

The Broadshires Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Broadshires Health Centre on 26 August 2016. Overall the practice is rated as good. However, the practice is rated as requires improvement for provision of safe services.

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

- There was an open and transparent approach to safety.
- 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, within a week of request, 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice hosted a range of NHS and private health services as well as providing a base for groups that offered social and benefits support and advice for patients.
- The practice had a system in place to check and record the temperatures of vaccine fridges. However, we found that one fridge had been operating above the recommended temperature range. Staff had not taken action to ascertain why this was the case or to have the fridge checked to ensure it was working properly. Vaccines could have been compromised.

Summary of findings

- The practice held a range of policies and procedures relevant to the management of the service. We found that a number of these policies had no recorded review in the last three years. The practice could not be sure these policies were up to date and reflected current practice.
- Minutes of meetings held to discuss learning from significant events were not always made available to GPs and nurses who did not attend review meetings..

The areas where the provider must make improvement are:

- Ensure all staff involved in the checking of medicine fridge temperatures are aware of, and follow, the practice procedure for taking action on out of range temperature readings.
- Ensure documented outcomes from reviews of significant events and complaints are brought to the attention of both GPs and practice nursing staff who do not attend review meetings.

The areas where the provider should make improvement are:

- Consider means of increasing the number of face to face care reviews for patients diagnosed with dementia.
- Ensure all policies relevant to the management of the service are reviewed and the review documented in accordance with the practice policy review schedule.
- Review the mechanisms for receiving and acting upon patient feedback. Consider ways of encouraging greater involvement of their PPG in shaping the delivery of services going forward.

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.

Requires improvement



- There was a system in place for reporting and recording significant events. However, if staff were not present at the meetings when events were discussed they may not have been brought to their attention.
- 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 safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example the practice had not taken action when a medicine fridge had operated outside of the recommended temperature range.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. In 2014/15 it had achieved 100% of the national QOF indicators for care of patients with a specific range of diseases. This was above the CCG average of 97% and national average of 95%.
- The practice was active in undertaking clinical research and this drove improvement in patient care. For example, research had improved the early diagnosis of a specific type of skin cancer.

Summary of findings

- Clinical audits demonstrated quality improvement. These were limited in number due to the focus on research projects. For example, there were seven research projects completed, underway or planned in 2016.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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, it worked with the medicines management team on the quality improvement plan for prescribing. Data showed the practice to be the top performer within Oxfordshire for prescribing anti-coagulant treatment for patients who had a stroke (Anti-coagulant medicines keep the blood thin to improve circulation).
- Patients said they found it easy to make an appointment with a named GP, within a week of their request, 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.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice 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. 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
- There was a focus on continuous learning and improvement at all levels.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. These policies were not always easy to access by staff. Important information staff required to discharge their duties to patients were held in two different locations.
- The practice had not optimised opportunities to obtain feedback or support from their PPG.

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.
- Nationally reported data showed outcomes in the care of older patients were at or above average. For example, 92% of patients who had a stroke or 'mini stroke' received further investigations within three months compared to the CCG average of 89% and national average of 88%.
- There were 67 patients registered with the practice who lived at a local care home. These patients were screened for early signs of dementia and their care was reviewed if they were admitted to hospital at any time. The practice undertook weekly visits to the care home.

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.
- The practice had achieved 100% of the national indicators for treating patients with diabetes compared to the CCG average of 93% 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.
- Nursing staff maintained up to date training to support patients with long term conditions. For example, a member of the nursing team had attended a course on managing patients with a type of chronic lung disease. The learning was being shared with other nurses in the team.

Summary of findings

Families, children and young people

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

Good



- 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.
- 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 rate of take up of cervical cancer screening was 89% which was better than the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives 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).

Good



- 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.
- The practice commenced offering extended hours clinics in June 2013. These appointments, on Tuesday evening each week, assisted patients who found it difficult to attend during normal working hours.
- The practice offered a range of health promotion opportunities, a total of 41 patients had attended for smoking cessation advice in the last year and 18 of these had stopped smoking.

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 and those with a learning disability. The practice had completed annual health checks for 81% of patients over the age of 18 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. They had access to information about how to contact relevant agencies in normal working hours and out of hours.

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).

- Performance for mental health related indicators was above average. For example the practice result for having an agreed care plan in place for patients with severe and enduring mental health problems was 98% compared to the CCG average of 89% and national average of 88%.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. However the percentage of patients excluded from this indicator was 6% compared to the national average of 8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results were from surveys conducted between July and September 2015 and January to March 2016. The results showed the practice was performing in line with national averages but below local averages. There had been 262 survey forms distributed and 110 were returned. This was a 42% return rate and represented 1.1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and national average of 73%.
- 87% 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 national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 79% 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 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients referred to kind and compassionate staff. They also were consistent in having positive views about the GPs and nurses taking time to listen to them and give them support in understanding their care and treatment. Three patients commented on waiting a week to see their preferred GP for a routine appointment.

