabric hand towels due to constant toilet blockages. Following discussion the practice manager placed a laminated sign in the patient toilet advising that the hand towels should not be disposed of in the toilet and reintroduced the paper hand towels. The PPG

# Are services well-led?

Good 

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

spoke very highly of the GPs, staff and practice manager at the practice advising that they were very honest, caring and responsive to any feedback and suggestions given. A previous patient survey identified that the décor was looking run down; the practice replaced worn carpets and painted interior and external walls to refresh the atmosphere.

- 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 for example; the reception team identified an issue with referral forms not containing patient date of birth details which meant that if more than one patient had the same name they would need access to the clinical records to assure themselves that they were referring the correct patient which lengthened the process. This was discussed with the practice manager and the referral forms were immediately updated to include patient date of birth details. All staff we spoke with 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 participated in a clinical commissioning group (CCG) led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at either Gloucester Health Access Centre or Matson Lane Surgery. 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 and could be seen at the practice.