

# Chalgrove and Watlington Surgeries

## Quality Report

The Brook Surgery

High Street

Chalgrove

Oxford OX44 7AF

Tel: 01865 890760

Website: [www.watlington-surgeries.nhs.uk](http://www.watlington-surgeries.nhs.uk)

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 9    |
| Areas for improvement                       | 9    |
| Outstanding practice                        | 10   |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                              | 11 |
| Background to Chalgrove and Watlington Surgeries | 11 |
| Why we carried out this inspection               | 11 |
| How we carried out this inspection               | 11 |
| Detailed findings                                | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chalgrove and Watlington Surgeries on 3 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.
- Patient care was effectively monitored in order to drive improvement.
- 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 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.

We saw one area of outstanding practice:

The response to the GP national survey showed patients were significantly more satisfied with how they were treated by staff at the practice when compared to the local and national average. For example:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.

# Summary of findings

- 96% said the last GP they saw was good at involving them in decisions about their care
- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the local average of 89% and higher than the national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

There are areas where the provider should make improvements:

- Assess and mitigate any risks related to the storage of prescription pads in nurses rooms.
- Identify all patients on long term medicines on new the patient records system to ensure they have their medication reviews recorded accurately.
- Review the ability for hearing impaired patients to be able to access the practice independently, via installation of hearing aid loops.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff were aware of their responsibilities to keep patients safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were close to average for the locality. Quality outcomes framework data showed the practice rarely exempted patients from their reporting of patient care and treatment.
- 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.
- There was a comprehensive programme of clinical audit.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, close working with an older people's charity in delivering care.
- Patients said they found it easy to make an appointment with a GP and nurse, 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It 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 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older 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 worked with a local older people's charity to ensure care met the needs of this population group.

Good



### People with long term conditions

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

- Patients at risk of hospital admission were identified as a priority and 148 patients had a care plan aimed at reducing the risk of a hospital admission.
- 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.
- Exception reporting (where patients may not be included in care and treatment data due to not attending for annual checks ups for example) was very low at 2.8% in 2015 compared to the national average of 9.2%.

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 of harm.
- Staff were aware of the rights of children.
- The PPG had engaged with children via a survey at a local primary school
- 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, health visitors and school nurses.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 reaching the end of their life and those with a learning disability.
- Patients with no permanent address including travellers were registered at the practice if they needed to see a GP.
- Longer appointments for people in vulnerable circumstances were offered.
- There were flags on the patient record system to identify vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told 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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Counselling was provided onsite.
- Advanced care planning was carried out for patients with dementia.

## Summary of findings

- There were 29 patients registered at the practice with serious mental health problems and 23 had care plans in place. Twenty eight had received a physical health check
- Staff had a good understanding of the Mental Capacity Act 2005.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results (123 surveys returned, response rate of 48%) published in July 2015 showed the practice was performing in line with local and national averages.

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the local average of 89% and higher than the national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 99% 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%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time which is the same as the local average and higher than the national average of 92%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.

- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 92% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 63% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 93% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were mainly satisfied with the appointment system and this was reflected in comments card feedback. All of the 14 CQC comment cards we received were positive about the service experienced. We spoke with 10 patients who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect.

## Areas for improvement

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

- Assess and mitigate any risks related to the storage of prescription pads in nurses rooms.
- Identify all patients on long term medicines on new the patient records system to ensure they have their medication reviews recorded accurately.
- Review the ability for hearing impaired patients to be able to access the practice independently, via installation of hearing aid loops.

# Summary of findings

## Outstanding practice

The response to the GP national survey showed patients were significantly more satisfied with how they were treated by staff at the practice when compared to the local and national average. For example:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care
- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the local average of 89% and higher than the national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

# Chalgrove and Watlington Surgeries

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Chalgrove and Watlington Surgeries

Chiltern Surgery in Watlington was purpose built in 2004. There is accommodation for district nurses and health visitors in this surgery. The Brooks Surgery in Chalgrove surgery was built in 2006 and is situated at the edge of the village. There are approximately 7,500 patients registered at the practice. The practice serves a high number of patients living in local villages and rural locations. There is a higher proportion of patients between 45 and 70 years old. There were 22 adult patients registered with learning disabilities. The practice provides care to a 60 bed nursing home including people with severe dementia. There is a register of 68 carers at the practice.