We spoke with seven patients during the inspection, including one member of the patient participation group. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also reiterated the patient feedback from the comment cards focussing on GPs and nurses giving patients relevant explanations of their care and treatment and giving them time to relay their symptoms and concerns.

Patients registered at the practice were encouraged to complete the friends and family recommendation test. (This asks if a patient would recommend the practice to their friends and relatives). In the last six months 25 patients had completed the test and 92% would recommend the practice to others.

The Broadshires Health Centre

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 second CQC inspector and an assistant inspector.

Background to The Broadshires Health Centre

The Broadshires Health Centre is located on the outskirts of the town of Carterton. It is close to the Brize Norton RAF station and serves a large number of patients who are families of RAF personnel. There are bus links running close to the practice. A dental practice and a commercial pharmacy are located immediately opposite the practice thus offering a range of NHS facilities in close proximity. The premises are purpose built and all GP and nurse consulting and treatment rooms are located on the ground floor.

Automatic doors are provided with level access for patients with mobility difficulties. There is a large waiting room with space for wheelchairs, mobility scooters, prams and pushchairs.

There are eight GPs at the practice of whom six are female and two are male. Seven are partners and one is salaried and they are equivalent to approximately 5.4 whole time GPs. The practice is a training practice for qualified doctors seeking to become GPs. The practice nursing team of seven are all part time. Four of the team are qualified nurses and

there is an assistant practitioner, a health care assistant and a phlebotomist. The practice manager is supported by a practice administrator and a team of administration and reception staff.

Approximately 9,900 patients are registered with the practice. The majority are white British with very few patients whose first language is not English. There are a higher than average number of patients registered aged between nought and nine years old and 30 to 54 years old. The number of patients registered aged over 60 years is significantly lower than the national average.

The practice delivers services to patients via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The contract includes the opportunity for the practice to dispense medicines to patients who live over a mile from a pharmacy. The dispensing service is operated by the pharmacy opposite the practice on behalf of the practice.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8.20am until 11.50am every morning and from 2pm until 5.50pm every afternoon. The practice maintains close scrutiny over availability of appointments and when demand for appointments is high the first appointments are offered at 8am. An extended hours clinic is held on a Tuesday evening between 6.30pm and 8.30pm when pre-booked appointments are offered by both GPs and nurses.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Oxford Health NHS Foundation Trust. The out

Detailed findings

of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Broadshires Health Centre, Broadshires Way, Carterton, Oxfordshire, OX18 1JA

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, three members of the practice nursing team, a pharmacist, and three members of the administration and reception staff.
- Also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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 an analysis of the significant events at clinical meetings. However, if a GP or nurse was not present at the clinical meeting they could miss the learning from the event because the meeting minutes were not circulated to those not present. We noted that the main practice meetings were recorded but not all significant events were taken to these meetings immediately after they occurred. This meant that learning may not have been received by all relevant staff until the formal mid-year significant event review meetings took place.

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, the practice identified a risk of two prescriptions being written for a patient requiring a controlled medicine. Only one was issued to the patient but two had been handwritten. All GPs were given further guidance on immediately recording completion of a handwritten prescription in the patient's electronic medical record to avoid this happening again.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe. However, the

procedures for ensuring vaccines were stored at an appropriate temperature had not been followed. There were systems and procedures in place to keep patients and safeguarded from abuse. Systems we saw in operation 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. Practice nurses were trained to at least level two and all other staff to level one.
- 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). Staff who undertook chaperone duties described how they would chaperone a patient. Their descriptions followed current best practice guidelines.
- Practice specific policies, including policies relating to safe delivery of services, were available on two folders on the practice computer system. This meant that staff had two locations to find policies. We found that approximately 40% of these policies were not always updated in accordance with the practice review programme. For example; whilst the contact details for the local safeguarding team were up-to-date the child and vulnerable adults procedures did not record review and updating since 2012. There was a policy detailing the action to take if a temperature recording for a medicines fridge was outside of the appropriate range. This had not been followed by a member of staff when the temperatures recorded were out of range for eight

Are services safe?

