

# Dr West & Partners

## Quality Report

Kintbury Surgery  
Newbury Street  
Kintbury  
Berkshire  
RG17 9UX

Tel: 01488 658294

Website: [www.kintburyandwooltonhillsurgeries.co.uk](http://www.kintburyandwooltonhillsurgeries.co.uk)

Date of inspection visit: 18 May 2016

Date of publication: 28/06/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr West & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr West and Partners (also known as Kintbury and Woolton Hill surgeries) on 18 May 2016. Overall the practice is rated as good. Specifically we found the practice good for provision of effective, caring, responsive and well led services. However, the practice was found to require improvement for provision of safe services. Particularly in the area of safe systems to reduce the risks associated with medicines.

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.
- Most risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

However,

- The systems in place to ensure safety of medicines were operated inconsistently.

The areas where the provider must make improvement are:

- Improve the management of medicines. Specifically to follow guidance on prescribers signing prescriptions before dispensing and ensuring emergency medicines are in date and fit for use.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Systems to manage the risk associated with medicines were operated inconsistently. For example the checking processes for emergency medicines had not identified that some medicines held were past their expiry date. Repeat prescriptions were being dispensed before the GPs had authorised the prescription.

However, there were examples of good practice;

- 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.
- The practice held a risk register which was updated regularly in response to risk assessments undertaken.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in a number of conditions. The practice demonstrated a 3% improvement from 2014/15 to 2015/16 across all indicators included in QOF. They had risen from 88% to 91%.
- 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**



# Summary of findings

## 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 all 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.
- The practice was active in identifying patients who were carers and co-ordinated support for this group by working with 'village agents'. These members of the community were able to assist carers with practical support and befriending.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a directory of services had been developed for young patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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 management structure which staff understood and staff were encouraged to utilise their skills in supervisory roles.

Good



# Summary of findings

- 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. Patient participation groups (PPG's) were active at both practice sites. The practice had worked with their PPG's to establish a support group for patients with a specific long term condition.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice liaised with village agents to identify older patients who may benefit from befriending and support with practical tasks such as transport to and from appointments.
- The practice supported five local care homes by providing weekly visits to all five homes to co-ordinate patient care.

### People with long term conditions

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

Good



- 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 in 2015/16 was 84%. This was just below the previous year clinical commissioning group (CCG) average of 86% and 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.
- A support group had been established for patients with a specific long term condition, fibromyalgia. This provided patients with practical advice about living with their condition.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice recognised that younger patients relied on them to deliver a full range of services that young patients in towns and cities would access from clinics.
- The practice sent every young patient an information pack when they attained their 14th birthday. The pack contained details of the services young patients could access from the practice.
- 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 83%, which was better than the CCG average of 79% and better than the national average of 77%.
- 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.

## 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Extended hours clinics were held on 34 Saturday mornings each year.
- Telephone consultations were available for patients who found it difficult to attend the practice during the customary working day.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.
- The practice was active in identifying carers and co-ordinated support for this group of patients via a member of staff who had been appointed as carers co-ordinator.

## 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).

- 68% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/15, which was below both local and national averages. We noted the practice had achieved an overall improvement from 79% in 2014/15 to 90% in 2015/16 in the indicators for this group of patients. This was close to the CCG average of 95% and national average of 95% from 2014/15. Detailed data on each indicator was not available at the time of our visit.
- 88% of patients diagnosed with a long term mental health problem had an agreed care plan. This had improved from 49% in the previous year. This was slightly better than the CCG average of 85% in 2014/15 and matched the national average.
- 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.

Good



# Summary of findings

- Counselling was available at the practice.
- The practice was in the process of becoming a dementia friendly practice. There was a dementia champion at each site, Dementia friends training had been completed for most practice staff.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty-four survey forms were distributed and 108 were returned. This represented just over 1% of the practice's patient list and a 46% response rate.

- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the 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 31 comment cards which were all positive about the standard of care received. Patients who completed the cards were all positive about the caring nature of the GPs and nurses. They also focussed on having sufficient time with GPs to discuss their symptoms and treatment plans.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed the responses to the national friends and family test which asks patients if they would recommend the practice to others. This showed us that 91% of patients who responded to the test were either likely or very likely to recommend the practice to others.

## Areas for improvement

### Action the service MUST take to improve

- Improve the management of medicines. Specifically to follow guidance on prescribers signing prescriptions before dispensing and ensuring emergency medicines are in date and fit for use.

