

Horsefair Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Horsefair Surgery on 24 August 2016. Overall the practice is rated as requires improvement. Although the caring and responsive domains are rated as good, improvements are required to ensure the service is providing safe and well-led services. The practice is rated inadequate for providing effective services.

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and managed. However, some risks were not fully managed specifically in relation to monitoring of fridge temperatures, emergency medicines, medicine alerts and prioritisation of patients via the phone call-back system.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.
- National data suggested most patients received appropriate care for long term conditions. However, there were many patients who were exempted from national data and therefore did not receive care in line with national guidance, which may support more positive health outcomes.
- The practice had 6.5 whole time equivalent GPs and this was due to drop to five in October. This was partly caused by long term absence of two partners due to illness.
- The system for reviewing patients on repeat medicines identified patients who required a review, but the practice was not always recording when these took place to ensure full monitoring of the system was happening.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback in CQC comment cards found some concerns regarding making an appointment since the introduction of the new phone consultation service. National survey results from July 2016 showed patients were able to book appointments with GPs and nurses, but this did not reflect the recent changes.
- 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.
- There was a strong ethos of continuous learning and improvement.

Areas the provider must make improvements are:

- Improve the monitoring of emergency medicines, equipment and medicine fridges.
- Ensure any action related to medicine alerts is dealt with and reviewed appropriately by inclusion in systems of clinical governance.

- Ensure the appropriate recording of medicine reviews takes place to ensure monitoring of this system can take place.
- Review and improve the numbers of patients provided with long term condition reviews as reported in national data and where possible reduce those patients excluded from reviews that may reduce positive health outcomes.
- Improve the monitoring of clinical care to ensure risks are identified, assessed, managed and mitigated wherever possible. For example, through completion of clinical audits.
- Provide appropriate written guidance or prompts for reception staff to ensure they have access to information that will enable them to safely prioritise patients with an urgent need.

Areas the provider should make improvements are:

- Continue to review, monitor and adjust the appointment system to ensure it meets patients' needs.
- Provide guidance and training to relevant staff in the Mental Capacity Act 2005.
- Ensure that training provided to nurses in child safeguarding meets the requirements for level two.
- Review the needs of patients with learning disabilities to ensure their care needs are met.

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



- Some risks to patients were assessed and managed. However, there were issues identified in the monitoring of fridges used for storing medicines and the monitoring of emergency medicines and equipment.
- Medicine and equipment alerts were received into the practice and disseminated to staff, but there was no system to ensure that action related to these had been completed by all necessary staff.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Are services effective?

The practice is rated as inadequate for providing effective services.

Inadequate



- Historically clinical audits from 2014 demonstrated quality improvement. However, the repetition and completion of audit had decreased significantly over the last 18 months due to the shortages of staff and pressures faced by the practice.
- There was a system for medicine reviews were taking place but were not appropriately recorded to enable monitoring of the system and assurance that they were taking place.
- The practice had 6.5 whole time equivalent GPs and this was due to drop to five in October. The practice was struggling to meet the demands of its patient population with this number of GPs. The low numbers were primarily caused by absence of GP partners due to illness.
- The most recent published results showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national

Summary of findings

average of 95%. In 2016 the practice achieved 100% of its clinical QOF targets, although these figures were not yet validated and we did not have access to a full breakdown of exception reporting.

- The practice has a rate of 13% exception reporting in 2015 compared to the national average of 9% and regional average of 10%. The practice had not sought the reasons behind high exception reporting in order to identify potential means of reducing this.
- Performance for diabetes related indicators was 89% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 16% compared to the CCG average of 13% and national average of 11%.
- There was a phone consultation system in place. Patients were called back within two hours for urgent concerns and 48 hours for routine concerns. However, receptionists did not have access to guidance or a reference tool to ensure any high risk symptoms were prioritised.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, a training gap had been identified in the Mental Capacity Act 2005 but no interim guidance had been provided prior to training being provided.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly to others for several aspects of care.
- Patient feedback from comment cards stated 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.

