

Gladstone Surgery

Quality Report

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Website: <http://www.gladstonesurgery.co.uk/>

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

Ratings

| | | |
|--|------|---|
| 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 at Gladstone Surgery on 1 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently positive.
- The practice had an active and supportive patient participation group. Improvement suggestions from this group had been implemented and changes made to the way it delivered services as a consequence of this feedback. For example, an amendment of the number of on-line appointments that could be pre-booked.

- The practice was located within a modern, spacious fully accessible medical centre and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- We found there was good staff morale in the practice, with high levels of team spirit and motivation. There was a strong learning culture evident in the practice. This came across clearly through discussions with staff members.
- The practice had clear, strong and visible clinical and managerial leadership and supporting governance arrangements.

We saw several areas of outstanding practice including:

- The practice had recognised that carer's health often takes second best, or neglected and was offering designated clinics for carers. Of the 118 carers, all had

Summary of findings

been contacted and an appointment at the carers clinic offered. At the time of the inspection, 33 carers (28%) had attended a carers clinic which included a session with the local carers charity.

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.
- The practice had suitable equipment to diagnose and treat patients and medicines were stored and handled safely.

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 were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a variety of clinical audits which demonstrated quality improvement. The practice acknowledged there hadn't been a comprehensive proactive approach or programme to clinical audits but was a top priority.
- 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 higher than others for several aspects of care.

Good



Summary of findings

- 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.
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from the two local care homes which access GP services from Gladstone Surgery praised the GPs, they told us residents were treated with care and compassion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified. For example, twice weekly evening appointments.
- Patients said they found it easy to contact the practice via telephone, usually got to see or speak to their preferred GP and said they don't normally have to wait too long to be seen.
- The practice had excellent modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.

Good



Summary of findings

- The practice had clear, strong and visible clinical and managerial leadership and supporting governance arrangements 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. There was a patient participation group which was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was easy step free access to the building including a hand rail at the entrance instigated and proposed by the patient group.
- Gladstone Surgery provided GP services to approximately 10 patients at two local care homes. This included responsive visits and monthly ward rounds.
- 100% of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, were treated with an appropriate bone-sparing agent. This was better when compared to the CCG average (92%) and national average (93%).

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was better when compared to the CCG average (93%) and the national average (89%). For example, 98%
- The practice was working towards care planning for patients with long-term conditions. The care plans would allow patients to be more involved in decisions about how their conditions were managed.
- There was a clear, simple yet highly effective recall system for patients with long-term conditions, known as the pyramid of chronic disease recall.

Good



Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 92%, which was higher when compared to the CCG average (84%) and the national average (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 and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours suitable for working age patients were available on Monday and Wednesday evenings when the practice was open until 8pm.
- 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.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. There were 14 patients on the learning disability register, the practice had carried out annual health checks for 93% (13 out of 14) of patients with a learning disability and there was evidence that these had been followed up.
- 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.
- There was a 'carer's champion' providing support through the community to enable patients to live independently for longer. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments. The practice had recognised that carer's health often takes second best, is neglected and had offered designated clinics for carers. Of the 118 carers, 33 (28%) had attended a carers clinic and the remaining 85 had been contacted and offered an appointment.
- 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 practice staff had attended domestic violence training.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients experiencing poor mental health have had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was better when compared to the CCG average (86%) and national average (84%).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All practice staff had received dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice had similar performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 275 survey forms and 114 forms were returned. This was a 41% response rate and amounts to 2% of the patient population.

- 89% of patients found it easy to get through to this practice by telephone (CCG average 76%, national average 73%).
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients

prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. However, several comments received referred to recent delays in booking routine appointments.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We also spoke with two local care homes which Gladstone Surgery provided the GP service for. They praised the practice and they told us they highly recommend the practice and told us the service they received was highly attentive, compassionate and responsive to their resident's needs.

Before the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

- The practice achieved a 90% satisfaction rate in the NHS Friends and Family Test in April 2016, 95% in March 2016 and 100% in February 2016.