# Dr West & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a pharmacist advisor, an assistant inspector in an observer role 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 Dr West & Partners

Dr West and Partners (also known as Kintbury and Woolton Hill surgeries) deliver services from two sites. One practice is located in the village of Kintbury in Berkshire and the second is located in the village of Woolton Hill. The proximity of Woolton Hill to the Hampshire County Council border results in a number of Hampshire residents registering with the practice. This means the practice works with two local authorities and patients access other health and social services from a variety of locations. The two practices merged in the 1960's and operate with one practice patient list enabling patients to be seen at either site. There are approximately 8,300 patients registered with the practice. Approximately 60% prefer to be seen at Woolton Hill and the remaining 40% at Kintbury.

The village locations offer limited public transport links although Kintbury Surgery is close to the train station. The practice offers dispensing services at both sites and dispenses to approximately 95% of the registered patients who all live more than a mile from a pharmacy.

There are four GP partners and a salaried GP. A fifth partner has been appointed and is due to start work at the practice in November 2016. There are four female GPs and one male GP. There is a team of three practice nurses. The GPs and nurses are supported by the practice manager and their team of 18 administration and reception staff. In addition there are 11 staff who work in the practice dispensaries. Some of these staff also work in reception or administrative roles when not working in the dispensaries.

Data shows the practice has a higher than average number of patients registered in the age groups five to 14 and 40 to 69. There is little indication of deprivation amongst the registered population.

The practice is approved to train qualified doctors who are seeking to become GPs and one of the partners is approved as a trainer. Placements are also offered to medical students from both Southampton and Imperial College medical schools.

Both the practice sites are open between 8am and 6.30pm on four days of the week. The Kintbury site is closed on Wednesday afternoon and the Woolton Hill site on a Thursday afternoon. The sites offer cross cover for patients during the afternoon closures. For example patients needing an urgent appointment when Kintbury Surgery is closed can be seen at Woolton Hill Surgery and vice versa. Appointments are from 8.30am to 11.30am every morning at both sites and 3pm to 5.50pm on four days each week at both sites. Extended hours appointments are offered on 34

# Detailed findings

Saturday mornings during the year. Extended evening clinics are held every Tuesday or Wednesday evening at Woolton Hill until 8pm and every other Thursday evening at Kintbury until 8pm.

Services are provided from;

Kintbury Surgery, Newbury Street, Kintbury, Berkshire, RG17 9UX and

Woolton Hill Surgery, Trade Street, Woolton Hill, Berkshire, RG20 9UL

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Westcall and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

The practice has submitted applications to change one of their registered managers. CQC are processing applications to cancel the registered manager who had retired from the practice and for one of the partners to become the registered manager.

The practice received inspections using a previous QQC inspection process and regulations that have since been superseded. The inspections were undertaken in January and August 2014. The practice was found to be compliant with the regulations in force at that time following their second inspection.

## 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 18 May 2016. During our visit we:

- Spoke with three GPs, three practice nurses, four members of the dispensary team and three members of the administration and reception team.
- Also spoke with 11 patients, including two members of the PPG's 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 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, there had been a recorded incident of a patient requesting a home visit and the request had not been communicated effectively between the two practice sites. The visit would have been missed had the patient not called back. The practice team reviewed the system for booking home visits and standardised the procedure to ensure a request could not be missed by the GPs. They also added an additional check whereby the GP undertaking the visit was required to enter a response in the patient's record before they carried out the visit.

### 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. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two and the administration and reception staff to level one. The training programme for the practice was clear about the need for staff to update their training on a regular basis and staff we spoke with understood this. All staff held their training timetable and received reminders if they did not complete their training on schedule.

- A notice in the waiting room 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). Notices offering patients the service of a chaperone were displayed in each of the consulting and treatment rooms.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had arranged an external audit, in May 2016, to look at the infection control measures to reduce the risk of spread of infection. This audit identified some areas for improvement and we noted the practice had taken prompt action to address issues identified.
- 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

# Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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 Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed 15 PGDs used by the practice and all were in date and appropriately approved and signed by the GPs and nurses.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The dispensary processed repeat prescriptions and issued the prescribed medicines to patients before the prescriptions had been checked and signed by the GP. In many cases the prescription was not authorised for three days after the medicines had been dispensed. However, the prescription was always authorised within 24 hours of being issued to the patient. Whilst the practice had risk assessed this procedure the system breached the Human Medicines Regulations 2012 and did not follow the current guidance from the Dispensing Doctors Association (DDA).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. However, we reviewed records that showed there had been errors in the labelling and dispensing of controlled drugs. Although these incidents were logged and had been discussed with dispensary staff there had been recurrences of similar errors. We noted that the errors had been rectified at the time to ensure patients were not at risk.
- We noted that the practice held regular meetings of the dispensary team and that review of, and learning from,

prescribing and dispensing errors was a regular item on the agenda. However, when we spoke with members of the dispensary team they were not always clear of the actions identified to reduce the risk of dispensing errors recurring. We noted that the average prescribing and dispensing errors were very low at 0.28 per 1000 items dispensed.