Good



Summary of findings

- The appointment system had recently changed and this enabled patients' the ability to request a call back from a GP and if necessary an appointment was made with a nurse or GP.
- Some patients said they found it difficult to make an appointment with a GP, but the system was new and still in the process of undergoing improvements.
- 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. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- There had been significant difficulties faced by staff over the previous 18 months due to partner absences and loss of nurses. This had led to a review of the staffing structure and services provided to try and meet the additional demands placed on staff.
- The monitoring of the service did not identify, assess and manage nearly all risks to patients.
- Governance arrangements were not always effective.
- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved by the partners and practice manager.
- There was a strong ethos of continuous improvement.

Requires improvement



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 requires improvement for the care of older people.

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included home visits from emergency care practitioners and GPs.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- Patients over 75 had a named GP.
- Care planning was provided for patients with dementia.

Requires improvement



People with long term conditions

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

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed the practice was close to average in terms of overall achievement, compared to the clinical commissioning group (CCG) averages. However, with high numbers of patients excluded from national data figures, this suggested not all patients received the care they may require.

Requires improvement



Summary of findings

- All these patients were offered structured annual review to check their health and medicines needs were being met. This system had recently been changed to improve the timing of these reviews and consolidate medicine and long term condition reviews.
- 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.

Families, children and young people

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

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

- 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 similar to average for all standard childhood immunisations.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- Referrals were made to a child counselling service.

Requires improvement



Working age people (including those recently retired and students)

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

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment system was very positive overall, although national survey data pre-dated the new appointment system. Comment card feedback showed some patients were dissatisfied with the new system.
- The appointment system was monitored to identify improvements where possible.
- 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.
- Travel vaccines were available.
- There were extended hours appointments available.

People whose circumstances may make them vulnerable

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

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were no formalised reviews for patients with a learning disability or planning around their care needs in place of such reviews.
- The practice offered longer appointments for vulnerable patients including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.
- The staff worked closely with substance and alcohol misuse service providers in supporting these patients.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

There were concerns identified in the safe, effective and well-led domains which led to an overall rating of requires improvement. These concerns relate to all population groups. Specifically poor monitoring of clinical care and risks associated with the management of medicines and emergency equipment were identified.

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was higher than the national average (11%) and regional average (11%) at 16%. In 2016 19% of patients were exception reported.
- The proportion of patients on the mental health conditions register with a care plan was 88% compared to the local average of 89%.
- 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 advanced 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 242 survey forms were distributed and 104 were returned. This represented 0.6% of the practice's patient list.

- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 42 comment cards from patients during the inspection. The comments were highly positive about the service patients received, specifically care and treatment. However, 16 patients raised concerns about the new phone consultation appointment system but four patients specifically commended the new system as well.

The practice undertook the friends and family test. Figures from November 2015 to June 2016 showed that 92% of patients said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Improve the monitoring of emergency medicines, equipment and medicine fridges.
- Ensure any action related to medicine alerts is dealt with and reviewed appropriately by inclusion in systems of clinical governance.
- Ensure the appropriate recording of medicine reviews takes place to ensure monitoring of this system can take place.
- Review and improve the numbers of patients provided with long term condition reviews as reported in national data and where possible reduce those patients excluded from reviews that may reduce positive health outcomes.
- Improve the monitoring of clinical care to ensure risks are identified, assessed, managed and mitigated wherever possible. For example, through completion of clinical audits.

- Provide appropriate written guidance or prompts for reception staff to ensure they have access to information that will enable them to safely prioritise patients with an urgent need.

Action the service **SHOULD** take to improve

- Continue to review, monitor and adjust the appointment system to ensure it meets patients' needs.
- Provide guidance and training to relevant staff in the Mental Capacity Act 2005.
- Ensure that training provided to nurses in child safeguarding meets the requirements for level two.
- Review the needs of patients with learning disabilities to ensure their care needs are met.

Horsefair Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Horsefair Surgery

We undertook an inspection of this practice on 24 August 2016. The practice provides services from Horsefair Surgery, Banbury, Oxfordshire, OX16 9AD and Middleton Cheney Surgery, 4 Horton Road, Middleton Cheney, Banbury, Banbury, OX17 2LE. We only visited Horsefair Surgery as part of this inspection.

