Dr Uden & Partners

Quality Report

Bampton 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?	Requires improvement
Are services effective?	Good
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 Uden & Partners on March 16, 2016. 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.
- However, cleaning was not up to standard in all clinical areas, the spill kit was out of date, staff were not receiving infection control training at induction, and some non-clinical staff were occasionally acting as chaperones without appropriate training or confirmed DBS checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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We saw one area of outstanding practice:

The practice offered a holistic approach to end of life care and for those with complex needs through individual care plans and multi-agency liaison along with close involvement with patients' families and nursing home staff. This included recording care and resuscitation wishes for all patients with dementia at the local nursing home; GPs providing mobile phone numbers and attending out-of-hours home visits in the final days of life. The practice had also worked with the parish council to ensure that the needs of elderly and vulnerable patients could be met in the event of an emergency incident. The practice's work in care planning for older patients had reduced its unplanned hospital admissions rate for this population group, and had been noted by the Oxfordshire CCG as an example of good practice.

The areas where the provider must make improvements are:

- Ensure that infection control audits are thorough to ensure the identification and addressing of concerns, including cleaning of clinical areas, infection control training at induction, and that equipment is in-date.
- Ensure that any staff acting as chaperones are trained, risk assessed and DBS checked.

In addition the provider should:

- Ensure that emergency equipment is calibrated regularly within the appropriate time periods
- Undertake work to identify more patients as carers, and review its carers' list regularly.
- Ensure that all members of the nursing team receive an annual appraisal.

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?

Requires improvement

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

- There was evidence that the levels of cleanliness and the monitoring of cleaning standards required improvement in all clinical areas at both practice locations.
- Some non-clinical members of staff were acting as chaperones without appropriate training and DBS checks.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of 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 higher than others for several aspects of care.

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- 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.

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 and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, including the Witney Neighbourhood Access Hub and Early Visiting Service, which were set up with by the WestMed Federation of GP practices, of which the practice is a member.
- 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.

Are services well-led?

Good

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about 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.
- There was a strong 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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of older patients with complex needs or residing in the village nursing home, through individual care plans and multi-agency liaison and primary healthcare team meetings. This work has reduced unplanned hospital admissions rates for older patients, and has been noted by the Oxford CCG as an example of good practice.
- The practice offered proactive, personalised palliative care to meet the needs of patients nearing the end of life through individual care plans and multi-agency liaison, along with close involvement with the patients' families, providing GPs' personal mobile phone numbers and arranging out of hours visits when appropriate. It ensured that these care plans were immediately accessible to other emergency and out of hours medical services when required.
- The practice had an excellent working relationship with the local nursing home, with daily GP visits.
- The practice had been actively involved with the parish council's emergency planning to ensure that the needs of elderly and vulnerable patients identified by the practice could be met in the event of an emergency incident, such as the flooding which impacted on the village a few years ago.

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 patients at risk of hospital admission were identified as a priority.
- Data available demonstrated that the monitoring and management of patients with diabetes was comparable to CCG and national 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.

Summary of findings

- GPs had specialist training in diabetes and cardiology
- Practice nurses were trained in leg ulcer dressing to avoid hospital attendance, and liaised with podiatry for shared diabetic foot care.
- The entire nursing team were trained smoking cessation counsellors, and undertook cardiac risk assessments by invitation.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Regular multi-agency primary health care team meetings attended by the local health visitor allowed discussion about children at risk of harm, and maintained awareness within the practice of any domestic violence concerns and children in foster care.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 72% of patients diagnosed with asthma had their condition reviewed in the last 12 months, in line with CCG and national averages.
- 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.
- 82% of female patients aged 25-64 had attended for a cervical screening test in the last five years, in line with CCG and national averages.
- 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.
- Siblings were often seen opportunistically during appointments made initially for other family members,
- A dedicated paediatric nurse undertook all child immunisations, and occasionally arranged home vaccinations for serial defaults.
- The female GP was trained in IUCD fitting and implants, and emergency contraception was available daily via the telephone triage system.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. These including early morning appointments and late evening appointments one day a week
- GP appointments and nurse appointments were available to encourage attendance for smoking cessation advice, cervical screening, to support chronic conditions, and for travel advice and vaccinations.
- 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.
- Appointment reminders were sent via email and text.
- Cardiovascular risk assessments were offered by invitation to working age patients who may not otherwise be regularly attending the practice.
- Clinical staff had recently attended training to improve the practice's uptake of chlamydia screening by patients aged under 25.

