

# Banbury Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Banbury Health Centre on 11 November 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough. For example, all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, and prescription tracking.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Low numbers of patients registered at the practice attended breast and bowel cancer screening appointments.
- Systems to monitor that training updates were undertaken in a timely way were not always effective.
- There was evidence of appraisals and personal development plans for some staff, but four staff were overdue an appraisal according to practice guidelines.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 32 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.
- There was an interpreter service, the practice website could be translated into multiple languages, and there was information about health conditions and services available in different languages.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

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

The areas where the provider must make improvement are:

- Ensure governance systems to assess, monitor and improve the quality of service are effective. For example, monitoring risk and taking action from risk assessments for fire, electrics, legionella, and prescription security. Reviewing and taking action against poor performance of cancer screening outcomes.
- Ensuring that staff deployed are suitably appraised and trained with updates to enable them to carry out

the duties of their role. Including training for permanent and locum staff in accordance with practice policy and developing systems to ensure effective monitoring and records are kept. Undertake appraisals in line with practice guidelines.

- Take steps to further improve the identification of patients who are carers and provide all of these patients with appropriate support and information about support organisations.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again .
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough. For example, all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, and prescription tracking.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average for most indicators.
- Low numbers of patients registered at the practice attended cancer screening appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Systems to monitor that training updates were undertaken in a timely way were not always effective for permanent and locum staff. Staff had not all undertaken training in line with practice policy for safeguarding, chaperoning, fire safety, basic life support, infection control, moving and handling, health and safety, equality and diversity, conflict resolution, and information governance. The practice had completed a number of risk assessments to mitigate risks relating to some training.
- There was evidence of appraisals and personal development plans for some staff, but four staff were overdue an appraisal according to practice guidelines.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to CCG and national averages for some aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 32 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided the premises and receptionist support for appointments provided through the Prime Minister's Challenge Fund.
- The practice provided appointments for registered and unregistered patients.
- Feedback from most patients was positive about appointment availability. However, some patients experienced difficulties with accessing appointments. The practice had developed an action plan to further improve upon appointment availability.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, services were provided to enable access for patients who spoke languages other than English, and patients with hearing difficulties, restricted mobility, and no fixed abode.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Requires improvement



# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough. For example, all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, prescription tracking, and training and appraisals.
- The provider was aware of and complied with the requirements of the duty of candour. The managers encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

# 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. The provider was rated as requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided immunisations relevant to this patient group, such as for shingles and flu.
- All patients in this group were allocated a named GP.
- There was a hearing loop and a lift to enable access for patients with mobility difficulties.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91% compared to the CCG average of 95% and the national average of 90%. However, there were high levels of exception reporting for some diabetes related indicators.
- Longer appointments and home visits were available when needed.
- Patients had a structured annual reviews to check their health and medicines needs were being met. For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were comparable for standard childhood immunisations.
- Children and young people were treated in an age-appropriate way.
- The practice's 2015-16 uptake for the cervical screening programme was 75%, which was lower than the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours.
- There was a lift to enable access for families with pushchairs.
- There were baby changing facilities and a table and chairs with toys for young children.
- We saw positive examples of joint working with midwives and health visitors.
- There was information relevant to children and families displayed in the waiting area, relating both to physical and mental health services.
- The practice provided contraception services and fitted contraceptive devices on weekdays and on some weekends. It also provided emergency contraception services seven days a week.

## **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). The provider was rated as requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 open between 8am and 8pm seven days a week, including bank holidays. Appointments were available for those who could not attend during normal opening hours.
- 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.

**Requires improvement**





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people who circumstances may make them vulnerable. The provider was rated as requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers, those with a learning disability, and others in vulnerable circumstances.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had registered 11 patients with no fixed abode and 23 travellers. Practice staff told us that they adapted methods of communication about appointment times to meet the needs of this patient group where needed. Staff told us that where appropriate they provided these patients with hot drinks, and had in the past provided new clothes.

Requires improvement



## 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). The provider was rated as requires improvement for safety, effective, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 87% and national average of 84%.
- Performance for mental health related indicators was 100% which was comparable to the CCG average of 96% and to the national average of 93%. However, there were high levels of exception reporting for some mental health related indicators.

Requires improvement



## Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# 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 performance was varied compared to local and national averages. 343 survey forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

The practice had developed an action plan to improve upon areas of difficulty identified in the patient survey

results. This included steps to improve availability of appointments and continuity of care, such as recruiting additional staff, adaptations to staff roles, and providing support and information to staff where required.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 77 comment cards and 76 of these contained positive comments about the standard of care received. Comments were that staff were pleasant, helpful, and supportive. Fourteen of the comments cards also described some areas of dissatisfaction which related to appointment availability and booking processes, and interactions with staff.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable. Feedback from the Friends and Family Test contained mixed comments from patients, with the majority of these being positive.