Horsefair Surgery has a modern purpose built location with good accessibility to all its consultation rooms. The practice serves 17,600 patients from the surrounding town and villages. The practice demographics show that the population closely matches the national profile for age spread, with a slightly higher proportion of older patients. According to national data there is minimal deprivation among the local population, although staff are aware of areas in Banbury where economic deprivation was a concern. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

The practice had been under pressure as a result of two partners being absent for long periods of time due to illness. Nursing vacancies also added to the pressure for staff in early 2016. As a result the practice had closed its registered list to new patients in agreement with the local

clinical commissioning group (CCG) and assessed its staffing structure and appointment system. This led to significant changes in the organisation structure of the practice and the way patients access appointments.

- There are three GP partners working at the practice, and three salaried GPs, including four female and two male. There are three practice nurses, two health care assistants and two emergency care practitioners (ECPs). A number of administrative staff and a practice manager support the clinical team.
- There are 6.5 whole time equivalent (WTE) GPs, 5.7 WTE nurses and ECPs and 1.8 WTE healthcare assistants.
- Horsefair Surgery is open between 8.00am and 6.30pm Monday to Friday. Middleton Cheney surgery is open from 8am to 1pm. There are extended hours appointments available two nights a week from 6:30pm to 8pm. There are also four additional phone consultation slots available after 6.30pm for patients to book if they needed to speak with a clinician after normal working hours. Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice had not been inspected by CQC previously.

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.

Detailed findings

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 24 August 2016. During our visit we:

- Spoke with a range of staff, including four GPs, members of the nursing team and support staff.
- Observed how patients were being cared for.
- 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

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, 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:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, when a patient with a potentially serious condition was being assessed by a clinician, a diagnostic procedure was undertaken but the results were mislaid. There was also an informal conversation between staff which was not recorded as part of the assessment. This led to a risk for the patient's wellbeing. The review of this incident was thorough. We saw it was discussed in staff meetings with action noted to prevent reoccurrence. The actions included only using an immediately transferable result from the diagnostic procedure in future and that any advice sought from colleagues when assessing such potentially serious conditions, could be booked in an allocated time slot so it could be undertaken properly and recorded.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.
- The practice reported incidents regarding external services via a shared reporting system.
- Patient safety alerts, including medicine alerts were recorded and reported to all staff. However, these were not discussed at clinical governance meetings to ensure that any action required was completed and changes to process were embedded.
- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. Nurses received the same in-house training provided to other non-clinical staff within the practice provided by the safeguarding lead. The lead GP told us they had designed the content to surpass level two child safeguarding. However, this may have been difficult for nursing staff to demonstrate as part of their continuous professional development. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were clinicians and had Disclosure and Barring Service (DBS) checks. (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). There was chaperone training booked for reception and nursing staff within the next two months. At the time of inspection health care assistants provided chaperoning but had not received training. The practice manager told us they would suspend this procedure until the staff they designated to attend upcoming chaperoning training had done so.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received relevant training from the local clinical commissioning group infection control lead. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available on the intranet. Clinical waste was disposed of appropriately. Reception staff were appropriately

Overview of safety systems and processes

Are services safe?

trained to assist patients in depositing medical samples. However, cleaning of medical equipment and was not recorded to ensure that this could be checked and verified.

