

# Berinsfield Health Centre

## Quality Report

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Date of inspection visit: 20 July 2016  
Date of publication: 09/09/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Berinsfield Health Centre on 20 July. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- Risks to staff and patients were not always fully assessed or well managed. For example risks relating to staff training, safety of the premises, medicines management, infection control, equipment, and recruitment checks had not been fully assessed or mitigated.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Most 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Policies did not always reflect appropriate guidance.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Introduce a system to make sure that all staff have undertaken adequate training appropriate to their role.
- Revise policies to reflect appropriate guidance and legislation and ensure the staff understand and follow these.

# Summary of findings

- Ensure appropriate assessments and actions have been taken and recorded for the maintenance and operation of the premises in relation to fire safety, gas safety checks, electrical installation checks, and legionella.
- Replace the kit for cleaning body fluids for one that is in date and introduce a system to monitor the expiry date.
- Store blank prescriptions securely and implement further measures to track their use at all stages.
- Ensure patient specific directions are appropriately used and completed.
- Make sure that clinical staff have access to appropriate medicines and equipment to treat emergencies when on home visits.
- Obtain and use the correct colour bins for disposal of sharps.

- Ensure that the infection control audit tool captures infection control concerns adequately and that actions to rectify concerns are carried out promptly.
- Ensure that appropriate recruitment checks are documented.

The areas where the provider should make improvement are:

- Carry out risk assessments to determine which staff should receive DBS checks.
- Make sure that the business continuity plan contains up to date and comprehensive information to enable it to be used in an emergency.
- Take steps to improve rates of infant meningitis C vaccinations.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The provider had not assessed, monitored, or mitigated all risks.
- The safeguarding policy was not in line with national guidance.
- Patient specific directions were not worded appropriately and signed before the patient was identified.
- Blank prescriptions were not stored securely and there was not a robust system to monitor their use.
- The practice did not dispose of clinical waste in appropriate colour sharps bins.
- The infection control audit tool did not capture infection control concerns adequately and actions identified had not been carried out.
- The practice had not carried out actions identified in the fire risk assessment.
- There were no records of actions identified in the legionella risk assessment having been carried out.
- The practice was not following its own policy in relation to carrying out DBS checks on all staff.
- The business continuity plan did not contain up to date staff information.
- There was not always appropriate documentation of recruitment checks.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

**Requires improvement**



# Summary of findings

- The practice average for infant meningitis C vaccinations was lower than the CCG average.
- Clinical audits demonstrated quality improvement.
- Staff did not always have appropriate training to deliver effective care and treatment.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice as similar to others for several aspects of care.
- Most 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?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it had liaised with these organisations when considering and planning for future staffing changes at the practice.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had some good facilities 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?

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

Requires improvement



# Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- 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. However, these did not always reflect local guidance.
- There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. Risks relating to staff training, safety of the premises, medicines management, infection control, equipment, and recruitment checks were not always assessed, monitored, or mitigated.
- 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. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was information available for older patients in the waiting area and on the practice website.
- The practice provided local nursing homes with weekly visits from a single GP. This model of care had been used as the template for an Oxfordshire wide enhanced service for other practices. The practice told us that participating practices accounted for around 50% of the Oxfordshire nursing home population, and accounted for 76% of the year-on-year reduction in unplanned admissions from nursing homes across the county. The practice had audited deaths in nursing home patients registered at the practice. They found that all patients had an advance care plan and had died in their preferred place of death.
- A named GP was available for all older patients.
- The practice reserved GP and nurse appointments each day for patients who used the community transport service.

**Requires improvement**



### People with long term conditions

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average.

**Requires improvement**



# Summary of findings

- GPs routinely provided 15 minute appointments for all patients, enabling more time to assess and treat patients with multiple and complex conditions.
- Home visits were available when needed.
- Patients with long term conditions were encouraged to have a named GP. Patients had 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.
- Patients received written care plans if needed.
- There was information available for patients with long term conditions in the waiting area and on the practice website.
- The practice reported achieving high flu vaccination rates for people with long term conditions compared to locality figures.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with locality figures 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 85%, which was comparable to 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. Same day appointments were available for children and babies.
- We saw positive examples of joint working with midwives, health visitors and nurses.
- There was information available for children, young people, and families in the waiting area and on the practice website.
- The practice held health education events for children and families at the practice and children's centre.