consecutive days. We asked staff to show us how they accessed practice policies and procedures and they had to move between the two computer folders to find the information they were seeking.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. 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 medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). With the exception of vaccines and temperature controlled medicines held in medicine fridges. We reviewed the logs of the temperature readings from the medicines fridges. We found that these showed one of the fridges had been recorded with a temperature outside the recommended operating range for eight successive days. The vaccines stored could have been compromised. The practice had a fridge recovery procedure but the member of staff recording the temperatures had not followed this when they recorded the temperatures on these occasions. We discussed our findings with the practice and they immediately raised a significant event report for these incidents. They also contacted relevant agencies to seek advice on the actions they should take in response to our findings. It was evident that not all staff were fully aware of the actions to take if they found fridge temperatures exceeded the recommended operating range.
- Processes were in place for handling repeat 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and

support from the medical staff for this extended role.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensing service. This service was operated on behalf of the practice by the neighbouring pharmacy. This meant that pharmacy staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' involving dispensed medicines were reported to the local clinical commissioning group and the practice. The practice recorded any dispensing errors for learning and had a system in place to monitor the quality of the dispensing process. The pharmacist showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- 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.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room 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

Are services safe?

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

- The practice had completed safety checks on the electrical systems and these checks were certified by an approved contractor. At the time of inspection the practice heating system had been decommissioned. We saw an order that confirmed new boilers were due to be fitted in autumn.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had recorded that one of the medicines they were required to hold (for administration in the circumstance of a drug overdose) could not be obtained at the time of inspection. This was due to supply problems with this particular medicine in the local area.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The exception reporting rate overall was 1% above the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The GP advisor reviewed the exceptions and found them to be clinically justified. The practice also provided us with sight of the results for 2015/16 which were still to be validated at time of inspection. These showed an achievement of 99%.

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 above average. The practice had achieved 100% of the indicators compared to the clinical commissioning group (CCG) average of 93% and national average of 89%.
- Performance for mental health related indicators was above average. For example the practice result for

having an agreed care plan in place for patients with severe and enduring mental health problems was 98% compared to the CCG average of 89% and national average of 88%.

- The practice result for patients with hypertension (high blood pressure) achieving target blood pressure was 88%. This was above the CCG average of 85% and national average of 84%

There was evidence of quality improvement including clinical audit and clinical research:

- There had been three clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. It was very active in clinical research undertaking seven research studies a year for the last six years. Research studies in the last three years included studies to improve care of patients with; asthma, osteoporosis and atrial fibrillation (irregular heart rhythm).
- Findings were used by the practice to improve services. For example, recent action taken as a result included a repeated audit to improve the use of inhalers in patients with asthma. The audits identified over 450 patients diagnosed with asthma using inhalers. The first audit found 93% of the patients had received additional support to ensure they were using their inhalers correctly. GPs and practice nurses were reminded of the benefits of reviewing inhaler use technique and the importance of carrying out the review. A re-audit was undertaken a year later and this showed an improved performance of 98% of patients using inhalers having received a review and advice on best use of their inhalers.

Information about patients' outcomes was used to make improvements such as: recognising that hospital admissions of patients living in the local care home should be reviewed to develop care plans that avoided future admission. The practice instituted a programme of reviewing these patients to ascertain if the admission to hospital was appropriate and plan avoidance of future admission if it was not.

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, for those reviewing patients with long-term conditions. We noted that practice nurses were allocated one week of study leave per year. This enabled them to keep up to date with relevant training. For example, attendance at an update on respiratory medicine by one of the nurses was being shared with the rest of the team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood, and were confident in applying, 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available at the practice from trained smoking cessation counsellors. The practice held a register of all patients over the age of 15 who were smokers. They had offered advice on the benefits of stopping smoking to 92% of these patients. This compared to the CCG average of 89% and national average of 87%. The smoking cessation counselling service had received 41 referrals in the previous year and 18 of these patients had stopped smoking.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. The screening rates achieved were similar to CCG and national averages. For example, 73% of eligible female patients attended for breast cancer screening in the last three years compared to the CCG average of 75% and national average of 72%. Of the patients eligible for bowel cancer screening 62% had attended in the last 30 months compared to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. The immunisation rates for the immunisations given to under two year olds ranged from 95% to 98% compared to the CCG average rates of 90% to 97%. For five year olds the practice rates of immunisation were 93% to 100% compared to the CCG average rates of 92% to 98%.

There were 29 patients who had been diagnosed with a learning difficulty registered with the practice. Of this group 22 were over 18 years of age and eligible for an annual health check. The GPs had undertaken an annual health check for 18 (81%) of these patients and completed an up to date care plan for 17 (77%). Evidence from research shows this group of patients are more likely to develop physical health problems and benefit from regular reviews of their physical health.