The practice was inspected in March 2014 following a previous inspection in January 2014 where we identified improvements to the service were required. In March 2014 we found that the practice was meeting all requirements against the regulations we had reviewed at that time.

The practice has six GPs (two females and four males), a full time practice manager, receptionists, secretaries, three part-time practice nurses and two part-time health care assistants.

The practice has a General Medical Services contract (GMS). These contracts are negotiated directed between NHS England and the provider.

The practice was open between 8.30am and 6.30pm Monday to Friday. Although one the two sites closed on different days at 2pm, one site was always open until 6.30. Extended hours appointments were provided on Saturday mornings between 8am and 10.50am at one of the sites and this was alternated between sites each week. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Chalgrove and Watlington Surgeries is registered to provide services from the following locations:

The Brook Surgery

High Street

Chalgrove

OX44 7AF

The Chiltern Surgery

Hill Road Watlington Oxon OX49 5AF

We undertook an inspection using our old methodology in January 2014. As a result of our findings we asked the provider to make improvements in order to ensure they were meeting regulations. We re-inspected in March 2014 and found the necessary improvements had been made and the practice was meeting all the regulations we reviewed.

# Detailed findings

## 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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 3 November 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists and the practice manager and spoke with patients who used the service. We observed how people were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# 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 or GP partner of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Since May 2015 the practice manager had introduced a system of reviewing all significant events at a subsequent date to ensure all action and learning from events was embedded.
- We saw minutes from a meeting where significant events related to cancer diagnoses had taken place in August 2015 to review if there was any learning to encourage GPs to identify potential symptoms earlier and increase early diagnoses.

The practice manager told us they received national patient safety alerts and these were passed onto a GP to determine if any action was required. This was then delegated to an appropriate member of staff such as a nurse or the practice manager to take necessary action, such as searching for patients receiving specific treatments.

### 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. The policies referred to centrally located contact information for staff to be able to access if they needed. There was a lead member of staff for safeguarding and staff knew who they were. The GPs attended safeguarding meetings when possible and always provided information where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level 3.

- A notice in the waiting room advised patients that nurses or receptionists 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules for the premises and medical equipment were in place and kept up to date. A practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the most recent was August 2015. There were minimal improvements identified which included hand washing guidance for patients and this guidance was available in patient literature.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines and vaccinations and found they were within expiry dates and stored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. However, nurses had prescription pads in their rooms which were not lockable. The pads were locked in a drawer at night, but the rooms were not monitored at all times of the day. The practice changed its protocol when we highlighted this concern and we were assured that the pads were removed whenever nurses finished surgeries and stored securely in the administration area of the practice. Patient Group Directions were used to authorise nurses to administer medicines in line with legislation. The practice had a system for authorising injections provided by healthcare assistants (HCAs) called patient specific directions (PSDs). There were protocols for HCAs to follow when administering a vaccine or injection such as a vitamin B12 injection. They would provide a list of patients due to receive these medications to a GP for their authorisation which was noted on the patient record system by the GP to state they had agreed the PSD. Staff told us that drop in clinics for flu vaccinations were provided. Patients were reviewed prior to drop in clinics

## Are services safe?

by a GP, to ensure it was appropriate for them to receive a flu vaccine and they were invited by letter. Therefore all patients had their medical records checked prior to flu vaccines and a note on the system to state a GP had authorised this specifically, allowing HCAs to provide the vaccines.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Staff hepatitis B vaccination and immunity was checked to ensure that they were safe to work with patients.

### 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 were risk assessments related to various areas of health and safety including a fire risk assessment, premises risk assessment and related checks such as alarm and emergency light testing. available with a poster in the reception office.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment had been calibrated.

### Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as events which may cause a staff shortage or loss of premises. The plan was accessible on the intranet and available to all staff. The practice manager told us they and the partners had copies at their homes should they need to access them away from the premises.

Clinical staff received annual basic life support training every 18 months and all other staff every three years. There were emergency medicines and equipment available including an automated external defibrillator (AED) and oxygen. 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. There were drugs for the treatment of cardiac arrest, allergic reactions potentially caused by certain procedures, hyperglycaemia and meningitis. Staff were aware of where all the medicines and equipment was stored.