- Medicines were not always managed safely. We checked three medicine fridges and found that two had recent temperatures recorded above recommended levels. During the inspection the cause was identified as the temperature checks taking place immediately after baby immunisation clinics, resulting in higher temperatures due to repeated use of the fridge. The recording of the checks took place at this time as well as the resetting of thermometers. The high temperatures were not recorded or reported as a risk related to monitoring of the fridges. No action was taken to ensure the monitoring was done at a more appropriate time and no provide assurance was sought that the fridges and thermometer were functioning properly. Staff undertook an investigation once we highlighted this concern. They concluded there was no risk to the efficacy of the medicines stored. The door to the rooms where vaccines and emergency medicines were stored was left open meaning any passing patients or members of the public had access to them. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw all staff were requested to provide Hepatitis B vaccination records.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and fire.
- There was annual testing for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff at the practice had received fire training. Fire equipment had been tested and maintained. The practice provided us with a completed fire risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was not fully risk assessed and equipment and medicines were not fully monitored:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. There was an oxygen cylinder available.
- There were emergency medicines onsite and these were available to staff. However, there was no hydrocortisone (which may be used in the event of a severe allergic reaction) and the practice had not assessed the risk of whether it would be required. We found diazepam (used in the event of an epileptic seizure) out of date from July 2016. There was equipment for assisting patients who may require assistance opening their airways out of date by over four years. The staff responsible for monitoring the medicines and equipment informed us the same equipment was stored at the branch practice and therefore the same medicine was likely to be out of date as it was ordered simultaneously.
- All staff had received basic life support training.
- Panic alarms were available in treatment rooms to alert staff to any emergencies.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 reviewing templates used to deliver patient reviews.
- The practice operated a telephone consultation service where every patient would be called back by a GP either within two hours for an urgent concern or 48 hours for routine concerns. Reception staff would ask if the call was urgent and could also determine this by asking about the nature of the concerns a patient had. However, we asked a receptionist whether there was a guidance or reference tool they used to ensure any high risk symptoms were prioritised, but they were not aware of one. This posed a risk that clinical concerns may not be picked up appropriately through this system and prioritised for a call back within two hours or more urgent medical attention.

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 showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 13% exception reporting compared to the national average of 9% and regional average of 10%. (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). No action had been taken to identify why exception reporting was so high and so many patients had not been

to attend health checks or had not received care in line with national guidance. The practice provided 2016 national QOF data which indicated that 100% of points had been achieved. However, this data was not yet externally validated. There was no breakdown of exception reporting which still appeared to be high in diabetes care.

Data from 2015 showed:

- Performance for diabetes related indicators was 89% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 16% compared to the CCG average of 13% and national average of 11%. The practice provided data that showed in 2016 the practice was achieving 99% of diabetes QOF points but exception reporting was 18%.
- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was higher than the national average (11%) and regional average (11%) at 16%. In 2016 19% of patients were exception reported. The proportion of patients on the mental health conditions register with a care plan was 88% compared to the local average of 89%.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. They had an audit planner which highlighted when audits needed to be repeated.
- For example, there was an audit into the fitting of contraceptives which was in the process of completion. The audit covered the period 2014/15 and was due to be repeated in December 2016. There were learning outcomes from the audit regarding failed fitting of contraceptive devices. The practice had suspended this service due to prioritising essential clinical care to its population whilst it remained short staffed.
- The GPs recognised that they were not repeating all audits as intended. Therefore audits were not completed and there was no assurance that improvements were being made as a result. This was due to the additional demand placed on GPs since they had lost partners to illness and had a significant reduction in their nursing team.

Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. For example, the practice identified a variation in the response to abnormal blood results which may indicate diabetes in mental health patients. The practice audited mental health patient reviews as a result. A learning session was organised and GPs were questioned on their knowledge and confidence in responding to the risk of diabetes in these patients. The responses following the session showed greater understanding among the GPs. The repeat audit had been planned for 2015, but due to staff absences creating pressure on GPs this had not been fulfilled.

The practice was able to inform us of how many patients had up to date reviews of repeat prescriptions and the process for prompting these with patients. There were 40% of patients with an up to date medicine review in June 2016. The practice had moved to birth month reviews for repeat prescriptions which required an annual review and patients who require long term conditions reviews. This staggered the workload over the course of a year. There was a pharmacy technician employed by the practice who assisted in recalling patients by adding a note to repeat prescriptions where a medicine review was required. GPs explained that they were always prompted in a timely way for any patients who needed a repeat prescription review. If they were satisfied that patients were able to continue with their medicines they were often not recording that any review had taken place. The GPs had identified this caused the poor recording of up to date medicine reviews and were in process of improving this on patients' records.

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 had 6.5 whole time equivalent GPs and this was due to drop to five in October. The practice was struggling to meet the demands of its patient population of 17,600 with this number of GPs. The low numbers were primarily caused by absence of GP partners due to illness.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. GPs had undertaken training to

provide specialist care within the practice. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.