# Banbury Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP specialist advisor.

## Background to Banbury Health Centre

Banbury Health Centre is located in Banbury and is part of NHS Oxfordshire Clinical Commissioning Group. It is part of a GP federation, Principal Medical Limited. The practice resides on the first and second floors of converted premises that are accessible by stairs and a lift. There are seven consulting rooms and one treatment room.

The practice has approximately 6000 registered patients and also sees unregistered patients. The practice has patients from varying age groups with a high proportion of patients aged 0 to 5 years and 25 to 40 years. The area in which the practice is located is placed in the fifth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. The practice told us that there are large numbers of patients registered at the practice particularly from Poland, but also Romania, Hungary, and Asian countries. The practice stated that for approximately 40% of patients, English is not their first language.

There are three female salaried GPs and eight long term locum GPs. Salaried GPs provide 39 hours per week in total and longstanding locum GPs provide additional variable hours in line with clinical need. The practice employs four female practice nurses, one nurse locum, and three health care assistants. The practice manager is supported by two

deputy practice managers, and a team of administrative and reception staff. The practice was not a teaching or training practice for GPs, but provided placements for nurse trainees.

The practice is open and appointments are available between 8am and 8pm seven days a week. When the practice is closed patients can access the Out of Hours Service via NHS 111 service.

Services are provided via an Alternative Provider Medical Services (APMS) contract (APMS contracts are a contract between NHS England and general practices).

Services are provided from the following location:

Banbury Health Centre

58 Bridge Street

Banbury

Oxfordshire

OX16 5QD

CQC previously inspected this location on 19 February 2013 and it met required standards.

## 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 11 November 2016. During our visit we:

- Spoke with three senior management staff, two GPs, two nurses, the practice manager, one deputy practice manager, two receptionists and two administrative staff.
- Spoke with two patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 77 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in hard copy. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The practice carried out a thorough analysis of the 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. For example, when a medical referral had been requested in error, an investigation of the incident had been undertaken and appropriate action had been carried out to change the system for requesting referrals to minimise future errors. The practice also reported significant events using external systems to share learning with the GP federation and with practices in the locality.

We reviewed patient safety alerts and saw evidence that lessons were shared and action was taken to improve safety in the practice. The registered manager and practice manager both received, logged, and monitored patient safety alerts and told us that they disseminated these to other staff as appropriate. We noted that one of these logs contained comprehensive information about safety alerts and actions taken, but the other did not include all relevant safety alerts. The practice told us that they were in the process of employing a more centralised system for actioning safety alerts.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some systems for keeping patients safe were not comprehensive.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact within the wider organisation and contained contact details for external organisations and services if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding at the practice. However, information about who was the practice child safeguarding lead was incorrect in the practice policy. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Records indicated that GPs were trained to child safeguarding level three and nurses were trained to child safeguarding level two.
- Notices in the waiting rooms and consulting rooms in English and Polish advised patients that chaperones were available if required. All reception staff who acted as chaperones were trained for the role. However, two health care assistants had not received specific chaperone training in line with the practice policy and practice risk assessment. The practice risk assessment stated that staff could chaperone without a DBS if they had undergone appropriate recruitment checks, completed chaperone training, and were supervised by staff with an enhanced 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. The practice nurse was the infection control clinical lead and the practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored. However, there was not a process for systematically recording appropriate details for all prescriptions. A comprehensive log had not been completed for receipt of all prescription pads and appropriate records were not in place to track their location through the practice.
- One nurse had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Nursing staff administered vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files for GPs and nurses and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body.

### Monitoring risks to patients

Systems were in place to assess risks to patients, but these were not always fully mitigated.

- The practice had up to date fire risk assessments completed in July 2016. The practice had carried out one action to mitigate an issue identified as high risk in the assessment. However, there were 16 further actions to be completed within three months and not all of these had been undertaken in the recommended timescale. For example, additional fire signage had not been put in place and monthly fire extinguisher checks were not completed. Staff had undertaken fire safety training in line with practice policy, with the exception of one receptionist who had not completed the training. The practice told us that receptionists always worked with another member of reception staff and another clinical staff member so that there were sufficient staff to assist in the event of an emergency.
- All portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

was checked to ensure it was working properly. An electrical installation check had been undertaken in September 2016 which had said that the installation was unsatisfactory. Management staff told us that they were unsure whether appropriate action had been undertaken to remedy this.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- A legionella risk assessment had been completed in June 2016 which stated that no legionella had been detected (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment prior to this had identified an item to be rectified within six months, but this remained an outstanding action in the most recent legionella risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. This had recently been reviewed in order to further improve the availability of appointments.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had undertaken basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was accessible guidance available for staff about what to do in the event of different medical emergencies. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared to the (clinical commissioning group) CCG average of 98% and national average of 95%.