# 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Templates for delivering and reviewing patients' care and treatment had been renewed over the last year due to a change in the computer records system.
- GPs discussed clinical guidance at meetings and the GP who led the nursing team regularly updated staff on any changes to NICE guidance.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014 93% of the total number of points available were achieved, compared to a national average of 94% and local average of 96%. In 2014 exception reporting was significantly lower than the national and regional average for a number of clinical areas. For example, diabetes exception reporting was 3.9% compared to 10% locally and 9% nationally and for respiratory conditions exception reporting was 0.7% compared to 7% locally and 7% nationally. Overall the practice exception reporting for 2014 was 2.6% and in 2015 2.8% compared to the national average of 9.2%. This indicated that patients had not been excluded in QOF data and that the practice was proactively working with patients to ensure they received care in line with national guidance. 2014 QOF data indicated patients with long term conditions were receiving the care they needed. Overall figures for patients with diabetes, coronary heart disease and those who had suffered strokes were in line with national QOF outcomes.

A range of clinical audits were carried out to demonstrate quality improvement. These were chosen for a variety of reasons, such as significant events, GP interests or safety

alerts. We saw that several ongoing audits including cancer diagnoses, patients who had received contraception implants and an audit on a specific medicine for patients who had experienced a stroke. GPs shared outcomes from audits at clinical governance meetings to ensure any learning and actions were disseminated across the practice.

The practice monitored patients repeat medicines by providing reviews. For patients on four or more medications 81% had up to date medication reviews but for those on less than four only 60% were recorded as having up to date medicine reviews. The practice manager explained that these figures were likely to be distorted due to the practice changing its patient record system in 2014. Not all patients with repeat medicines were coded properly on the new system to show as having their medicine reviews. Long term medicine reviews were taking place as required and as such GPs were confident that medicine reviews were taking place during these visits.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, access to computer systems and confidentiality.
- Regular learning event meetings took place to support staff in the use of relevant guidance.
- 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 these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire procedures, equality and diversity, basic life support and information governance awareness.

### 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 test results. Information such as NHS patient information leaflets were also available.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- We saw that test results were checked regularly and there was a system to identify whether patients needed urgent follow up care following test results.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. We saw consent records were used for specific procedures. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Staff had access to an MCA protocol. We saw evidence that best interest decisions had been made when patients were deemed to lack capacity to make decisions about specific care and treatment. Nurses and healthcare assistants were aware of the Act and told us they would ask GPs for support if they were ever unsure whether a patient had capacity to consent to care and treatment. Nurses were familiar with the MCA and Gillick Competency (principles of gaining consent from patients under 16).

### Health promotion and prevention

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

- 151 patients were identified as at risk of admission to hospitals, and of these, 148 had care plans in place to

reduce admissions. The practice had a low number of A&E attendances. In 2013 there were 168 attendances per 1000 patients compared with the CCG average of 208 and the national average of 388.

- There were 29 patients registered at the practice with serious mental health problems and 23 had care plans in place. Twenty eight had received a physical health check.
- 12 patients were on the end of life care register who received additional support from the practice. This included some patients who resided at a local care home and the practice had a designated GP who visited the care home weekly and when required.
- 22 patients were registered with learning disability and 17 had a health check in the last year.
- The practice had a comprehensive screening programme for several conditions, including: The practice's uptake for the cervical screening programme was 87% which was above the national target of 80%.
- 63% of eligible patients had attended bowel cancer screening.
- 71% of eligible had attended breast cancer screening
- 2.2% of eligible patients had undertaken testing for chlamydia.

Childhood immunisation rates for the vaccinations given were higher than the CCG average of 89%. In 2014 the overall vaccination rates for children were approximately 96%. Flu vaccination rates for at risk groups in 2014 was as follows:

- For over 65s was 77% in, compared to national average of 73%.
- Patients at risk under 65 years old was 47% compared to the national average of 52%.

The practice provided Saturday drop in flu vaccine clinics at both the practice located in Watlington and Chalgrove.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

All 14 patient CQC comment cards we received were positive about the service experienced. We spoke with 10 patients and all said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. One patient had a concern regarding a specific care issue which we were able to discuss with GPs so they could look into the concern. We also spoke with two members of the patient participation group (PPG) on the day of our inspection who spoke highly of the practice.

