

# Dr Green and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Green and Partners on the 3 October 2016. The practice was rated as requires improvement for the provision of effective services. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Data showed patient outcomes were higher than or similar to the national average. A number of audits had been carried out. However, there was no future programme of audit to ensure continuous improvement.
- 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 a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, GPs had not completed fire and equality and diversity training. Mental capacity act training had not been provided to all staff.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, a number of patients on the day of inspection including written feedback indicated they had to wait a long time in the practice for their appointment.
- The practice had good facilities and was well equipped to treat patients and meet most of their needs. We noted on the day of inspection that there were some

# Summary of findings

accessibility concerns for patients with disabilities. For example, access to the reception area was through a manual door, there was no hearing loop installed and the reception desk was high with no lower level.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure training is provided to all staff in relation to fire safety, equality and diversity and the mental capacity act.

In addition the provider should:

- Ensure all patients on the learning disability register are invited and increase the number of patients receiving an annual review.
- Review how improvements can be made to the accessibility of the service for all patients.
- Review and take further action to address patient feedback about long waiting times in the waiting room before their appointment.
- Identify and develop a future programme of clinical audit.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

The management of medicines was effective. Including the storage, administration and security of prescriptions.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, there was no programme of future audit to ensure continuous improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were training gaps in some areas for the GPs, nurses and non-clinical staff. For example, fire safety and the mental capacity act.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- 61% of patients with a learning disability had received an annual review.

# 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Support was available at the practice for those suffering bereavement or that had caring responsibilities for others. The practice had identified 189 patients, who were also a carer; this amounted to 2.7% of the practice list

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. However, patients had raised concerns previously about the length of waiting time before they were seen for their appointment in the practice. The practice had made some changes but on the day of inspection this was still a concern to patients.
- The patient participation group was active and supported the practice with changes and improvements to services.
- There was a focus on continuous learning and improvement at all levels.

# 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 was rated as good for providing services to older people.

- 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 identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- Some areas of accessibility within the practice required improvement. The practice did not have an induction hearing loop and access to the reception area may be difficult for some patients.

Good



### People with long term conditions

The practice was rated as good for providing services to people with long-term conditions.

- Nursing staff 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 similar to the national average.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol being within a satisfactory range was 83%, which was statistically similar than the CCG (84%) and national (81%) averages.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c being within a satisfactory range was 81%, which was statistically similar than the CCG (79%) and national (78%) averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

The practice was rated as good for providing services to families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had encouraged and been successful in ensuring younger people were members of the practice patient participation group.

## Working age people (including those recently retired and students)

The practice was rated as good for providing services to working age people.

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. There was an increasing contact from patients by email and text. The practice used social media to promote the services of the practice.
- Daily phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

## People whose circumstances may make them vulnerable

The practice was rated as good for providing services to people whose circumstances may make them vulnerable.

Good





# Summary of findings

- The practice registered patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All patients with a learning disability were invited to attend the practice for an annual health check. Thirty one patients with a learning disability were registered as a patient at the practice. Data for 2015/16 showed 19 of the 31 patient's (61%) had received an annual health check.
- 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.

## People experiencing poor mental health (including people with dementia)

The practice was rated as good for providing services to people experiencing poor mental health and those with dementia.

- 84% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015), was the same as the national average.  
Performance for mental health related indicators was similar to the national average.
- The percentage of patients experiencing poor mental health have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 83%, which was statistically similar than the CCG (89%) and national (88%) averages.
- The percentage of patients experiencing poor mental health whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 92%, which was statistically similar than the CCG (89%) and national (90%) averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# 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 in line with local and national averages. We saw 245 survey forms were distributed and 120 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 national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Three patients provided mixed feedback and a common theme was around accessing routine appointments and waiting a long time at the practice to see the GPs.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, a number of patients raised concerns about the time they were made to wait in the practice before their appointment. They often reported long delays. On the day of inspection we found patients waited between 15 and 50 minutes to see the GP. Other patients described how they were unhappy with having to advise the receptionist of why they needed an appointment or describing their symptoms.

# Dr Green and Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspection Manager. The team included a GP specialist adviser and a CQC assistant inspector.

