The Hart Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hart Surgery on 17 October 2016. Overall the practice is rated as good. However, requirements were required in providing effective services. Our key findings were as follows:

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

- There was a system in place for reporting and recording significant events and for learning to be circulated to staff and changes implemented where required. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.
- The practice was performing well on most clinical outcomes in terms of national data. However, national data suggested diabetic patients did not always access reviews of their conditions or meet standards of managing their care in line with national guidance. The practice had worked at improving this.
- There was very low exception reporting of patients indicating that the practice was reluctant to exclude patients from their data even if they did not attend for health reviews. The practice worked actively to encourage patients to attend for their health reviews rather than exception report on the basis of three contact attempts.
- Reviews of patients on repeat medicines were not always recorded properly to ensure this system was monitored properly and this had not been identified as an area for improvement or further monitoring.
- The practice planned its services based on the needs and demographic of its patient population.
- Patients' feedback suggested they felt well cared for and supported.
- 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 on the appointment system was used to make improvements regarding access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of continuous learning and improvement.

Areas the provide must make improvements are:

- Improve the processes for monitoring patient care to ensure improvements are made where necessary. Specifically, improve the monitoring and recording of medicine reviews, mental health physical checks and learning disability checks.

Areas the provide should make improvements are:

- Undertake further assessment and relevant testing for legionella to mitigate the risk of infection.
- Continue the work aimed at improving the care outcomes for diabetics.

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?

Good

The practice is rated as good for providing safe services.

- 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.
- Risks to patients were assessed and well managed. However, there was not a full risk assessment for legionella, but testing for the bacteria in the water supply did take place.
- Medicines were managed safely.

Are services effective?

Requires improvement

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

- The practice was not monitoring their performance and uptake of medicine reviews regarding repeat prescribing appropriately.
- There was poor recording regarding the uptake of mental health checks. Learning disability physical health check uptake was low. Both these issues had been recognised and an action plan was in place to improve this.
- The most recent published results showed 94% 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 6% 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).
- Diabetes results in national data showed improved performance results in 2015/16.
- Clinical audits demonstrated quality improvement.
- There was an ethos of staff development and training. They had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly or higher than 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.

Are services responsive to people's needs?

Good

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. For example:
- For any homeless patients staff facilitated temporary registration and permanent registration if required.
- Diabetes reviews were provided in patients' homes where they struggled to attend the practice.
- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance.
- 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?

Good

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was an open culture and all staff groups were committed to the need of the patient population.
- 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. However, some clinical monitoring required improvement, specifically the recording and monitoring of medicine reviews.
- 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 and learning. Staff were encouraged to undertake training and new roles where they wished to.

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

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility.
- The system for monitoring medicine reviews did not ensure they were always done when required.
- A hearing loop was available for patients with poor hearing.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- There was a dedicated TV screen for older patients.
- GPs regularly visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.
- Home visits were provided for diabetic reviews where patients found it difficult to attend the practices.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed the practice was mainly performing well compared to national averages. However, the system for monitoring medicine reviews did not ensure they were always done when required.
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- Home visits were provided for diabetic reviews where patients found it difficult to attend the practices.
- 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

Good

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

Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 83%, which was similar to the national average of 82%.
- 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.
- The practice provided staff with guidance on female genital mutilation and how to report and respond to any instances or risks of this occurring.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment system was poor in the national GP survey, in specific areas. The practice responded by implementing changes to the system in consultation with the patient participation group (PPG).
- Extended hours appointments were available one morning a week.
- The practice was proactive in offering online services
- A full range of health promotion and screening was available that reflects the needs for this age group.
- Travel vaccinations were available.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for vulnerable patients.
- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- Patients with no fixed address could register at the practice if needed.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was 92% compared to the national average 92% and regional average of 95%.
- The proportion of patients on mental health register with an up to date care plan was 89% and 24% had a physical assessment within the current year.
- The performance overall in 2015 was poor for physical assessments and in response the practice had undertaken action to improve the coding and recall for patients with mental health problems.
- 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.

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 265 survey forms were distributed and 130 were returned. This represented 1.25% of the practice's patient list.

- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 88% 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 nine patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were two which also contained minor negative comments about the appointments system. Comment cards noted how well supported patients felt by all staff We spoke with four members of the patient participation group (PPG). They were all very positive about the service provided by the practice and the caring nature of staff.