- 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. However, the appraisals were overdue for 2016. We saw from records that many of these had been due in March 2016. At this time the practice was in the process of inducting new nursing staff. There was significant pressure on the practice in terms of meeting patient demand. Staff were still undertaken programmes of training.
- Staff received training that included: safeguarding, fire safety awareness, and 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 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was a list of 279 patients deemed at risk of unplanned admissions with a care plan in place.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- However, the practice had identified that nurses had not undertaken training in the Mental Capacity Act 2005. Although this was booked, there had not been any guidance made available to support staff in the interim.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, including the Gillick competency guidelines of consent in people under 16.

Supporting patients to live healthier lives

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

- There was a register of 54 patients receiving palliative care and 91% had care plans.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 326 patients offered stop smoking advice.

The practice's uptake for the cervical screening programme was 86%, which was similar to 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 did not undertake early diagnosis screening for dementia. In 2015 there were 74% of patients with dementia had a care plan in place.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 56% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 80% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice did not participate in the enhanced service of offering annual health checks to patients with a learning disability. The GPs had done this in the past but believed that the lack of responses to requests proved the service was not worthwhile. There was a register of 63 patients with a learning disability and seven had health checks in the last year. Any requests for health checks were responded to by the practice.

In 2015/16, 3.5% of eligible patients undertook chlamydia screening.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 96% (CCG 93%) and five year olds from 92% to 98% (CCG 95%).

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.

Twenty six of the 42 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced, although 16 also contained negative comments about access to phone lines and appointments. Patients said they felt the practice offered a caring service. They reported staff were helpful and treated them with dignity and respect. We spoke with a patient participation group member and they told us the service provided a caring service and they were respected by the staff and partners.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was similar to local averages for most satisfaction scores on consultations with GPs and nurses. The most recent results showed:

- 93% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% 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%
- 87% 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% national average of 85%.

- 98% of patients said the last nurse they saw was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 95% 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 on CQC comment cards. 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. 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 compared to the national and local averages:

- 92% 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%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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.

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 369 patients as carers which was 2.1% of the practice list. A carer's support charity was invited to have a stand in the reception area of the practice.

Are services caring?

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. Bereavement support was also available.

Clinicians were able to refer children to a specific child counselling service. In the last year over 40 children had been referred to the 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 planned its services accordingly. For example:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice cared for patients in six care homes and visits were organised where necessary. These patients had bi-monthly wellbeing reviews.
- The practice participated in a social prescribing project. This was part of a local GP practice initiative where patients could be referred for additional support related to care or social needs. In the last two years 45 patients had been referred.
- A local volunteer driving service was based at the practice without charge to enable patients who had difficulty attending the practice to use the service.
- Patients were able to receive travel vaccines.
- A hearing loop and translation services were available.
- The building was modern and accessible for patients with limited mobility or disabled patients.
- There were disabled toilets, baby changing facilities and breast feeding area.
- The local citizens' advice bureau ran a weekly clinic at the surgery.

Access to the service

Horsefair Surgery was open between 8.00am and 6.30pm Monday to Friday. Middleton Cheney surgery was open from 8am to 1pm. There were extended hours appointments available two nights a week from 6:30pm to 8pm. There were also four additional phone consultation slots available after 6.30pm for patients to book if they needed to speak with a clinician after normal working hours. A new phone consultation system had been implemented in July 2016 where patients would request a phone call back from a GP. Urgent requests were dealt with within two hours and priority was given to ill children or patients on risk registers.

Routine phone consultations were provided within 48 hours of the initial request, although the GPs aimed to call

back patients the same day if possible. The practice had studied similar models of this system in other GP practices to design a system that suited their patient population as well as they could. The partners explained this had been done due to the reduction in GP sessions as a result of partners absent due to illness and difficulty recruiting staff. As a result of this new system GPs provided 15 minute appointments to patients due to less face to face appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally higher than local and national averages. However, these results did not reflect the recent changes to the appointment system. It was too soon after the change for the practice to undertake a survey or auditing of this system, it was monitored closed to determine improvements to the system. The July 2016 national survey results showed:

- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 94% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 61% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

Feedback from comment cards and patients we spoke with showed some patients who had accessed the service in the last month had not found it easy to access a GP. Out of 42 comment cards 16 negative comments were made regarding the phone consultation system, but also four positive comments regarding the new system.