**Requires improvement**





# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety, effective, and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Test results were available online, over the telephone, and in writing.
- The practice provided an electronic prescribing service so prescriptions could be collected at a location of patients' choice.
- There was information available for working age patients in the waiting area and on the practice website.
- The practice offered evening appointments two evenings a week and morning appointments on alternate Saturdays. Telephone appointments were also available.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances.
- 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.

**Requires improvement**



# Summary of findings

- 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.
- There was information available for patients living in vulnerable circumstances in the waiting area and on the practice website.
- Annual health checks were provided for all patients with a learning disability. However, written care plans were not provided and the practice did not use aids to enhance communication if required.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety, effective, and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 85% and the national average of 84%.
- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder, and other psychoses who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 88%, which was comparable to the CCG average of 89% and national average of 88%.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was information available for patients experiencing poor mental health in the waiting area and on the practice website.
- The practice provided a primary care memory assessment service to aid faster diagnosis and assessment for dementia.
- The practice referred patients to in house psychological therapists, counsellors, and an addictions specialist nurse who were not directly employed by the practice.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing higher than or in line with local and national averages. 242 survey forms were distributed and 109 were returned. This represented 2.3% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Feedback was that staff were pleasant and helpful and provided good treatment.

We spoke with three patients during the inspection. Two of three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient reported feeling dissatisfied with the care received and told us that they were not treated kindness and respect.

# Berinsfield Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Berinsfield Health Centre

Berinsfield Health Centre is located in Wallingford. The practice has approximately 5000 registered patients. The practice has a high proportion of patients aged 45 years and above.

There are three GP partners and three salaried GPs. There are two male GPs and four female GPs. GPs provide approximately 27 clinical sessions per week in total. The practice employs two female practice nurses and one health care assistant. The practice manager is supported by a team of administrative and reception staff. The practice provided training to medical students and GPs and nurses in training.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

Berinsfield Health Centre

Fane Drive

Berinsfield

Wallingford

Oxon.

OX10 7NE

When the practices are closed patients can access the Out of Hours Service via NHS 111 service.

Initial registration assessment determined that the practice was non-compliant with a minor impact for all regulated activities in relation to two of the regulations in 2013.

## 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.

## 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 20 July 2016. During our visit we:

- Spoke with two GP partners, one salaried GP, one trainee GP, one practice nurse, one phlebotomist, the practice manager, one receptionist and one administrator.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- 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 patients 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 verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again if appropriate.
- 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, the practice had introduced a new system to ensure that changes to medicine prescriptions were communicated clearly to all relevant parties, including the pharmacy, patient, and carers. The practice shared learning with relevant staff via meetings, email, and online video link.

### Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep patients safe from harm:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. There were lead members of staff for safeguarding adults and children. The policies and flowcharts at the practice outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities.

- GPs were all trained to child protection or child safeguarding level 3. Nurses were trained to child safeguarding level 2 and the health care assistant was trained to child safeguarding level one. The practice told us that a risk assessment had been carried out to ensure that staff received the appropriate level of safeguarding training.
- Notices advised patients that chaperones were available if required. Only clinical staff acted as chaperones and all staff who acted as chaperones 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). One member of staff told us that they had undertaken chaperone training. However, the practice manager told us that they did not know whether the necessary training had been undertaken by all staff acting as chaperones and there was not a system for monitoring this.
- We observed the premises to be mostly clean and tidy. However, patient chairs were made of fabric and some were stained and there was no established deep cleaning schedule available. We saw that the practice had discussed deep cleaning requirements with the cleaning company. The practice nurse was the infection control clinical lead and had recently taken up this role. However, they had not yet received training to ensure that their knowledge of infection control was comprehensive and up to date. There was an infection control protocol in place. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the audit tool did not assess against all relevant areas for infection control such as whether furniture coverings and methods of cleaning these were appropriate. There were no purple lidded bins for the disposal of cytotoxic and cytostatic waste used by the practice. Therefore, clinical waste was not always being disposed of appropriately. The practice audit had shown that sinks and taps should be replaced in clinical areas for infection control purposes. The practice showed us emails from 2014, 2015, and 2016 to NHS property services requesting that this work should be done but on the day of the inspection the issue had not been resolved. As a registered body the practice was responsible for ensuring that it met registration

