

Dr Perrott & Associates

Quality Report

Brackley Health Centre
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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?

Requires improvement 

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 Dr Perrott & Associates on 10 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The practice must ensure that medication reviews take place and align this with peoples care and treatment.

The areas where the provider should make improvement are:

- Ensure all staff are up to date with essential training such as infection control and fire safety.

Summary of findings

- Carry out regular fire drills so staff know what to do in the event of an emergency.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns
- Lessons were learned and shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had received appropriate training in relation to safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed.
- Some staff were not up to date with essential training such as infection control and fire safety.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were average for the locality.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice did not follow recommended guidance for the repeat prescribing of high risk medications such as warfarin and methotrexate. We found these medications and others were issued on repeat prescription without the necessary checks to ensure the safety of their continued use.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients who were also carers were identified and offered support information.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Extended opening hours were offered with appointments available outside of school and normal working hours.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and a personal service. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out visits to two local care homes.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 were available as well as telephone consultations.
- 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.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

People experiencing poor mental health (including people with dementia)

Good



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

- 87% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.

Summary of findings

- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 118 were returned.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 97% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 73%).
- 98% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 93% described their experience of making an appointment as good (CCG average 72%, national average 73%).

- 77% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Two of the cards had additional slightly negative comments, one in relation to the attitude of reception staff and the other regarding mental health services available. Patients commented that the practice was supportive when needed and appointments were available on the day. All levels of staff were complemented on their caring manner.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received. Many had been registered with the practice for a number of years and commented that the practice was caring and provided a personal service.

Dr Perrott & Associates

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 advisor and a practice manager specialist advisor.

Background to Dr Perrott & Associates

Dr Perrott & Associates also known as Brackley Health Centre provides a range of primary medical services to the residents of Brackley and the surrounding villages. The practice has a branch surgery at Millennium Memorial Hall, Astrop Road, Kings Sutton OX17 3TQ which was not inspected as part of this inspection.

The practice population is pre-dominantly White British covering all ages with a higher than average elderly population. National data indicates the area to be one of low deprivation. The practice has a list size of approximately 4700 patients and provides services under a general medical services contract (GMS).

There is a principal GP, male, who manages the practice with the support of the practice manager. There are two salaried GPs, both female. The nursing team consists of three practice nurses, a health care assistant and a phlebotomist, all female. There are also a number of reception and administration staff.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening on Monday from 7.30am to

7.30pm. Early morning telephone consultations are available from 7.30am on Thursdays. The branch surgery is open from 11am to 12pm on Mondays and Fridays and from 9am to 10 am on Wednesdays.

When the practice is closed out-of-hours services are provided by Oxford Health and Principal Medical Limited and can be accessed via the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager, reception and administration staff. We spoke with patients who used the service and members of the patient participation group (PPG).

Detailed findings

- Observed how staff interacted with patients during their visit to the practice.
- 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 are provided for specific groups of people and what good care looks 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 record was made of the event. Significant events were reviewed and discussed at the weekly clinical meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice adopted a policy of not sending SMS text appointment reminders to patients aged 12 to 18 years to avoid breaches in confidentiality. They had also implemented daily checks of the practice mobile phone that was used by the on-call GP to ensure it was working and fully charged.

We observed that when there were unintended or unexpected safety incidents, people received an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff on the desktop of the practice computers. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principle GP was the lead member of staff for safeguarding and attended locality meetings to receive local safeguarding updates. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children and were able to give good examples of what to look for. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. All staff had received training relevant to their role. The GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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). If the nursing staff were unavailable to chaperone the practice manager would carry out this role. The practice had made plans to train the reception staff in the future to chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The principal GP supported by 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 infection control training during their induction. Annual updates were available but we noted that some of the staff were overdue this training. All staff we spoke with had an understanding of good infection control principles, for example hand washing and the wearing of personal protective equipment. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. They demonstrated that there had been a reduction in the prescribing of certain antibiotics following consultation with the CCG pharmacy team. Prescription 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. Patient Specific Directions were used for the administration of travel vaccinations by the nurses. The health care assistant within the practice did not administer any vaccinations.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken

Are services safe?