## Background to Dr Green and Partners

Dr Green and Partners is more commonly known as Cogges Surgery and is located in Witney, Oxfordshire. The practice was founded in 1991 as part of new housing development in Cogges neighbourhood. Dr Green and Partners is a within Oxfordshire Clinical Commissioning Group and provides personal medical services to approximately 6,900 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Cogges Surgery, 12 Cogges Hill Road, Witney, Oxfordshire, OX28 3FS.

According to data from the Office for National Statistics, Oxfordshire has a high level of affluence and minimal economic deprivation.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly higher than average number of patients aged between 35 and 54 years of age and under 14 years of age.

Ethnicity based on demographics collected in the 2011 census shows the population of Witney and the

surrounding area is predominantly White British with less than 3% of the population from an Asian or a Black background. The practice provides GP services to six local care homes.

Dr Green and Partners comprises of four GP Partners (two female and two male) and one salaried GP (female). The all-female nursing team consists of one nurse practitioner, one practice nurse and one health care assistant who provides phlebotomy services. The practice manager is supported by a team of reception, administrative and secretarial staff who undertake the day to day management and running of Dr Green and Partners.

The practice had core opening hours between 8am and 6.30pm Monday to Friday. Extended hours were available for routine pre-bookable appointments every Monday between 6.30pm and 7.30pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

## 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 3 October 2016.

During our visit we:

- Spoke with a range of staff () and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescribing error had been identified where a patient had been given the incorrect medicine. The practice contacted the patient and liaised with a local specialist regarding additional treatment or tests to check for adverse effects. The prescribing error was discussed between the clinical team to share the learning. Following the incident, the practice requested an alert be added to the clinical system as there was another medicine with a very similar name. They also reported the incident to the national reporting and learning system.

Medicines & Healthcare products Regulatory Agency (MHRA) and drug alerts were received, shared and actioned upon receipt. All alerts were logged and actions recorded.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice provided cryotherapy (the use of extreme cold in surgery or other medical treatment.) for some treatments. Liquid nitrogen was collected from another practice in the area prior to the patients' appointment. We saw a risk assessment which outlined precautions staff took to ensure the safe transfer of the nitrogen.

- On the day of inspection, building work was in progress and scaffolding had been built around some areas of the practice. A risk assessment had been undertaken by the contractor and the practice to ensure any identified risks were mitigated. We saw evidence of the risk assessment and the actions taken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had 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. Copies of the plan were kept off site in the event of an emergency occurring out of hours.

# 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. The practice overall exception rate for 2014/15 was 8%, which was lower than the CCG of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was the national average.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 83%, which was statistically similar than the CCG (84%) and national (81%) averages.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 81%, which was statistically similar than the CCG (79%) and national (78%) averages.

- Performance for mental health related indicators was similar to the national average.
- 97% of patients on the mental health register had a care plan and up to date physical checks.
- The percentage of patients with poor mental health who have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 83%, which was statistically similar than the CCG (89%) and national (88%) averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 92%, which was statistically similar than the CCG (89%) and national (90%) averages.

We reviewed the QOF exception data for Dr Green and Partners and noted higher exception reporting in three clinical areas.

- Atrial Fibrillation exception reporting was 16%, which was higher than the CCG (11%) and national (12%) average.
- Asthma exception reporting was 23%, which was higher than the CCG (8%) and national (7%) average.
- Heart failure exception reporting was 17%, which was higher than the CCG (11%) and national (9%) average.

The GP specialist advisor reviewed the exception reporting and found the reasons for exception were satisfactory and in line with national guidance.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years, 10 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an antibiotic use audit, an improvement was noted including adherence to guidelines.



# Are services effective?

## (for example, treatment is effective)

- Whilst a number of audits had been completed in the last two years, the practice did not have a defined audit programme to ensure continuous improvement in the future.