Gladstone Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Gladstone Surgery

Gladstone Surgery is located within a purpose built large health centre in Chesham, Buckinghamshire, is one of the practices within Chiltern Clinical Commissioning Group and provides general medical services to approximately 5,100 registered patients.

All services are provided from:

- Gladstone Surgery, Chess Medical Centre, 260-290 Berkhamstead Road, Chesham, Buckinghamshire HP5 3EZ.

The practice comprises of three GP Partners (two female and one male) and an all-female nursing team which consists of one nurse practitioner, one practice nurse and one nurse assistant practitioner.

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The practice comprises of three GP Partners (two female and one male) and an all-female nursing team which consists of one nurse practitioner, one practice nurse and one nurse assistant practitioner.

A practice manager, practice supervisor and a team of reception and administrative staff undertake the day to day management and running of the practice.

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation. However, Chesham is in the most deprived fifth of the population for Buckinghamshire. People in this most deprived fifth generally have poorer health and lower life expectancy than the Buckinghamshire average.

The practice population has a higher proportion of patients aged under 14 compared to the national average. Ethnicity based on demographics collected in the 2011 census shows the population of Chesham is predominantly White British and 11% of the practice population is composed of patients with an Asian background.

The practice population also has approximately 10 patients residing in two local care homes.

Detailed findings

The practice has core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.10am to 6.30pm daily. Extended opening hours were on Monday and Wednesday evenings when the practice was open until 8pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the medical centres front entrance and over the telephone when the surgery is closed.

When the inspection was announced we were informed there wasn't a current registered manager. However, we saw evidence that one of the GP Partners had applied to the Commission to become the new registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff (two GP's, two members of the nursing team, the practice manager and several members of the administration and reception team) and spoke with 12 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We saw a significant event analysis following a patient whose health deteriorated, became unconscious and was in need of resuscitation whilst at the practice. On reflection there was full practice awareness of what to do in an emergency and all staff had completed basic life support training. However, it was evident that several amendments were required to the emergency resuscitation trolley which contained emergency medicines and emergency equipment.

For example, clearly labelling all the equipment and ensuring water cups for disposable medicines was readily available. Learning was shared with all members of the practice team, staff had rehearsed similar situations which increased their awareness of the resuscitation process and during the inspection we saw all the emergency medicines and emergency equipment was clearly labelled and had a designated position on the resuscitation trolley.

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 and all staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. For example, all GPs were trained to Safeguarding Children level three and could provide evidence of completed training, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting areas, in consultation 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 nurse practitioner was the infection control 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. Annual infection control audits were undertaken. We saw the latest audit from November 2015 and subsequent action that was taken to address any improvements identified as a result, for example additional guidance on the use of single use equipment.
- 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

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. During the inspection we observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurse assistant practitioner was trained to administer vaccines. For example, influenza, pneumococcal and shingles against a patient specific prescription.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, the last of which was in April 2016. All electrical equipment was checked to ensure the equipment was safe to use (June 2015) and clinical equipment was checked to ensure it was working properly (September 2015 and December 2015). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the practice computers which alerted staff to any emergency. We saw and reviewed a significant event analysis from June 2015 when the instant messaging system was used to raise the alarm when a patient was in need of resuscitation and use of the automated external defibrillator (used in cardiac emergencies).
- 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 were 100% of the total number of points available, this was higher than the CCG average (97%) and the national average (95%). The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 10% exception reporting, the CCG average exception reporting was 8% and the national average was 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 any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when comparable to the CCG average (93%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

There was evidence of quality improvement as a result of completed two cycle clinical audits. We saw evidence of audits for prescribing, diabetes, joint injections and inadequate cervical smears.