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. All electrical equipment was checked in May 2015 to ensure the equipment was safe to use and clinical equipment was checked in June 2015 to ensure it was working properly. NHS Property Services were responsible for the management of the building and they had completed a fire risk assessment in October 2015. We saw a copy of this and the recommendation that the practice carried out regular fire drills and the staff completed annual fire safety training. The practice had not completed a fire drill at the time of the inspection but informed us that this was planned imminently. We noted that some staff were overdue their fire training. NHS Property Services had also completed a Legionella risk assessment in March 2015 and were carrying monthly checks of the water temperatures. The practice also 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.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- 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 the 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 peoples' needs. The GPs attended the weekly journal club meetings held at the neighbouring practice that they planned to merge with. Recent journal items were discussed and best practice shared.

The practice staff informed us that on occasions they invited consultants from secondary care providers, hospitals, to speak at team meetings and to share best practice. The most recent of these was a consultant psychiatrist who provided an update on what services were available for patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 93% of the total number of points available, with 16% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice achieved 87% of available points compared to the CCG average of 92% and the national average of 89%.
- Performance for hypertension related indicators was lower than the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was lower than the CCG and national average the practice achieved 81% of available points compared to the CCG average of 96% and the national average of 93%.

- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 97% and the national average of 95%.

The practice were carrying out clinical audits to demonstrate quality improvement. We saw they had done three clinical audits in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, one of these audits showed there had been an improvement in the appropriate prescribing of antibiotics to treat patients with a sore throat.

The practice did not follow recommended guidance for the repeat prescribing of high risk medications such as warfarin and methotrexate. We found these medications and others were issued on repeat prescription without the necessary checks to ensure the safety of their continued use.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff had received training appropriate to their roles to deliver effective care and treatment.

- The practice followed an induction programme for newly appointed members of staff this included working alongside other staff members until they were competent to work alone. Online training was available that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice provided role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The nurses received clinical leadership from the GPs. There was also facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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. 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 people to other services.

The practice held weekly multi-disciplinary team meetings that were attended by the GPs, practice nurses, district nurses, palliative care nurses and the practice manager. The health visitors also attended when required. These meetings were used to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital.

We found that the practice was not making use of special patient notes to share information with other providers, such as the out of hours service, regarding individual patients particular needs when the practice was closed. Since the inspection the practice has provided us with evidence that special patient notes are now being used for these patients.

The practice used the Gold Standards Framework to care for patients at the end of life. They worked with the community nurses and MacMillan nurses to plan patient care and provide appropriate medications when needed.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The nurses were trained to give smoking cessation and weight management advice. Patients were also signposted to relevant services for support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to send reminder letters to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The nurses informed us this was done opportunistically when patients were attending the practice for other appointments.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 96% to 98%. Flu vaccination rates for the over 65s were 70% and at risk groups 52%. These were also comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- There was a room available for patients to speak in private with the reception staff to discuss sensitive issues or if they appeared distressed.
- There was a lowered area of the reception desk for patients using wheelchairs to speak easily with the reception staff.

All of the nine patient CQC comment cards we received were positive about the service experienced and the standard of care received. Patients commented that the practice was supportive when needed. All levels of staff were complemented on their caring manner.

We spoke with four members of the patient participation group. They also told us they were very happy with the care provided by the practice.

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 doctors and nurses in most areas. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 97% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt involved in decision making about the care and treatment they received. They also told us they felt 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.

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 in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

The practice used a telephone translation service for patients who did not have English as a first language. These patients were allocated a longer appointment time to allow for the translation. There were notices in the patient waiting area advising of this service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area told patients how to access a number of support groups and organisations. For example, there was information on local dementia services.