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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients, including Primary Healthcare Team meetings attended by the local health visitor to update on safeguarding concerns and disability issues.
- 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.

Summary of findings

- The practice held a register of patients with learning disabilities, and these were invited to have an annual health assessment to review their needs. In the last year, 30% of those invited had attended a review.
- The practice held a register of carers, to identify their needs, offer signposting and offer respite. There were 188 carers on this register, which represented 1% of the patient list.
- Patients with a hearing impairment were identified, and alternative ways of contact were arranged, including use of email for making appointments, and sign language support on attendance.
- The practice held a list of vulnerable adults alongside the parish council's emergency plan, to ensure that they received appropriate intervention in the event of severe weather or flooding.

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).

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan drawn up in the last 12 months, which is above the national average. The practice worked to achieve this number by recalling for review all those who were not seen routinely or who were not under the care of the Community Mental Health Team.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Regular appointments with a familiar practice nurse for patients receiving depot medicines had established a good rapport, and assisted with early alert of relapse or medicine default.
- A counsellor held regular sessions at the practice, and referral were also made to Talking therapies.
- The practice carried out advance care planning for patients with dementia, including those in the local nursing home, including recording care wishes and resuscitation status to make staff and out-of-hours healthcare providers aware, and involving relatives when appropriate.
- Identification of dementia cases had improved in the last year, and those caring for dementia patients and those experiencing poor mental health were encouraged to register with the practice as carers to improve their access to local support services and respite

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 published in January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 118 were returned. This represented 1% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 76%.
- 93% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 82% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, which were almost all positive about the standard of care received. The majority of cards expressed that staff were kind, caring and respectful, that patients felt listened to and treated with dignity, and treatment was provided in a timely and efficient manner. The only negative comment related to a patient's perception of their GPs communication style.

We spoke with 15 patients during the inspection. All 15 patients said they were happy with the care they received and thought that staff were approachable, committed and caring. The Friends and Family Test results showed that 94% of patients would recommend this surgery to someone new to the area.

Areas for improvement

Action the service MUST take to improve

- Ensure that infection control audits are thorough to ensure the identification and addressing of concerns, including cleaning of clinical areas, infection control training at induction, and that equipment is in-date.
- Ensure that any staff acting as chaperones are trained, risk assessed and DBS checked.

Action the service SHOULD take to improve

- Ensure that emergency equipment is calibrated regularly within the appropriate time periods
- Undertake work to identify more patients as carers, and review its carers' list regularly
- Ensure that all members of staff receive an annual appraisal.

Outstanding practice

The practice offered proactive, personalised care to meet the needs of older patients with complex needs or nearing the end of life, through individual care plans and multi-agency liaison along with close involvement with patients' families and nursing home staff. This included recording care and resuscitation wishes for all patients with dementia at the local nursing home; GPs providing mobile phone numbers and attending out-of-hours home visits in the final days of life; and work with the parish council to ensure that the needs of elderly and vulnerable patients could be met in the event of an emergency incident. The practice's work in care planning for older patients had reduced its unplanned hospital admissions rate for this population group, and had been noted by the Oxfordshire CCG as an example of good practice.

Dr Uden & Partners

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, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Uden & Partners

Dr Uden & Partners provides GP services to more than 8,200 patients in the rural area around the village of Bampton and nearby small town of Carterton in the Cotswolds. The area has an estimated low level of socio-economic deprivation, and the population are considered to have a life expectancy in line with the national average. There is a lower prevalence of disability living allowance claimants and people with health-related problems than is found nationally. The practice has more patients aged over 45 than the national average, and fewer aged 44 and below.