There were 997 patients registered for online appointment booking (16%).

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.

Are services responsive to people's needs?

(for example, to feedback?)

In 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, including home visits from an emergency care practitioner. 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.
- We saw that information was available to help patients understand the complaints system.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, we saw a complaint from a patient who was unhappy due to extensive information about their medical history being sent to a consultant during a referral, rather than just the pertinent medical notes. The practice apologised to the patient and changed the referral system so that only relevant information was sent.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The practice had two GP partners on long term leave due to illness and had lost members of its nursing team. In response locum GPs had been employed and a reorganisation of the nursing team had been undertaken. Emergency Care Practitioners (ECPs) had been employed to support the clinical team, particularly on home visits and in supporting older patients with complex needs.
- Due to the additional demand on the remaining GPs and nurses, a new appointment system had been implemented. The partners explained they were aware this new service would provide less contact for patients with clinical staff and was not the level of service they wanted to provide. However, they had carefully considered the options available to them in order to be able to continue providing a clinical care to patients and prioritising based on need and urgency. The partners explained that they were concerned the practice may not have been able to continue without making this change to the appointment system. The practice had negotiated capping (closing) its registered population to enable it to meet its current demands.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy. However, there were concerns related to the governance of the practice.

- A programme of continuous clinical and internal audit had been in place but due to the pressures on the practice this had not been maintained to the same standard over the last year. There was minimal audit ongoing which was used to monitor quality and to make improvements.
- Where the practice was an outlier for not including patients in care data, there was no monitoring of whether this was appropriate and whether the practice could include more patients in their data to ensure they received appropriate care and treatment wherever possible.

- Medicine reviews were not recorded and monitored appropriately.
- The governance of the practice had been affected by the lack of GP time available to lead the practice and due to changes in staff structure.
- 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.
- Most risks to patients were assessed and managed. However, risks regarding fridge monitoring, the monitoring of emergency medicines and medicine alerts were identified.

Leadership and culture

The partners in the practice demonstrated they had the experience and capability to run the practice. They were aware of the clinical concerns we identified when we highlighted these during the inspection visit and there were plans in place to try and mitigate some risks. However, we identified significant risks to patients regarding national data reporting and other clinical areas which had not been addressed. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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). 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 people 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 and we saw relevant minutes.
- 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.

Are services well-led?

Requires improvement 

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

- 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 via its patient participation group (PPG). The PPG reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in the changes to the appointment system. When this was proposed an emergency meeting with the PPG was held to consult the members of the proposed changes.
- The practice undertook the friends and family test. Figures from November 2015 to June 2016 showed that 92% of patients said they would recommend the practice.

- The practice had gathered feedback from staff through appraisals and meetings. However, partners and the manager were aware that appraisals in 2016 were overdue due to the problems faced by the practice in early 2016. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- The practice had undertaken a review of its staff structure and roles. It was identified that improvements to the clinical team would enhance services and relieve pressure from staff following the loss of GPs and nurses.
- Health care assistants were trained to provide services, previously undertaken by nurses to relieve some pressure from the nursing team.
- Weekly training sessions were implemented to support staff in their roles.
- There were additional phone lines added in order to deal with the increased demand required on the phones with implementation of a new call back appointment system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>The provider was not fully managing all risks to the health and safety of service users. Specifically risks related to medicines management, emergency equipment, clinical care, medicine reviews and the initial prioritization of patients by reception staff.</p> <p>This was in breach of Regulation 12 Safe care and treatment (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good governance</p> <p>There were not sufficient systems of clinical governance to ensure that the provider could assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity or assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 Good governance (1)(2)(a)(b)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Staffing
Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of patients and managing the regulated activities.
This was in breach of Regulation 18 Staffing (1)