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

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the local average of 89% and higher than the national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 99% 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%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 94% said the nurse gave them enough time which is the same as the local average and higher than the national average of 92%.

- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

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

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

Results from the national GP patient survey we reviewed showed patients were highly positive about questions regarding their involvement in planning and making decisions about their care and treatment. For example:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 92% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also promoted a number of services including counselling and talking therapies which were provided onsite. The practice participated in organising local health walks to provide an opportunity for patients to socialise and exercise.

The practice's computer system alerted GPs if a patient was also a carer. There was a register of 68 carers at the practice. This enabled staff to consider and respond to these patients' needs. Bereavement support was offered via a local counselling service. The practice had a

## Are services caring?

bereavement policy and this indicated that if families suffered bereavement, a note was placed on the records system to alert staff. Bereaved patients were offered an appointment with a GP.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the local area. The practice serves a high number of patients living in local villages and rural locations. There is a higher proportion of patients between 45 and 70 years old. There were 22 adult patients registered with learning disabilities. The practice provided care to a 60 bed nursing home including people with severe dementia. There was consideration and planning for the different needs of the patient population, including:

- There were longer appointments available for people with complex or specific needs such as a learning disability.
- Home visits were available for housebound or significantly ill patients who would benefit from these.
- There were disabled facilities, including wheelchair friendly access, wide corridors, automatic front doors and a lift at the Chiltern Surgery in Watlington. The Brook Surgery provided all services from the ground floor.
- There was no hearing loop available at either site, but deaf interpreters were able to be booked in advance. This may limit the flexibility in attending the practice for patients with impaired hearing.
- A local charity provided a bus service in partnership with the practice to support older patients who had difficulty in getting to the practice.
- A GP attended a local lunch club for older patients to provide flu vaccinations.
- Older patients had notes on their records to enable them to request their medications over the phone.
- The practice registered a local population of travellers and registered anyone without a permanent address or visiting the area as a temporary patient, if they needed to see a GP.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Although one of the two sites closed on

different days at 2pm, one site was always open until 6.30. Extended hours appointments were provided on Saturday mornings between 8am and 10.50am at one of the sites and this was alternated between sites each week.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was higher than national and local averages in some results, but not significantly. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 63% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 93% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were satisfied with the appointment system and this was reflected in comment cards also. There was online appointment booking and this had been encouraged through newsletters and other engagement with patients. The practice could not provide accurate figures for how many patients used the service.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients make a complaint or comment on the service they received, through the website and in the practice itself. We looked at the complaints log and found only one was reported in the last year.

# 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 mission statement to provide a service which was welcoming, caring and accessible where patients were treated fairly and equally and with dignity and respect. Also the mission statement included the provision of highly effective, efficient and safe healthcare services for patients. The feedback from patients during the inspection and from the national GP survey showed this level of quality was experienced by patients.

### Governance arrangements

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

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

### Leadership, openness and transparency

The partners led the practice in a way that ensured high quality care. The partners and practice manager were available to staff who told us that they were approachable and took the time to listen to them. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings for all staff groups.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- There was an open culture in reporting, investigating and feeding back to staff regarding any incidents or significant events.

### 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.

- There was an active PPG which met on a regular basis. It carried out patient surveys and engaged with the local community. For example, a children's survey was undertaken at a local primary school which identified proposals for improvements to the waiting area. The PPG was working with the local primary school to implement the changes.
- The practice was signed up to the friends and family test. The feedback received from the FFT was not posted on the practice's website.
- The practice had also gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice manager explained that verbal comments from patients were responded to and always dealt with to try and remedy any concerns patients might have. However, these comments and concerns were not recorded or discussed at meetings to identify any learning from them.

### Future planning

The practice had considered local changes which may affect its services in the coming years. One partner was retiring and the practice was in the process of recruiting a new partner, which staff told us was proving difficult. The practice anticipated an increase in patient population of between 500 and 1000 patients in the next 18 months due to new housing developments. The leadership team were confident the practice had enough capacity across the two sites to meet the demands of an increased patient population.