QOF data for 2015-16 showed:

- Performance for diabetes related indicators was 91% compared to the CCG average of 95% and the national average of 90%.
- Performance for mental health related indicators was 100% which was comparable to the CCG average of 96% and to the national average of 93%.

Exception reporting was higher than CCG and national averages for indicators in a number of domains. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice said that patients who did not attend for appointments were contacted by telephone and letter on multiple occasions in order to be invited to attend. The practice also stated that alerts on the computer screen were used to facilitate opportunistic reviews. Exceptions were reviewed by GPs and considered appropriate. An action plan had been developed to identify

further measures that could be used to improve QOF scores and reduce exception reporting, such as introducing leads to oversee different QOF areas and provide additional forums to review QOF figures on a regular basis.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last year, including audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, and peer review.
- Findings were used by the practice to improve services. For example, an audit had been undertaken to identify the number of patients who had received appropriate post-natal diabetes checks in accordance with NICE guidance. Results showed that 64% of patients had appropriate checks six to 13 weeks following pregnancy and 0% of eligible patients received annual checks following this. The practice presented findings to clinical staff to raise awareness of guidance and invited all eligible patients for appropriate checks. A register was also being established so clinicians would receive timely reminders to invite patients for tests.

### 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 fire safety, health and safety, emergency procedures, and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and staff received ongoing support. However, not all staff had received an appraisal within the last 12 months and the practice told us that four staff members were overdue appraisals. The practice showed us an action plan which indicated that they were aiming to complete all staff appraisals by the end of for 2016 and introduce a new more comprehensive appraisal process.
- Systems to monitor that training updates were undertaken in a timely way were not always effective for



# Are services effective?

## (for example, treatment is effective)

permanent and locum staff. Staff had not all completed training updates in accordance with practice guidelines in safeguarding adults and children, chaperoning, fire safety, basic life support, infection control, moving and handling, health and safety, equality and diversity, conflict resolution, and information governance.

- Locum staff were provided with an induction and verbal and written information about the systems at the practice. The practice told us that human resources kept details of training completed by locum staff and contacted locums when training was due to be updated.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff that we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those living in vulnerable circumstances, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided with in-house health advice or signposted to the relevant service.

The practice's 2015-16 uptake for the cervical screening programme was 75%, which was lower than the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. In 2014-15 The percentage of eligible patients screened for bowel cancer was 44% compared to the CCG average of 59% and national average of 58%. The percentage of eligible patients screened for breast cancer was 59% compared to the CCG average of 76% and national average of 72%. The practice also offered chlamydia testing and there was information available for patients about this at the practice.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 97% and five year olds from 86% to 96%. Childhood immunisation rates for the vaccines given to under two year olds for the CCG ranged from 95% to 97% and for England ranged from 73% to 95%. Childhood immunisation rates for the vaccines given to five year olds for the CCG ranged from 92% to 97% and for England ranged from 81% to 95%. The practice took measures to obtain health care information relating to immunisations for patients who had relocated from other countries. Information leaflets were provided to patients in a variety of languages to encourage uptake. Where patients did not attend for appointments reminder letters were sent in English, or in Polish if appropriate. The practice also liaised with the health visitor and other relevant professionals where needed.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice provided immunisations such as for shingles and flu. The practice had developed an action plan to further improve flu immunisation rates, which include steps such as advertising flu clinics at the practice and identification of staff members to lead in this area.

# 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.

We received 77 comment cards and 76 of these contained positive comments about the standard of care received. Comments were that staff were helpful, caring and treated patients with dignity and respect. Fourteen of the comments cards described some areas of dissatisfaction which related to appointment availability and booking and interactions with staff.

We spoke with one member of the patient participation group (PPG) and one patient. They also told us they were satisfied with the care provided by the practice and that staff were pleasant and helpful.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 92% 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 they received and felt listened to by staff. Patient feedback from the comment cards we received was mostly positive and aligned with these views. However, feedback in six of the 77 comments cards indicated that patients did not always feel supported by staff when accessing the practice.