- There had been seven clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored. The practice acknowledged there hadn't been a planned approach or programme of clinical audits. This was being addressed, was a top priority and would include members of the nursing team completing audits commencing with audits within their specialist fields for example, respiratory disease.
- One of the completed two cycle audits we saw was a recent audit of all patients on the practice type two diabetes register who had commenced insulin initiation at Gladstone Surgery between January 2014 and January 2016. 'Type 2' diabetes occurs when the body doesn't produce enough insulin to function properly, or the body's cells don't react to insulin. This means that glucose stays in the blood and isn't used as fuel for energy.
- Initiation of insulin should result in a reduction in patients HbA1c as a marker of improved diabetic control. For patients with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.
- Conclusions following the audit showed all patients had a decrease in their HbA1c, between three and six months this was an average of 22% decrease and for patients who had been on insulin for in excess of one year the average decrease was 28%. Therefore Gladstone Surgery insulin initiation between January 2014 and January 2016 was successful in reducing HbA1c by an average of 28%.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff had received dementia awareness training and all practice staff had attended domestic violence training.
- 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, one-to-one meetings, 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.

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.

- 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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.
- Information from Public Health England showed 100% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and higher than the national average (94%).
- Approximately 10% of the practice population were obese and we saw the practice was proactive in supporting and educating patients in losing weight.
- Patients who wished to check their own blood pressure were encouraged to do so, there was an area of the practice which contained equipment to allow patients to manage and record their blood pressure.

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

The practice's uptake for the cervical screening programme was 92%, which was significantly higher when compared to the CCG average (84%) and the national average (82%). There was a policy to offer reminders for patients who did not attend for their cervical screening test.

There was partial success in practice patient's attendance at national screening programmes for bowel and breast cancer screening. For example:

- 53% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 75% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

During the inspection, we discussed the lower than average uptake of practice patients completing the national programme for bowel cancer screening. The practice was

fully aware of the requirement to improve and had enlisted the support of the CCG who contacted eligible patients and provided supporting information to ensure they were able to make a clear and informed choice about bowel cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 94% to 98% (CCG averages ranged between 95% to 97%) and five year olds from 88% to 93% (CCG averages ranged between 93% to 96%).

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. The practice was required to invite a minimum of 328 patients for their NHS health check (patients aged 40-74). This was achieved as 375 patients were invited and 152 patients had a full health check. 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. During the inspection we observed a member from the reception team support a patient who was attending an appointment at a different service at the medical centre.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that patients waited in a sub waiting area away from the reception desk which reduced the risk of confidential information being overheard. Furthermore, 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 away from the busy reception area to discuss their needs.
- Two staff members from Gladstone Surgery, a GP and nurse were both nominated for Dignity and Respect Awards in 2015. These nominations related to a yearly award ceremony ran by Bucks County Council. This campaign in conjunction with the NHS, raised awareness of the basic human right to be treated with dignity and respect, the awards celebrate outstanding examples of how dignity and respect are demonstrated across Buckinghamshire.

The majority of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. The cards completed were all positive and complementary about the practice.

Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members and one former member of the patient participation group (PPG). All three told us they were completely satisfied with the care provided by the

practice and said their dignity and privacy was respected. The vast majority of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them (CCG average 91%, national average 89%).
- 88% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Feedback from the two local care homes which Gladstone Surgery provided the GP service for was extremely positive. They highlighted the GPs were good at listening and commented the GPs were respectful, supportive, compassionate and caring.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services caring?

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 93% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).

Staff members were aware there was a translation services available for patients who did not have English as a first language. Staff who were aware of this said there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service. In addition, one of the GPs was fluent in several languages including Urdu, Punjabi and Hindi (three common Asian languages including the national language of Pakistan and six states of India).

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. In June 2016, the practice patient population list was 5,100. The practice had identified 118 patients, who were also a carer; this amounted to 2.4% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

There was a 'carer's champion' providing support through the community to enable patients to live independently for longer. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments. The practice had recognised that carer's health could often be neglected and was offering designated clinics for carers. Of the 118 carers, 33 (28%) had attended a carers clinic and the remaining 85 had been contacted and offered an appointment.