The practice offers GP and nursing consultations from two sites approximately four miles apart, and dispensing services from its Bampton Surgery. Patients are given the option to be seen at either practice and staff work across both sites. The practice also looks after one care home and one residential school for pupils with emotional difficulties.

The practice has three male GP partners who share the lead roles, one female salaried GP, and one further salaried female GP who is due to return from maternity leave shortly. The practice has used locum GPs during her absence, and current GP provision is 3.9 whole time equivalent. There are four nurses and two healthcare assistants with a 2.5 whole time equivalent nursing provision. There is also a team of dispensing staff who are employed by the practice but work as dispensers in the attached pharmacy, which is owned by the practice's partners under a different company name.

A month before the inspection the previous practice manager left the post, meaning that there was no manager in role at the time of the inspection. The practice is currently receiving support one day a week from its previous practice manager, and additional support from practice managers within other local practices. In addition, there is an IT administrator, two medical secretaries and nine receptionists, a contract cleaner and a gardener.

The main surgery is at Bampton Medical Practice, a purpose-built two storey building, with ample parking including designated disabled parking spaces. It has a ramp to the entrance and an automatic entrance door leading to an open reception area and large waiting room. There are five GP consultation rooms and two nurse treatment rooms, all accessible from the waiting area. The pharmacy is based in the building and provides the practice's dispensing service to patients.

The surgery is open from 8.15am to 6.30pm Monday to Friday, with appointments available from 8.30am to 11.50am and 3pm to 6.30pm. It also offers extended GP and nurse surgeries from 6.30pm to 8.30pm one evening a week, on a rotating basis

The branch surgery is based at Carterton Health Centre in an older purpose-built single storey building shared with the branch surgery of another local practice which owns the building. The practice has two consulting rooms and one nurse treatment room, all accessible from the waiting area. The branch surgery is open 8.30am to 1pm Monday to Friday, with appointments available within those hours.

The practice has opted out of providing out of hours care for patients when the surgeries are closed. This service is

provided by Primary Medical Ltd, which is accessed by calling the NHS 111 telephone number. In addition, patients who are unable to secure same day appointments at the surgeries are referred to the local Neighbourhood Access Hub in Witney.

Dr Uden & Partners provides services from two sites:

Bampton Medical Practice

Landells

Bampton

OX18 2LJ

and

Carterton Health Centre

Alvescot Road

Carterton

OX18 3LJ

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 March 16, 2016. During our visit we:

- Spoke with a range of staff including four GPs, two nurses, two health care assistants, the stand-in practice manager, the office & IT support manager, the superintendent pharmacist, receptionists and administration staff.
- Spoke with patients who used the service and members of the Patient Participation Group.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

Requires improvement

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incorrect amount of vaccine was administered to a patient by a member of the nursing team. The duty GP and the patient's consultant were informed. The patient received an apology, the incident was discussed in the nursing team meeting.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 GP for adult and child safeguarding, and GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff had received training relevant to their roles, with all the GP partners and five members of the nursing team having recently completed Level three Child Safeguarding. We saw evidence that patients with safeguarding concerns were flagged on their records, and the practice kept a list of vulnerable patients with its emergency business continuity plan.
- Chaperones were available if required. However there were no notices advising patients of this. The practice's policy was that any chaperoning would be undertaken by nursing staff, but we spoke to non-clinical staff who said they had occasionally been asked to chaperone.. We were unable to confirm if all staff acting as chaperones had received a Disclosure and Barring Service (DBS) check, as not all DBS certificates were in the personnel files. 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.
- Staff told us that they had some cleaning concerns at the Carterton Health Centre where the other practice managed the cleaning contract. As a result clinical staff had taken it on themselves to maintain cleanliness and hygiene in the clinical areas.
- At the Bampton surgery, we found heavy dust on the medical fridges, and the spillage kit was almost 12 months beyond its expiry date.
- One of the practice nurses 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 although there was no formal training on induction, clinical staff demonstrated a good knowledge, for example, of the sharps injury policy. 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 and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a

system for production of Patient specific directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse were on the premises.