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 35 patient Care Quality Commission comment cards we received contained positive views 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. However, two patients commented on waiting a week to see their preferred GP.

We spoke with a member of the patient participation group (PPG). 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. The seven patients we spoke with also highlighted the caring and compassionate care and treatment they received.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 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 92% and national average of 91%.
- 83% 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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the 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. There was a notice in the reception area informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.
- GPs and nurses were able to print supporting information about conditions and treatments that backed up the verbal explanations they had given patient.

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 311 patients as carers (3.2% of the practice list). Once identified carers were offered advice by the GPs and nurses about local services and benefits available to them. Written information was available to direct carers to the various avenues of support available to them.

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

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. NHS podiatry and counselling services were available at the practice.

- The practice offered extended hours clinics on Tuesday evening when appointments were offered with both GPs and nurses. These clinics held between 6.30pm and 8.30pm were particularly useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All consulting and treatment rooms were located on the ground floor.
- The practice hosted NHS clinics for patients requiring podiatry and access to counselling services. In addition private osteopathy and acupuncture were available at the practice.
- Rooms were also made available to the citizens advice service, Red Cross, the carers association and a specialist counselling service for people who had been victims of abuse. This meant that patients had access to a wide range of services at the practice which assisted in avoiding trips to other clinics or services located in Oxford. Travel to Oxford was recognised as both difficult and time consuming.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.20am until 11.50am every morning and from 2pm until 5.50pm every afternoon. The practice maintained close scrutiny over availability of

appointments and when demand for appointments was high the first appointments were offered at 8am. An extended hours clinic was offered on a Tuesday evening between 6.30pm and 8.30pm when pre-booked appointments were provided by both GPs and nurses. In addition to pre-bookable appointments that could be booked up to three months 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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

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

- We saw that information was available to help patients understand the complaints system. It was displayed on posters in the waiting room and contained in the practice leaflet and patient website.

We looked at five complaints received in the last 12 months and found all were responded to in a timely manner following thorough investigation. All patients received either a written response, a meeting with senior staff or a recorded verbal response to their complaints. 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 prescription

had not been collected by the patient at time it was first requested. The patient was given this prescription at a later date instead of the one they required at that time. The patient should have received a new prescription for a different medicine. The practice reviewed their prescription processes to ensure prescriptions that were not collected at time of issue were removed to avoid issue at a later date. They also liaised with the local pharmacy to ask them to check dates on prescriptions before dispensing medicines. The patient received a full explanation of the error and an apology from the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values. This had been reviewed in the three months prior to inspection.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance structure 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.
- An understanding of the performance of the practice was maintained
- The practice demonstrated that clinical and internal audit was used to monitor quality and to make improvements. However, this programme was limited, due to the high level of involvement in clinical research projects, and did not follow an audit plan.
- An active clinical research programme was supported.

Leadership and culture

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.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG was a virtual group that maintained regular contact with the practice via e-mails and telephone discussions. The practice had not maximised the opportunity to obtain feedback from their PPG and involve them in contributing to practice developments. Neither the practice leadership nor the PPG member we spoke with gave us any examples of the PPG influencing service delivery.
- The practice carried out patient surveys and responded to feedback from patients via the national patient survey. For example, by revising staff rosters to have more staff available to answer patient requests for appointments at peak times.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff also told us they felt involved and engaged to improve how the practice was run. When they proposed ideas for improvement they were listened to and given the opportunity to pilot their

Are services well-led?

Good 

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

proposals. The appointment availability review system had been developed by the member of staff who undertook the task. They had improved upon the original system and had the authority to add and change appointment types based on demand.

Continuous improvement

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

Nursing staff were allocated dedicated study leave to keep their skills and knowledge updated. They received one week study leave each year. Part of this time was used to keep current in caring for patients with long term conditions.

The practice was active in research undertaking seven research projects every year. They had the largest number of research recruits in the area.

The practice was a training practice for qualified doctors seeking to become GPs. Feedback from past trainees had always been positive about the learning opportunities the practice had offered them.

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:</p> <p>Safe Care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to identify, assess and take mitigating action in respect of risks associated with not following practice safety procedures.</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(g) the proper and safe management of medicines;</p> <ul style="list-style-type: none">• Sharing learning from significant events was inconsistent.• Locating relevant policies was complicated by them being held on two different computer folders. Staff had not followed the practice policy when a medicine fridge had operated outside of recommended temperature range.• A record of review was absent on approximately 40% of practice policies. This did not follow the practice policy review programme. <p>This was in breach of regulation 12 (1) & (2); (a), (b) & (g)</p>