Each carers clinic consists of a physical examination which includes various checks (blood pressure, cholesterol, alcohol, smoking, depression screening) followed by a session with Carers Bucks who signpost carers to suitable support services.

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

One of the patients we spoke with told us they had received very good support and care from a GP following a recent bereavement, and that the support was still on-going.

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 Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Gladstone Surgery offered pre-bookable extended hour's appointments on Monday and Wednesday evenings until 8pm. Originally implemented for working patients who could not attend during normal opening hours but there were no restrictions on who could book these appointments.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- Gladstone Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas used for the ground floor consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The medical centre in which the practice was located had step free access via an automatic door entrance, a lowered reception desk and a portable hearing loop to help those with hearing difficulties. The medical centre had implemented a recent suggestion by the patient participation group and installed a hand rail at the entrance.
- On-line booking for appointments and ordering repeat prescription was available for patients' convenience.
- The practice had a highly active PPG and the practice used social media to work directly to improve patient and practice communications. Communication via a

popular social media medium was updated regularly and included information on clinics and services available from the nurse practitioner, carers group information and flu immunisation information.

Access to the service

The practice has core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.10am to 6.30pm daily. Extended opening hours were on Monday and Wednesday evenings until 8pm.

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

- 79% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 89% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).

The majority of patient feedback, both verbal and written, commented on the patient's ability to get appointments when they needed them. Several comments advised there was sometimes a delay in booking a routine appointment. During the inspection we viewed the appointments system and saw there was a two week delay in booking a routine appointment whilst we observed patients who required an urgent appointment could book a same day appointment straight away.

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. The complaints procedure was detailed in the patient leaflet and on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients

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

we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received four complaints in the last 12 months, we looked at two of the complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken

to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs.

The practice manager had reviewed and responded to all feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service.

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, promote good outcomes for patients with an emphasis on healthy living and disease prevention.

- Gladstone Surgery had a seven key aims and objectives and clear values of 'patient focussed care, patients come first' staff knew and understood the values.
- The team were proactively looking to meet the changing demands of primary care and how to continue to work together effectively, including utilising technology and ensuring effective staff development. For example, the practice had reviewed the skills and experience of a health care assistant and created a more suitable role as nurse assistant practitioner coordinator.
- The practice had a robust strategy and supporting business plans which addressed business needs, staff training needs, 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 and results from the GP national survey was maintained. For example, during the inspection, we discussed the lower than average uptake of practice patients completing the national programme for bowel cancer screening. The practice was fully aware of the requirement to improve and had proactively enlisted the support of the Clinical Commissioning Group who contacted eligible patients and provided supporting information to ensure they were able to make a clear and informed choice about bowel cancer screening.

- We saw evidence of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice acknowledged that they needed to develop a proactive programme of audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the management team 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. There had recently been several changes within the practice, staff told us the GP partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners 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.
- Staff said they felt respected, valued and supported and knew who to go to in the practice with any concerns. They demonstrated optimism for the future management style and leadership.

Are services well-led?

Good 

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

- 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 was engaged with Chiltern Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings. The relationship between the patient participation group (PPG) and the practice was strong with regular meetings that were attended by practice GPs and practice management.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active and supportive PPG which submitted proposals for improvements to the practice management team. For example, following feedback and comments a handrail was installed at the entrance of the medical centre and the number of on-line pre-bookable appointments had increased. Other actions following PPG comments included an amendment to the telephone waiting system and updated communication channels for patients. For example, an updated patient leaflet, website and use of social media.
- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings,

appraisals and other discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four files and saw that regular appraisals took place which included personal development plans. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.
- The practice was interested and started discussions to become a training practice and welcoming foundation doctors to join Gladstone Surgery for up to four months. A foundation doctor (FY1 or FY2) is a grade of medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.
- We also saw plans for onsite ultrasound scans and a proactive campaign to support and encourage obese patients, approximately 10% of the patient population, to lose weight and live healthier lifestyles.