Information about patients' outcomes was used to make improvements. In 2014, the practice had identified that the blood pressure monitoring of patients with diabetes was lower (66%) than the clinical commissioning group (CCG) average of 70%. The initial findings demonstrated that patients did not have their blood pressure taken or managed when attending for other appointments. A discussion was held between the GPs in the practice and their management of patients with diabetes. In particular, around the taking and recording of a patient's blood pressure. Changes to practice were implemented to ensure more patients had their blood pressure taken at the required intervals. This included following up invitations to patients and opportunistic testing. In 2015, a second audit demonstrated an increased number of patients (77%) with diabetes had a blood pressure recorded on their patient record and where required, relevant treatment provided. A more proactive approach to treatment of abnormal results showed 58% of patients had received a follow up and treatment changes to support the management of their condition. This was a marked improvement to the 38% achievement in the previous year.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Clinical staff had received an appraisal within the last 12 months or through revalidation. The practice policy was to offer a member of non-clinical staff an appraisal every year but an annual appraisal was not mandatory.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- On the day of inspection, we reviewed the training records of staff. We found that four GPs had not undertaken fire safety or equality and diversity training. We also found that all staff had not received training or provided with an awareness of the mental capacity act (MCA). The practice manager has also confirmed that information about the MCA has been circulated to all staff and displayed in the practice.
- Following the inspection the practice provided evidence that the GPs had undertaken fire and equality and diversity training. Additional mental capacity act training was booked for all practice staff in October 2016. The practice manager advised that all three areas would be added to the practice training programme in the future.

### 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

# Are services effective?

## (for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. There was a limited knowledge of the Mental Capacity Act 2005 and how this should be applied in general practice.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Chlamydia screening was offered
- There were 486 patients on the smokers register and 439 patients had been offered smoking cessation advice in 2016/17. Smoking cessation advice was provided by trained clinicians in the practice. Local and national support services were also promoted by the practice.
- Dementia screening took place and 12 patients had been diagnosed with dementia in 2016/2017.
- Of the 31 patients on the learning disability register only 19 patients had received an annual review in 2016/2017. The practice advised us that patients on Learning Disability Register were invited for an annual health check by sending them an 'Easy Read' letter with a specific appointment and request to change this date if not convenient. However, some of these patients

declined the invitation and/or failed to attend the booked appointment, despite a reminder telephone call from the practice secretary a few days in advance of the appointment.

- 13 patients on the end of life register had a care plan to support their palliative care needs. A gold standards framework was applied to patients with palliative care needs and regular multi-disciplinary meetings took place to ensure patients received consistent care and treatment from all healthcare organisations.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England indicated uptake was similar or slightly higher than local and national averages:

- 60% of patients at the practice (aged between 60-69 years) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 75% of female patients at the practice (aged between 50-70 years) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (75%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

# Are services effective?

(for example, treatment is effective)

under two year olds ranged from 95% to 99% and five year olds from 92% to 100%. Compared to CCG averages of 95%-97% for two year olds and 91% to 97% for five year olds.

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

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Three comments cards had mixed feedback, which described long waiting times in the practice before appointments and accessing routine appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%).

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%)
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%)

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

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

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

- 90% 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%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

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

## Are services caring?

- Information leaflets were available but not in other languages.
- The PPG had identified that the practice information leaflet may not be easy for some patients to read. The group suggested to the practice that the leaflet be produced in easy read format. At the time of inspection the leaflet was being designed with the support of local learning disability services.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients as carers (2.74% 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- To improve access for patients the practice can refer their registered patients to a local neighbourhood access HUB, which allowed patients to attend urgent appointments on the same day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- A hearing loop was not installed. The practice had consulted with the patient participation group and following discussion had agreed not to install a loop. This decision was made because the practice actively identified patients with hearing difficulties on the system, allowing staff to offer appropriate support as required.
- The reception desk was all one height. However, there was a lower level window that was suitable for patients who may find the reception counter height a block to communication. This was accessed from the main patient corridor and allowed direct communication with the reception team.
- We noted automatic doors were used to access the lobby and the waiting room. However, there was a

manual door from the lobby and waiting room into the reception area. Patients with mobility issues, those in wheelchairs or parents with children may have difficulty with accessing the reception area without assistance.