- Dispensing services were provided by staff employed by the practice but working within the attached pharmacy based at the Bampton surgery. We observed the dispensing service to be managing and storing medicines securely.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. Disclosure and Barring Service certificates were not evident in all files reviewed, and the practice was unable to source all the certificate numbers.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Most 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).
- However, we found one policy lacking in clarity in its application, with some non-clinical staff occasionally acting as chaperones without recent training.
- 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 that enough staff were on duty, and the practice made use of a number of regular GP and nurse locums.

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 an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks at both sites. 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 fit for use, although the pulse oximeter in the emergency kit at Carterton was beyond its calibration date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan, which had been drawn up in liaison with the parish council's own emergency planning following flooding in the area, included emergency contact numbers for staff, and identified elderly and vulnerable patients who may require additional support.

Good

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 100% of the total number of points available, with 7% exception reporting, which was below the clinical commissioning group (CCG) average of 10% and a 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 (100%) was better than the CCG (89%) and national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests (86%) was similar to the CCG (80%) and national average 80%).
- Performance for mental health related indicators (100%) was better than the CCG (93%) and national average (93%).

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits undertaken in the last two years, three of these were completed audits. Where improvements were required they 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, a recent audit on the use of antibiotics to treat women with an uncomplicated urinary tract infection (UTI) found that of 25 non-pregnant women diagnosed with a suspected UTI in one month in 2015, only three had been prescribed a three-day course of antibiotics in accordance with current prescribing advice provided by the Oxfordshire Adult Antimicrobial Prescribing Guidelines for general practice. The other 22 patients had been prescribed up to a 10-day course, usually a seven-day course. Following the initial audit, GPs were asked to follow the advice to issue three-day scripts to relevant patients. A second data collection found that out of 32 women, 25 had been issued with a three-day course, meaning that 78% of patients had been prescribed antibiotics in line with current guidance. As this was just short of the audit target of 80%, findings were discussed with the GPs, and it was found that there was an increased awareness of the issue and a willingness to continue the improvement.

Information about patients' outcomes was used to make improvements, such a recent audit on the use of regular thyroid function blood tests for patients currently prescribed an anti-arrhythmic drug most commonly used in the treatment of atrial fibrillation. The audit was initiated after a patient prescribed the drug, who had previously been given an annual thyroid function test, was found to have an under-functioning thyroid gland. Patients prescribed the drug were invited for tests and a computer alert was set up, which increased the number of patients having thyroid function tests six monthly rather than annually. The results of the audit were discussed by the practice's primary health care team, and GPs were asked to inform patients of the need for the tests, add alerts to the patient records when the drug was prescribed, and checking that the tests were performed when the patients attend for medical review.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All but one member of the nursing team had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Infection prevention control training was not currently included in the induction programme.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Members of the nursing team had trained as smoking cessation counsellors, and although some patients were signposted to the Smoke Free Life Oxfordshire clinic in Witney, out of 10 who had received counselling at the practice, five had ceased smoking.
- Where patients were nearing the end of life, the practice liaised closely with district nurses and a MacMillan nurse via regular primary healthcare meetings to draw up and deliver personalised palliative care plans. Management

Good

Are services effective?

(for example, treatment is effective)

at a local care home, which is served by the practice, described how the GPs would provide anticipatory medicines to be kept on site when a patient entered the final stages of life, and often visited out of hours in the last few days.

- Additional Support services were available at the practice on a regular basis, including district nurses, health visitors, midwifery, counselling, physiotherapy, podiatry, a palliative care specialist, the Community Mental Health Team, and wound care. Patients were also able to access other local services via the practice, including the Witney Hub for additional on-the-day GP appointments, the Oxfordshire Early Visiting Service for same day home visits, ultrasound, echocardiography, endoscopy, hearing aid services, the Oxfordshire Community Integrated Locality Teams for re-enablement and help at home support, and specialist community nursing, including wound care, respiratory, heart failure and palliative care
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 74% 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, 71% of female patients aged 50 to 70 had been screened for breast cancer in the last three years compared to the CCG average of 75% and the national average of 72%. 59% of patients aged 60 to 69 had been screened for bowl cancer in the last 30 months compared to the CCG average of 59% and the national average of 58%.
- Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 89% to 100% compared to the CCG average of 90% to 97%, and five year olds from 93% to 99%, compared to the CCG average of 92% to 98% .