- We reviewed five 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, which were not associated with management of medicines, 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. 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. This ensured there was always a practice nurse on duty at both practice sites. The practice had recently trained two members of the reception staff to take blood tests to increase the availability of appointments for these tests.

## Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms at both sites which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a secure area at both practice sites. However, upon checking the emergency medicines at Kintbury we found one medicine was past expiry date. All the staff we spoke with knew the location of the emergency medicines.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 reviews of protocols at practice meetings.

### 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 from 2014/15 when the practice was 7% below the national average for all indicators. It had achieved 88% compared to the national average of 95%. The practice showed us their QOF achievement for 2015/16 and we saw that their total for all indicators had risen to 91%. This was comparable to the local and national averages from the previous year. However we were unable to draw comparisons to other practices for 2015/16 because the national data had not been published by the time of our visit.

This practice was not an outlier for any QOF (or other national) clinical targets in 2015/16. The new data showed:

- Performance for diabetes related indicators in 2015/16 was 84%. This was just below the previous year clinical commissioning group (CCG) average of 86% and national average of 89%.
- Performance for mental health related indicators was 85% which was a 17% improvement from the 68% achieved in 2014/15. However, it was still below the 2014/15 CCG average of 94% and national average of 93%. However, we noted that the number of patients with a severe and enduring mental health problem who

had an agreed care plan had risen from 49% in 2014/15 to 88% in 2015/16. This was slightly better than the CCG average of 85% in 2014/15 and matched the national average.

Most staff had been trained as 'dementia friends' and the practice was working towards achieving the status of a dementia friendly service.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the year, nine 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.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the way prescriptions were issued for patients taking high risk medicines that required regular tests before the prescription was issued. The previous audit had identified that 88% of patients taking a range of high risk medicines were receiving repeat prescriptions. This meant that they may have collected their prescription before the GP had checked they had undertaken their relevant tests. The practice set a target to remove these medicines from repeat prescriptions and require the patient to request a new prescription each time they needed medicines. This reduced the risk of issuing the prescription without checking the tests had been completed. The second cycle of the audit showed only 8% of the patients continued to have a repeat prescription and that this had improved patient attendance for the required tests before the GP issued the next prescription.

Information about patients' outcomes was used to make improvements such as: when the practice identified that they were below average in agreeing care plans for patients with long term mental health problems. The GPs set aside time to meet, or hold telephone appointments with these patients and agree their care plans. The number of agreed care plans had risen from 49% in 2014/15 to 88% in 2015/16.

# Are services effective?

## (for example, treatment is effective)

### 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, nursing staff attended training to maintain their up to date knowledge in treating patients with long term medical conditions. The training undertaken in the last year included updates on respiratory medicine and diabetes.
- 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. All members of staff had a training plan which they followed. If they missed a deadline to complete training the practice manager sent them a reminder that the training was due for completion.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients identified as requiring support in any of these areas were signposted to the relevant service.
- The practice had adopted a new system for working with patients identified at risk of developing diabetes. This system involved regular monitoring of the patient's lifestyle and giving robust advice on risk reduction.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was better than the CCG average of 79%

## Are services effective?

(for example, treatment is effective)

and better than the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 94% which was similar to the CCG average of 87% to 93%. For five year olds the range was from 86% to 96% which was also similar to the average range of 89% to 96% achieved within the CCG.

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

We spoke with two members of the patient participation groups (PPGs). One from Kintbury group and the other from the Woolton Hill group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However, translation services were very rarely required because the vast majority of patients spoke English as a first language.
- Information leaflets were available in easy read format.

## Are services caring?

### **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 214 patients as carers. This was just over 2.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice used various methods to support carers. A member of staff had been appointed as carers co-ordinator and they liaised with carers to assist them in accessing services. The

practice also worked with members of the local communities known as village agents. The village agents kept in contact with carers to provide both support and social contact.