- Online services were available for patients to book appointments and order repeat prescriptions. At the time of inspection 3,485 patients were registered to use the online service.
- The practice provided services to patients who were from the travelling community.
- The practice provided services to patients in local nursing homes. One GP undertook a weekly visit to review patients, ensure medication and care plans are up to date, and liaise with the care home staff.
- Invitations to attend long term condition reviews were provided by letter, email and text messaging.
- The practice had a social media page which provided information for patients about the practice services.
- Community teams including midwives, health visitors and school nursing team were based at Cogges Surgery and worked closely with the practice team to support patients.
- The practice worked closely with the local primary school around child health promotion.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm and 1.30pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm and 7.30pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Practice Nursing Team appointments were available from 8am – 6.30pm.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 37% of patients waited less than 15 minutes for their appointment compared to the CCG average of 64% and national average of 65%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 33% of patients felt they did not have to wait too long to be seen compared to the CCG average of 57% and national average of 58%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, patients we spoke with on the day of inspection raised concerns about having to describe their symptoms and health issues to the receptionist. Another common theme from the patients we spoke with on the day of inspection and feedback in the comments cards confirmed that some patients felt they waited too long in the practice to be seen by their GP. The practice had recognised the lower patient survey results and had made some changes. Including educating patients to request a double appointment if they need to discuss more than one health concern. On the day of inspection we found patients waited between 15 and 50 minutes to see the GP.

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.

Patients could request a home visit in the morning by calling before 10.30am or for the afternoon by calling before 12.30pm. Additionally patients could request a home visit throughout the rest of the working day.

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. Information was available for patients in the waiting room, in the patient leaflet, on the practice website and also on the reception desk.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in line with the practices complaint policy. 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 received from a patient who had received a voicemail message about a pneumococcal vaccination appointment. The patient had misunderstood the message and became concerned that they had been diagnosed with pneumonia. The patient was also contacted to explain the meaning of the text message they had received. Subsequently, the practice reviewed the text messaging service and asked the patient participation group to consider alternative wording to prevent a misunderstanding again and make the message clearer.

In another example, a patient had provided video evidence of their child's symptoms for the GP to review. There was a delay in referring the patient until after the parent had provided further video evidence of the symptoms. The practice recognised the delay was of concern and had reviewed the presentation of these symptoms in young patients. They had discussed this as a group and learning was undertaken to further understand the condition and symptoms presented.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had developed a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- At a recent strategy meeting the practice had considered the NHS five year forward view and GP retirement and succession planning to ensure services to patients improved and maintain consistency and continuity of care.
- More recently the practice had considered the impact of a local practice closing and the potential of an increased number of patients who may wish to register with Dr Green and Partners. Plans had been discussed to address how the practice could extend the services and current use of the building. This included the flexibility to reconfigure the practice to facilitate more consultation and treatment rooms. The practice had worked with other practices in the area to submit an impact assessment to the local clinical commissioning group, in order to ensure services were maintained and patient safety was not compromised.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. However, we found learning disability reviews were undertaken for only 19 of the 31 patients on the learning disability register.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included assessments for current building work.
- Training records did not always reflect the training undertaken. We also noted that training for equality and diversity, fire safety and the mental capacity act had not been undertaken by all members of the practice team.

### Leadership and culture

Partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected 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.
- 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. We noted team away days were held regularly, with the last one held in September 2015.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG supported the development of the easy read patient leaflet they had been involved the discussions around the neighbouring practice closure and impact to services and current registered patients.
- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and team discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We spoke with members of the practice team who told us that they were able to suggest improvements. For example, one member of staff shared a suggestion to reorganise the medical records storage system, which

would make it easier to locate patient records. Other staff reported how the reception team had asked for a staff uniform. Both of these suggestions had been considered and implemented.

## 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.

- The practice works with eight other GP practices in the west of Oxfordshire federation. A GP federation is a group of GP practices that decide to collaborate to provide improved access and quality whilst reducing variation in general practices' services. The practice is participating in local pilots such as the early visiting service, where emergency care clinicians work closely with GP practices to provide home visits to patients who are housebound, frail or elderly.
- Staff were supported to develop their skills. The practice had a study/training policy to support staff with further learning. The healthcare assistant had recently been trained to administer some vaccinations to patients. Nursing staff were encouraged to undertake training towards their continuous professional development.

Where enhancements to patient experience were identified through the PPG or feedback they were acted on. For example, implementing early appointments from 8am for blood tests and providing hand gel beside the check in screen in the waiting room.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	<b>How the regulation was not being met:</b>
Maternity and midwifery services	The registered person did not ensure that all staff had training to undertake their role and support patients accordingly. Specifically, providing training in fire safety, equality and diversity and the mental capacity act.
Surgical procedures	
Treatment of disease, disorder or injury	This was in breach of regulation 18 (1)