## Are services safe?

requirements relating to infection control and the maintenance of the premises. Records showed that not all staff had received infection control training and there was no clear process for monitoring who had undertaken required training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. Blank prescription forms and pads were not securely stored and there were no comprehensive systems in place to monitor their use. The practice received boxes of blank prescriptions from the adjoining pharmacy but there was not a system for logging these out of the pharmacy. One box of blank prescriptions was not stored securely and could be accessed by cleaning staff. One GP carried a prescription pad in his bag during home visits, but the serial numbers were not recorded to allow these to be tracked. Patient Group Directions had been adopted by the practice to 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. However, patient specific directions were not worded appropriately and directions were signed before patients were identified, meaning that there was not a robust process for GPs to assess the patients' medical history and treatment before it was provided.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. 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. Vaccine fridge temperature checks took place. We noted a second thermometer was not in use to ensure the fridge temperature was correctly maintained if the main fridge thermometer was faulty.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken for one person prior to employment. However, in the other file for a member of administrative staff there were no records of employment history, references, or

application form. The practice told us that this was because the person did not have a previous employment history and was known to members of senior staff at the practice.

- The practice manager told us that all clinical staff had DBS checks, but that the decision had been made not to carry out checks for administrative and reception staff. There were no risk assessments to outline this decision making process. The safeguarding adults policy stated that all staff working at the practice should have two references and have been DBS checked. Therefore, recruitment procedures were not in line with the practice policy.

### Monitoring risks to patients

Risks to patients were not always fully assessed or well managed.

- There were not always robust procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety protocol available which contained information for staff. The practice manager was the health and safety lead at the practice. However, they had not received training to ensure that their knowledge of health and safety was comprehensive and up to date. The practice manager told us that they would seek guidance from the Health and Safety Executive where needed, but that they did not routinely receive health and safety updates. The practice told us that NHS property services were responsible for managing the building. However, the provider was responsible for ensuring compliance with registration requirements relating to the premises.
- The practice had a fire risk assessment which had been carried out in February 2015 which described a number of required actions. On the day of the inspection there was no paperwork available to determine whether all actions had been carried out. However, one of the recommendations was for signage to be displayed on the door of the room where oxygen was stored. This had also been identified in a previous fire risk assessment in October 2013. However we saw this action had not yet been completed. The practice told us that there was ambiguity about whether it was the responsibility of the practice or of NHS property services to carry out the fire risk assessment. Fire alarm checks were carried out on a



## Are services safe?

weekly to fortnightly basis. Emergency lighting was checked in June 2016 and before that in August 2015. Fire drills were carried out in July 2016 and November 2015.

- An electrical installation check was undertaken in 2010 and a gas safety check in 2014. The practice did not have up to date electrical installation checks or gas safety checks.
- The practice had a legionella risk assessment in 2015 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice told us that it was the responsibility of NHS property service to carry out all control measures relating to legionella. There were no records available on the day of the inspection to determine whether the required measures had been carried out.
- Electrical equipment was checked to ensure the equipment was safe to use.
- Clinical equipment was checked to ensure it was working properly.
- 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. Appointment availability for the forthcoming week was reviewed on a weekly basis. Where there were not enough free appointments, GPs worked additional hours to ensure that there was no shortfall.

### Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to some 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.
- There were records indicating that staff had received basic life support training. However, for one member of staff this had taken place over a year ago.
- The practice had a defibrillator available on the premises with adult pads. There was oxygen with adult and children's masks. The practice manager told us that an external company checked and replaced the oxygen every year. A first aid kit and accident book were available.
- Emergency medicines were available 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.
- GPs gave flu immunisations at the surgery and one GP did so in a small number of patients' homes. However, they did not carry an anaphylaxis pack when providing flu immunisations in patients' homes. The practice told us that flu immunisations were provided at home only if flu immunisations had been previously given. However, there may have been a small risk of avoidable complications through not carrying an anaphylaxis pack and GPs were not following medical guidance.
- The kit for cleaning up body fluids was out of date in March 2015.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, staff contact details needed updating.



# 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 held regular meetings to ensure that all relevant staff were aware of NICE updates.
- The practice monitored that these guidelines were followed through 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, which was higher than the CCG average of 97% and national average of 95%. The exception reporting rate for the practice was 7%, which was low compared to the CCG average of 10% and the England 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 to 2015 showed:

- Performance for diabetes related indicators was similar to the national average and in some cases higher. For example, the percentage of patients in whom the last blood pressure reading was within the recommended range (measured in the past 12 months) was 88%, compared to the CCG average of 80% and national average of 78%. Diabetic patients had a written action

plan given to them. However, the practice did not send blood and measurement results to diabetic patients prior to their clinical review as is recommended in guidelines.