The practice had established a hardship fund in 2008. The fund was available to patients who needed financial support. For example, it had been used to fund transport to and from health and social care appointments and provide aids and equipment. We noted that 25 patients and their families had benefitted from the fund.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone call or a visit. Calls were followed by a patient consultation or a visit as requested 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 identified access to services for younger patients living in rural areas often caused problems. They developed a young patients guide to services and ensured the majority of services for this patient group could be provided at the practice. The young patients guide to services was sent to the patient on their 14th birthday with a covering letter for the parents or guardians explaining the purpose and requesting they pass the guide on to the young patient. The guide contained a wide range of information including; how to access online services and a directory of services available at the practice and in the locality.

- The practice offered extended hours clinics on 34 Saturday mornings. There were also evening clinics held weekly at Woolton Hill and fortnightly at Kintbury for working patients who could not attend during normal opening hours.
- The practice recently changed their appointment system to make many GP appointments 15 minutes duration. This was an increase from 10 minute duration appointments because the practice recognised that some patients needed more time for their consultations with the GPs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for some vaccines that were only available privately.
- There were accessible facilities for patients with mobility difficulties. However, the practice did not have a hearing loop at either site.
- All consulting and treatment rooms were located on the ground floor at both practice sites.

- Counselling was available at the practice.

### Access to the service

Both the practice sites were open between 8am and 6.30pm on four days of the week. The Kintbury site is closed on a Wednesday afternoon and the Woolton Hill site on a Thursday afternoon. The sites offer cross cover for patients during the afternoon closures. For example patients needing an urgent appointment when Kintbury Surgery is closed can be seen at Woolton Hill Surgery and vice versa. Appointments are from 8.30am to 11.30am every morning at both sites and 3pm to 5.50pm on four days each week at both sites. Extended hours appointments are offered on 34 Saturday mornings during the year. Extended evening clinics were held every Tuesday or Wednesday evening at Woolton Hill until 8pm and every other Thursday evening at Kintbury until 8pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

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

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

- We saw that information was available to help patients understand the complaints system. Information was contained in the patient leaflet and on the practice website. It was also displayed on notices at both reception areas

We looked at 20 complaints received in the last 12 months. The practice logged both verbal and written complaints and kept notes of the outcome and learning arising from the complaints. We saw that all complaints were dealt with in a timely manner. They were also subject to a thorough

investigation and responded to with openness and honesty. 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, a series of complaints were received regarding the reception staff at Kintbury Surgery not responding positively to patients request. The practice addressed this by retraining or appointing new staff trained to a higher standard in customer care.



# 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 staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and this was 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. These policies were regularly reviewed to ensure they remained relevant to the practice.
- A comprehensive understanding of the performance of the practice was maintained. For example the GPs and senior management were aware of both patient feedback and their performance in delivering care for patients with long term medical conditions. There was evidence that action was taken on both. For example, the GPs had focussed on improving care for patients with long term mental health problems when they recognised a need for improvement in supporting this group of patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There was a clear audit programme and 75% of audits in the last two years were completed cycles.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, improvements in managing the risks associated with medicines were needed.

### 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 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 at both practice sites.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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



# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients reported difficulty parking at the Kintbury practice. Negotiations were held with a local business and additional parking spaces were obtained within 200 yards of the practice in the businesses car park. The PPG had also identified the need for additional support and advice for patients diagnosed with a long term condition that gives rise to significant pain throughout the body, Fibromyalgia. The practice responded by working with the PPG members to establish a fibromyalgia support group. Patients with this condition had benefitted from additional medical advice and the support of others with the same condition.
- The practice had gathered feedback from staff through team meetings, day to day discussions and appraisals. 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. For example, nursing staff who undertook flu immunisation clinics on Saturday mornings reported their concerns that a GP was not present during the clinic. The practice listened to the concerns and in 2015/16 they ensured a GP was always present during these clinics.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. One of the partners was taking a leadership course. Both training and teaching was undertaken for qualified doctors and medical students.

The practice team was forward thinking in improving outcomes for patients in the area. For example, it had developed the young patients guide to services and was working with its PPGs to establish schemes to support patients who needed more activities and social interactions. These included suggestions for establishing gardening and cookery classes.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. (1) &amp; (2); a), b) &amp; g)</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated inconsistent operation of systems to manage the risks associated with medicines.</p> <ul style="list-style-type: none"><li>• Repeat prescriptions were not being checked and signed by GP prior to the medicines being dispensed.</li><li>• The practice had failed to identify that some medicines held to deal with a medical emergency and for home visits were past their expiry dates and not fit for purpose.</li><li>• Learning from dispensing and prescribing errors was not imparted to and received by staff in a consistent manner.</li></ul> <p>This was in breach of regulation 12 (1) &amp; (2); (a), (b) &amp; (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>