Are services caring?

The practice identified patients who were also a carer and placed an alert on their electronic patient record. There was a carers' noticeboard in the patient waiting area with leaflets available for patients to take away to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. The GP or practice manager would follow this with a telephone call to the family if they deemed this appropriate.

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.

- The practice offered extended opening hours from 7.30am to 7.30pm on a Monday and early morning telephone consultations from 7.30am on Thursdays. This was especially useful for working patients who could not attend during normal opening hours.
- Appointments were available for children outside of school hours.
- Same day appointments were available for children and those with serious medical conditions.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- There were access enabled toilets and baby changing facilities. The practice had a waiting area and wide corridors with plenty of space for wheelchairs and prams.
- Notices in the patient waiting area advised that translation services were available for patients whose first language was not English.
- The practice worked with the two other practices in Brackley to accommodate patients from the local travelling community. They were registered as temporary patients on a rotational basis.
- Patients who were also carers had an alert on their electronic patient record. They were offered an annual health check and flu vaccination.
- GPs from the practice carried out weekly visits to review the residents of two local care homes in addition to home visits when required. The practice had purchased a laptop for the GPs to take with them that enabled them to access the patients' electronic record when they were visiting the homes.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.50am every morning and 2pm to 6pm every afternoon daily. Extended hours surgeries were offered from 7.30am to 8am

and 6.30pm to 7.30pm on Mondays. Telephone consultations were available from 7.30am on Thursdays. Appointments at the branch surgery were from 11am to 12pm on Mondays and Fridays and 9am to 10am on Wednesdays. These were primarily for the residents of Kings Sutton who did not have transport to travel to the main surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 77%).
- 93% patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 77% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that there was a folder at the reception desk with information to help patients understand the complaints system. There was also information on the practice website.

We looked at four complaints received in the last 12 months and they were satisfactorily handled in a timely way. There was openness and transparency and apologies were offered to the complainant when necessary. All complaints were reviewed and discussed at staff meetings

Are services responsive to people's needs?

(for example, to feedback?)

and an annual review was submitted to NHS England. Lessons were learnt from concerns and complaints and

action was taken to as a result to improve the quality of care. For example, reception staff were advised to keep patients informed if the GP was delayed in calling them for a telephone consultation.

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. They aimed to offer a personal service where patients were likely to be seen by their own doctor.

The practice had plans for the future to merge with a neighbouring practice, Washington House Surgery, in April 2016. The merged practices were then planning to move into new premises in the future.

Governance arrangements

The practice had a 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
- The practice had a number of policies and procedures and these were available to staff on the practice computer system. All staff we spoke with know how to access them.
- There was a comprehensive understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks. The practice manager maintained a risk assessment folder and we saw that risks were rated with mitigating actions identified.

Leadership, openness and transparency

The practice was led by the principle GP with the support of the practice manager. Staff informed us the principle GP, the salaried GPs and the practice manager were approachable and took time to listen to all staff members.

The practice was going through a period of staff consultation due to the merger with Washington House Surgery. Staff informed us that they had been kept

informed of all the changes ahead through a series of team briefings and one to one meetings. They commented that although they were apprehensive about the changes they felt well supported during this time. The patient participation group (PPG) members also commented that the practice had kept patients informed of the changes.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open culture within the practice. Meetings for all staff were held every two months and staff said they had the opportunity to raise any issues at meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, by the principal GP and the practice manager.

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.

- It had gathered feedback from patients through the PPG, and through surveys and complaints received. They also used the national GP survey to see how patients responded to the service received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the treatment room had been modernised and now consisted of two separate rooms to aid privacy. They had also arranged with the local council to have yellow lines on the road to the practice to improve access to the car park.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking with their plans to merge with the neighbouring practice to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected people against the risk of unsafe treatment as they did not have a system for the regular review of medicines and monitoring of the patient.</p> <p>This was in breach of Regulation 12 (1) and (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	