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the preceding 12 months was 83%, compared to the CCG average of 85% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken following audit included adding a pop up box on the computer reminding GPs to prescribe medicine to reduce the side effects of long term steroid medicine.
- Information about patients' outcomes was used to make improvements. For example, an audit of patient data led to improved systems for ensuring patients with atrial fibrillation received appropriate assessment and treatment and were coded correctly on the computer.
- The practice formally reviewed all deaths and separated these into expected and unexpected deaths at their monthly palliative care / unplanned admission meeting. This was to ensure all appropriate assessment and treatment had taken place and identify any learning points. These meetings were attended by district nurses, GPs, practice nurses, and palliative care nurses.

### Effective staffing

Staff did not have all the necessary training to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. Clinical and non-clinical staff also spent time shadowing staff members before working independently.

# Are services effective?

## (for example, treatment is effective)

- Staff had access to some training. However, not all staff had received appropriate training in health and safety, chaperoning, and infection control. Basic life support training was in need of updating for one person.
- The practice had undertaken some role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions and end of life care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to training.
- Some of the learning needs of staff were identified through a system of appraisals and meetings. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. GPs were individually responsible for ensuring their re-validation. Trainee GPs had an allocated mentor during each session and this person was named on the rota. Staff had received an appraisal within the last 12 months.

### 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis and care plans were routinely reviewed and updated for patients with complex needs. The practice held a weekly referral meeting and used IT systems to monitor and audit referrals to other services and to ensure that appropriate action was taken to provide alternative treatment within the practice if appropriate.

### 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- 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, patients with learning disabilities, patients with mental health difficulties, those at risk of developing a long-term condition. The practice recalled all patients with pre-diabetes annually for further screening, but did not systematically recall patients with a history of gestational diabetes or obese patients for diabetes screening. Patients received in house support or were signposted to the relevant service. In house smoking cessation advice was available.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by sending reminder letters and they ensured a female sample taker was available. There were systems in place to ensure results were received for samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of females, age 50-70, screened for breast cancer in the last 36 months was 77% which was similar to the CCG average of 75% and national average of 72%. The percentage of patients, age 60-69, screened for bowel cancer in the last 30 months was 55% which was similar to the CCG average of 59% and national average of 58%.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were mostly comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 98% and five year olds from 94% to 98%. For the CCG childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% and five year olds from 92% to 98%. Figures for infant meningitis C vaccinations were 83% which was lower than CCG figures of 90%.

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.

GPs had provided a number of educational events in locations to meet the needs of patients on topics such as child health.

# 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 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one members 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. Two of three 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 comparable in relation to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 85% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 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

Two of three patients told us they felt involved in decision making about the care and treatment they received. One patient said that they sometimes felt involved with decisions about their care. Two patients 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. One patient said that they felt that consultations were rushed. Patient feedback from the comment cards we received was positive. 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 higher than local and national averages. For example:

- 89% 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%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available .
- Written care plans were not provided for patients with learning disabilities and the practice did not use aids to enhance communication if required.
- The practice carried out advance care planning.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support organisations 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 117 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

The practice referred patients to in house psychological therapists and counsellors who were not directly employed by the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had liaised with these organisations when considering and planning the future staffing changes at the practice.

- GPs offered 15 minute routine appointments for all patients to ensure that consultations were not rushed and so that patients with complex difficulties or more than one health problem could receive appropriate treatment.
- 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.
- There was a lead GP who visited nursing homes on a weekly basis to provide health advice and treatment for patients living at these locations. This model of care had been used as the template for an Oxfordshire wide enhanced service for other practices. Participating practices accounted for around 50% of the Oxfordshire nursing home population, and accounted for 76% of the year-on-year reduction in unplanned admissions from nursing homes across the county. The practice had audited deaths in nursing home patients registered at the practice. They found that all patients had an advance care plan and had died in their preferred place of death.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All appointments were offered on the ground floor and arrangements were made to ensure that the practice was accessible for patients with restricted mobility.