The practice undertook the friends and family test. Figures from August and September 2016 showed 91% of patients were likely or very likely to recommend the practice.

Outstanding practice

The Hart Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Hart Surgery

We undertook an inspection of this practice on 17 October 2016. The practice provides services from: The Hart Surgery, York Road, Henley On Thames, Oxfordshire RG9 2DR.

The Hart Surgery has a purpose built location with good accessibility to all its consultation rooms. The premises were built in the 1970s. All the consultation rooms are located on the ground floor There is a separate treatment room waiting area and all areas are accessible to wheelchairs and mobility scooters. At the time of inspection the partners were in discussion with local commissioners about moving to other premises in Henley, close to their current location.

The practice is contracted with NHS England to provide Personal Medical Services (PMS) to the patients registered with the practice. The practice serves 10,400 patients from Henley and the surrounding rural area. The practice demographics show that the population has a lower proportion of patients over 35 compared to the national average and a higher prevalence of patients between 40 to 65 years old and slightly higher proportion of patients over 65. The practice had a low proportion of patients from ethnic minority backgrounds. National data suggested there was minimal deprivation across the local population. 53% of patients registered have a health condition compared to the national average of 54%.

- There are four male and three female GPs working at the practice. There are five nurses, including two specialist nurses, two healthcare assistants and a phlebotomist. A number of administrative staff and a practice manager support the clinical team.
- There are 5.5 whole time equivalent (WTE) GPs and 3.1 WTE nurses and healthcare assistants. The nursing team included a nurse prescriber. The Hart Surgery is open between 8.00am and 6.30pm Monday to Friday. There are extended hours appointments available every Thursday morning from 7am.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.
- This is a training practice and two trainees were in placement at the practice.

The practice had not been previously inspected by CQC.

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 August2016. During our visit we:

- Spoke with a range of staff, including four GPs, three members of the nursing team and support staff based at the practice, including the management team.
- 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.

Good

Are services safe?

Our findings

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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. Incidents were discussed in meetings initially to identify any learning or changes to practice and then reported to staff via minutes or other communication. Significant events were then revisited every four months to ensure learning was embedded in practice.
- 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, a fridge failure had led to action as prescribed by the practice's cold chain policy (storage of medicines which require stocking at specific temperatures). Some medicines were disposed of and any patients who may have required re-administration of compromised vaccines were contacted. This was recorded and discussed at a clinical meeting. Learning outcomes were shared with staff.

Medicine and equipment alerts were received by the practice manager and reviewed by the duty doctor before deciding what action should be taken. They were then disseminated to the relevant staff.

Overview of safety systems and processes

- 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. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. Staff had access to guidance on female genital mutilation and the need to report any instances identified in patients under 18 years old. Safeguarding meetings for vulnerable adults and children were attended by GPs.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained 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 a supporting policy for chaperones.
- 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 and we saw the last audit was undertaken in August 2016. This identfied minor repairs and changes in the practice and we saw these were implemented. We saw most actions were completed. All staff received relevant infection control training. This included training for reception staff on how specimens handed in by patients at reception. Checks of cleanliness were undertaken and regular conversations with the cleaning contractor took place where improvements were required. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury). This was available to staff in consultation rooms and on the shared computer drive. Clinical waste was stored and disposed of appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and had expiry dates to indicate when they needed changing. These were within date.
- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. Records showed

fridges were within recommended levels. Blank prescription forms were logged out of storage when placed into printers and placed back into secure storage overnight (by writing the serial number so if they went missing they could be identified). We saw that medicines stored onsite were within expiry dates and stored properly. There were processes for disposing of out of date medicines. Nursing staff received training and had access to necessary information on administering vaccines.

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions (PSDs) were required these were properly recorded and authorised per patient. This ensured that patients received medicines in line with national guidelines and that they were safe to administer to specific patients.
- We reviewed three personnel files and looked a log of staff recruitment and background checks. We 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. This ensured that staff were fit to work with patients.

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 training 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.
- There were legionella tests undertaken on all water outlets annually to identify any risk of legionella occurring (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not identified whether testing of temperatures at water outlets was required to ensure water was at a temperature prevented the bacteria from breeding. .
- Staff at the practice had received fire training. There was a fire risk assessment. A log of maintenance, staff fire training and alarm testing was held.

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. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency. These were within expiry dates and stored appropriately.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

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.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.