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

- 91% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas in informing patients this service was available.
- Information leaflets were available in multiple languages and information was available on the practice website.
- Letters were translated into other languages where needed.
- The advertisement to participate in the Friends and Family Test was displayed in English and Polish.

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

## Are services caring?

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 32 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided the premises and receptionist support for appointments offered through the Prime Minister's Challenge Fund in order to support the provision of access to additional appointments for patients.

- The practice provided appointments for registered and unregistered patients between 8am and 8pm seven days a week including bank holidays.
- There were 21 patients with learning disabilities registered at the practice and longer appointments were available for these patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems and social circumstances that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop.
- There was a lift to enable access for patients with mobility difficulties and for families with pushchairs.
- There were baby changing facilities and a table and chairs with toys for young children.
- The practice had registered 11 patients with no fixed abode and 23 travellers. Practice staff told us that they adapted methods of communication about appointment times to meet the needs of these patient groups where needed. Staff told us that they would provide these patients with hot drinks, and had in the past where necessary provided new clothes.
- The practice provided appointments to vulnerable patients and implemented additional arrangements where necessary to ensure security.

### Access to the service

The practice was open and appointments were available between 8am and 8pm seven days a week. In addition to pre-bookable appointments that could be booked up to thirteen weeks in advance, urgent appointments were also available for patients that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Feedback from most of the comments cards was positive about appointment availability. However, seven of the 77 comments cards indicated difficulties with accessing appointments.

The practice had developed an action plan to improve upon areas identified in the patient survey results and previous audits. This included steps taken to improve availability of appointments and continuity of care, such as recruiting additional staff and providing support and information to staff where required.

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.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

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

- We saw that information was available to help patients understand the complaints system in written form and on the practice website.

We looked at 12 complaints received in the last 12 months and found that these were satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For

example, a complaint had been made relating to infection control procedures at the practice. An investigation was carried out, discussion took place in the clinical meeting, practices were reviewed, and information provided to staff regarding this. The practice met with the patient to discuss the complaint, apologise, and explain the actions being undertaken to resolve the issue.

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

- The practice had a mission statement and staff knew and understood the values. This related to the provision of equitable access and effective delivery of services.
- The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, risks to patients were not always fully mitigated:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, the practice told us that there was ambiguity about practice responsibilities for building checks and maintenance. They had arranged a meeting with the council in the week following the inspection to clarify this issue.
- Practice specific policies were available to all staff.
- There was a governance meeting attended by Banbury Health Centre staff and senior organisational management staff where performance was reviewed and information relating to policy and clinical governance was disseminated.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, and prescription tracking. There were not appropriate systems to monitor and record that that training updates and appraisals were undertaken in a timely way for all staff including locums. There were not appropriate processes for taking action against poor performance of cancer screening outcomes.
- There were not appropriate systems to identify and support all patients who were carers.

### Leadership and culture

On the day of inspection the staff at the practice told us they prioritised safe, high quality and compassionate care. Staff told us that the managers and GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The managers encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt supported by the managers at the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice advertised the PPG in the waiting area and on the practice website to recruit further members. The PPG met regularly and submitted proposals for improvements to the practice management team. For

# Are services well-led?

Requires improvement 

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

example, the PPG had suggested moving the position of chairs in the waiting areas so patients could view the television screen to view health information and the practice had done this.

- The practice had gathered feedback from staff through staff meetings and discussion and a staff feedback box was available. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following staff feedback, guidance to improve communications between clinical and reception staff had been

introduced and disseminated in order to improve continuity of care and clarity of role. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice provided the premises and receptionist support for appointments offered through the Prime Minister's Challenge Fund in order to support the provision of access to additional appointments for patients.



## 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 Nursing care Services in slimming clinics Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems and processes did not enable the registered person to assess, monitor and mitigate all 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.</p> <p>All reasonable steps had not been undertaken to monitor and mitigate risks associated with fire safety, electrical safety, legionella, and prescription tracking.</p> <p>There were not appropriate processes for taking action against poor performance of cancer screening outcomes.</p> <p>All reasonable steps had not been taken to improve the identification of patients who are carers and provide all of these patients with appropriate support and information.</p> <p>There were not appropriate systems to ensure that training and appraisals were up to date for all staff including locums.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care Services in slimming clinics	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Staff had not all undertaken training in line with practice policy for areas including safeguarding, chaperoning, fire safety, basic life support, infection control, moving and handling, health and safety, equality and diversity, conflict resolution, and information governance.

Not all staff had appraisals according to practice guidelines.

This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.