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. These were undertaken during routine appointments rather than dedicated clinics. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two cards mentioned that the waiting time for appointments had decreased considerably in the last year, since a new system had been introduced.

We spoke with two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected All the 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 97%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 89% and 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 on the comment cards we received was also positive and aligned with these views.

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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

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.

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 engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning and late evening GP appointments for working patients who could not attend during core hours, and an additional extended hours nursing service one evening a week. This included appointments to encourage smoking cessation, cervical smear test uptake, to assist those with chronic conditions, and offer convenient travel advice and vaccinations for students starting at university.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these, including regular visits to the nursing home in the village, and out-of-hours palliative care visits as required, often in the GPs own time.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, occasional home vaccination visits to children who had not been brought into the practice, seeing children opportunistically when they attended the practice with siblings, and identifying a regular practice nurse to deliver depot injections and build a relationship with those requiring them to improve the likelihood of early identification of relapse or default.
- The practice had also worked to build a positive relationship with the local traveller community by allowing flexible patient registration for those who lived elsewhere for some of the year, and had received feedback that the service they offered to the community was better than that found in other parts of the country.
- There was a named GP for a local residential school for children with emotional difficulties, and the school nurse described the support received as positive.

Access to the service

The practice's main surgery was open between 8.15am and 6.30pm Monday to Friday, with appointments available between 8.30am and 11.50am, and 3pm and 6.30pm. It also offered extended GP and nurse surgeries from 6.30pm to 8.30pm one evening a week, on a rotating basis.

The branch surgery was open from 8.30am to 1pm Monday to Friday, with appointments available within those times.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 75% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 67% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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 in the waiting room and on the website to help patients understand the complaints system.

We looked at 15 complaints received in the last 12 months and found that these were satisfactorily handled and dealt

Good

Are services responsive to people's needs?

(for example, to feedback?)

with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained after seeing a locum GP who had not followed the prescribing recommendation of their hospital consultant. We could see from the complaints file that the patient had been telephoned by one of the partners on the day that the complaint was received and that the patient had been content with the resolution of the issue and the prompt actions taken.

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 a mission statement which was displayed in the waiting areas 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.

Governance arrangements

The practice had an overarching governance framework which mostly supported the delivery of the strategy and good quality care. However, improvements were required.

- 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
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was in the process of reviewing its governance process and structure. As part of this, risk audits need to be reviewed and improved to ensure that issues identified at inspection, including cleaning, infection control training, equipment expiry dates and chaperoning were addressed and monitored effectively.

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- 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 through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested the late evening surgeries which were now held once a week, and had been active in campaigning to keep district nurses based at the surgery; although this was not within the remit of the practice, the PPG felt that the practice had supported its voice in being heard, and the resulting decision to keep a district nurse base in Bampton was felt to be a PPG achievement.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through team meetings, appraisals and informal 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.

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. As part of the WestMed Federation of GP practices, it was an active user of pilot schemes set up with funding from the Prime Minister's Challenge Fund, including Witney Neighbourhood Access Hub for additional emergency GP appointments, and the Early Visiting Service to assist with assessing potential unplanned hospital admissions. The practice was working closely with the local CCG to develop Tier 2 cardiology services.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Specifically. They had failed to identify the safety risks to patients associated with not applying appropriate pre recruitment checks or risk assessments which determine which staff roles required a DBS check. And They had also failed to identify the safety risks to patients associated infection control. The latest audit not picking up the cleaning issues at both practice sites; the lack of infection control training for staff and spillage kits that were passed their expiry date. This was in breach of regulation 12(1)(2)(a) and (h)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.