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 97% of the total number of points available compared to the clinical commissioning group (CCG) average of 98% and national average of 95%. The practice has a rate of 6% exception reporting compared to the national average of 10% 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). The low rate for exception reporting indicated the practice was reluctant not to include patients in the data they submitted regarding their clinical achievement. For example, patients who may have poor self-management of their diabetes were not automatically excepted from the data, but the practice continued to try and work with the patients to improve their outcomes. This led to some poor QOF scores in diabetes, particularly blood pressure indicators.

Data from 2015 showed:

- In 2015 performance for diabetes related indicators was 78% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 6.6% compared to the CCG average of 13% and national average of 11%. The practice had undertaken work in 2015/2016 to improve diabetes achievement in QOF. The practice had recognised blood pressure indicators were poor in many patients and was working with them to try and improve their blood pressures. Unvalidated data from 2016 showed the practice had achieved 83% in all diabetes care outcomes, and indicated that exception reporting was 2.4%. Another reason for the low achievement was the very low rates for exception reporting, meaning many patients who did not attend for reviews were included in data, prompting higher negative data outcomes than if there was an average rate of exception reporting. This demonstrated the practice was reluctant to remove diabetics from their care data and rather improve their outcomes and uptake of reviews, lifestyle improvements and relevant treatment.
- There had been a project to identify patients with 'pre-diabetes' (those who present risk factors which may indicate that diabetes could develop). This had enabled the practice to provide lifestyle advice and regular checks to these patients in order to reduce the risk of or delay the development of diabetes and then manage any patients effectively if they do develop diabetes.
- Performance for mental health related indicators in 2016 was 100% compared to the national average 93% and regional average of 96%. The proportion of patients on mental health register with an up to date care plan was 89% and 24% had a physical assessment within the current year. In 2015 performance was poor for undertaking physical assessments of patients with mental health problems. In response the practice had undertaken action to improve the coding and recall for patients with mental health problems. Partners acknowledged the uptake still needed improving and they informed us they continued the work to improve uptake. This had improved from 4% recorded as completed the previous year. Although improvements were being made, there was still a low uptake for health checks.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, identified their own audits and national benchmarking. The practice had undertaken a broad range of audits in several clinical areas. We saw clinical audits undertaken by staff at the practice had been repeated and identified improvements in care.
- For example, there was an audit into the use of a specific medicine which the practice had identified itself as prescribing more than may be necessary. The repeated audit showed an improvement in the prescribing of this medicine.
- There was an audit planner which enabled the practice to monitor when audits were due to be repeated and who was due to do them.

Findings were used by the practice to improve some aspects of care. For example where health reviews for patients with mental health problems and learning disabilities were low, the practice had identified this needed to be improved.

However, there was a lack of monitoring medicines review data in order to drive improvements to patients' care where necessary. For example, the practice could not provide accurate data for from their record system on how many patients on less than four repeat medicines had up to date medicine reviews. The coding of this data was not being appropriately recorded to ensure the system was functioning properly. Of those patients on four or more medicines 85% had up to date medicine reviews. The partners acknowledged there was a lack of monitoring of this system. We reviewed five patients records where medicine reviews were required and found only one patient with an out of date review (by 10 days). The repeat prescribing policy did not allow patients to continue on repeat medicines for long period of time without a review being undertaken and several opportunities were used to prompt patients for a review.

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.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- 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 161 patients deemed at risk of unplanned admissions and 159 had a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There was awareness of the Gillick competency (obtaining consent from patients under 16) and supporting guidance in consent policies.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

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 17 patients receiving end of life care and all 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 991 smokers listed on the register and 940 had been offered stop smoking advice. Of those 55 were recorded as stopping smoking.

The practice's uptake for the cervical screening programme was 83%, 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.

Eligible patients were offered dementia screening (152). Of those eight had diagnoses of dementia. There were 116 patients on the dementia register.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 58% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 73% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offered annual health checks to patients with a learning disability. There were 24 patients on the register and 13 had completed health checks in the last 12 months. The practice had recognised the number of reviews achieved in 2015 was poor, with six out of 16 being done. Following this, work was done to identify more patients with learning disabilities and to improve the number of reviews to be completed. The practice had also added six new patients to their learning disability register in August 2016 which had shown up on the most recent search, and the checks had not yet been able to be performed.

NHS Health checks were offered to patients and 146 of those eligible had received one since April 2016 and 1388 in the last five years.

The practice offered chlamydia screening to its patients and 76 had been offered a test, 16% of the eligible population. There was no data on how many patients were screened.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% (CCG 93%) and five year olds from 94% to 100% (CCG 95%).