- The practice made specific appointment slots available for patients who used the community transport service due to having a number of patients who did not live locally
- The practice had a system for enabling patients with no fixed address to register.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm daily. Extended hours appointments were offered on two varying evenings per week where on these days the practice was open until 7pm, and also on alternate Saturdays between 8am and 11pm. 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 higher than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

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

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.

This was done by GPs telephoning patients to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

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

- 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 in the form of a summary leaflet and information was available on the practice website.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, when the practice received a complaint about behaviour in the waiting room it took appropriate action to ensure that all patients were aware of expectations regarding behaviour in the waiting area.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a 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 strategy and some supporting plans which reflected the vision and values.

### Governance arrangements

The practice had an overarching governance framework, however significant areas of weakness were identified. The framework did not ensure that risks were assessed, monitored, and mitigated effectively.

- Staff were not always aware of their own roles and responsibilities relating to health and safety and building maintenance. Risks relating to health and safety had not been appropriately assessed and mitigated in relation to legionella, electrical safety checks, and gas safety checks.
- Practice specific policies were available to all staff. However, in one area the child safeguarding policy did not reflect relevant local guidance on training. It stated that GPs should attend a generalist safeguarding course. Documentation from Oxfordshire Safeguarding Children Board stated that this was equivalent to safeguarding level 2 and that safeguarding level 3 training was appropriate for GPs. All practice GPs had undertaken level 3 safeguarding training.
- There were not always robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Risks relating to infection control had not been fully assessed and appropriate action had not been undertaken.
- Staff had not all received appropriate and up to date training.
- There was not an appropriate system for ensuring that blank prescriptions were tracked and stored securely. Patient specific directions were not used appropriately.

- We identified inconsistent recruitment checks and recruitment records were incomplete. A DBS risk assessment had not been undertaken to identify which non-clinical staff required the security check.

### Leadership and culture

The partners in the practice told us they prioritised high quality and compassionate 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 for 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 or written apology as appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Staff who were unable to attend in person could contribute to meetings through an online connection.
- 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 that the practice held half day away days for the staff to discuss the workings and future of the practice.
- 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



# Are services well-led?

Requires improvement 

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

The practice encouraged 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following PPG feedback the practice had implemented a system where patients could speak with receptionists in a private room to discuss personal concerns.
- The practice was aware of the results from the GP patient survey. However, results had not been shared with all staff groups as an opportunity to improve practice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example,

one staff member had suggested introducing an electronic system to discuss and review referrals and the practice had introduced this idea. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice model of nursing home care has been used as the template for an Oxfordshire wide enhanced service for other practices. The practice told us that participating practices accounted for around 50% of the Oxfordshire nursing home population, and accounted for 76% of the year-on-year reduction in unplanned admissions from nursing homes across the county. The practice had audited deaths in nursing home patients registered at the practice. They found that all patients had an advance care plan and had died in their preferred place of death.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>12(2)The provider must:</b></p> <p>(c) ensure that persons providing care and treatment to service users have the qualifications, competence, skills, and experience to do so safely</p> <p>(g) ensure the proper and safe management of medicine</p> <p>(h) assess the risk of and preventing, detecting, and controlling the spread of infections including those that are health care associated</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not follow policy for recruitment processes and documentation of checks.</p> <p>Staff did not follow policies and procedures about managing medicine in line with current legislation and guidance for monitoring and tracking blank prescriptions.</p> <p>Prescriptions were not always tracked through the practice or stored securely.</p> <p>Equipment to treat possible anaphylaxis was not always taken on home visits when appropriate.</p> <p>Patient specific directions were not used appropriately.</p> <p>Sharps were not disposed of in the correct receptacle.</p> <p>The practice had not remedied items identified by them as posing infection control hazards, such as replacing the sink taps.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

Maternity and midwifery services  
Nursing care  
Surgical procedures  
Treatment of disease, disorder or injury

17(1) System or processes must be established and operated effectively to ensure compliance.

(2) Systems and processes must enable the registered person to:

(a) assess monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

(b) assess monitor and mitigate the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity

### **How the regulation was not being met**

The provider had not assessed, monitored, or mitigated risks relating to staff training and recruitment, medicines management, infection control, equipment, health and safety, legionella, fire safety, electrical safety checks, and gas safety checks .

The kit for cleaning up body fluid spillages was out of date.

## Regulated activity

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

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must—

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

### **How the regulation was not being met**

Not all staff had received relevant and up to date training in health and safety, chaperoning, infection control, and basic life support.