Good

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 nine patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were two which also contained minor negative comments about the appointments system. We spoke with four members of the patient participation group (PPG). They were all very positive about the service provided by the practice and the caring nature of staff. Comment cards noted how well supported patients felt by all staff.

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

- 96% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%
- 93% 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%.
- 96% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 94% 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:

- 93% 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%.
- 93% 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%.
- 93% 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. Staff told us about occasions when they had used the service.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 136 patients as carers which was 1% of the practice list. There was information provided to carers by staff when deemed necessary. A member of staff acted as a carers lead.

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

Good

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:

- For any homeless patients staff facilitated temporary registration and permanent registration if required.
- Diabetes reviews were provided in patients' homes where they struggled to attend the practice. This was part of the ongoing improvement plan for increasing diabetes achievement.
-
- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance.
- There were dedicated meetings for different vulnerable patient groups. For example, a dedicated meeting for palliative patients and for disabled patients.
- There was a dedicated GP for each of the three nursing and care homes the practice supported.
- There was a dedicated TV screen for older patients with relevant information on services and healthcare.
- The practice altered the appointment system to meet the needs of their patients. They trialled a telephone assessment system but found this did not suit the preferences of their patients and so amended the system further to try and improve access.
- 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.
- There was a hearing aid loop and one member of staff was a trained interpreter.
- Travel vaccines and advice were available
- The building was accessible for patients with limited mobility or disabled patients.
- There were disabled toilet facilities.
- Private breast feeding and a baby change facilities were available.

Access to the service

The Hart Surgery was open between 8.00am and 6.30pm Monday to Friday. There were extended hours one morning a week from 7am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower for local and national averages. For example:

- 77% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 51% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

However they were higher for other indicators on appointments:

- 93% 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%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

In response to poor feedback the practice undertook its own survey in Autumn 2015. This led to an action plan to improve the appointment system. A GP led telephone assessment system was trialled but feedback suggested patients did not find this system an improvement so it was removed. An increase in appointments was provided by employing a new GP. This provided an increase of 0.5 whole time equivalent GPs. A new phone system was implemented to improve access to phone lines. Named GP appointment slots had been implemented to improve access to a patient's own GP. The practice was undertaking a follow up survey to identify whether this had led to improvements in patient feedback. The national survey data may not include many patients who had experienced the amended appointment system when this was last undertaken.

A total of 2631of patients were registered for online appointments. Patients could also request repeat prescriptions online.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- 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, a complaint received from a relative who was concerned about the care of a parent led to an investigation into their care, a meeting with the complainant and response in writing. .

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice 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 considered the demands on its premises and the need to invest in improvements. The partners had therefore decided that a move to a local new build was a preferable idea. This was in the process of being negotiated with local NHS commissioners.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy.

- A broad programme of continuous clinical and internal audit demonstrated improvements where required.
- However, medicine review data had not prompted additional monitoring such as audit or patient record searches, to drive further improvements in the system for recording these reviews.
- Where the system of clinical governance identified improvements these were planned and implemented. For example, improving the uptake of learning disability and mental health physical checks was underway after poor performance in 2015.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services.
- Risks to patients were assessed and managed. This included medicines management, infection control and safeguarding patients from abuse.

Leadership and culture

The partners and manager demonstrated they had the experience, capacity and capability to run the practice. Staff told us the leadership team were approachable and always took the time to listen to all members of staff. Permanent and locum 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.
- 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 was very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in the redesign of the appointment system.

The practice undertook the friends and family test. Figures from August and September 2016 showed 91% of patients were likely or very likely to recommend the practice.

Continuous improvement

Are services well-led?

Good

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

- Surveys were used to focus on areas where patients identified improvements were required. This led to improvements in the appointment system and a re-survey to test outcomes for patients.
- Due to small numbers in the PPG the practice had developed a virtual PPG to improve engagement with patients.
- The GPs participated in local meetings regarding changes to services in health and social care in Henley to identify opportunities and risks to the practice and its patients.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The system of clinical governance did not always ensure that the provider monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity in regards to responding to national and internal data. Specifically in regards to patients not included in clinical medicine review data. There was recognition that improvement in mental health and learning disability health checks was required but improvement was not yet ensuring high quality of care for all patients. This was in breach of Regulation 17 Good governance (1)(2)(a)(b)