

# Hightown Surgery

## Quality Report

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Oxfordshire  
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Website: [www.hightownsurgery.co.uk](http://www.hightownsurgery.co.uk)

Date of inspection visit: We have not revisited Hightown Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.  
Date of publication: 16/03/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Hightown Surgery on 12 July 2016 found breaches of regulations relating to the safe and effective delivery of services. The overall rating for the practice was requires improvement. Specifically, we rated the practice as requires improvement for provision of safe and effective and good for providing caring, responsive and well-led services. Consequently we rated all population groups as requires improvement. The full comprehensive report from the July 2016 inspection can be found by selecting the 'all reports' link for Hightown Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused desktop inspection (we have not visited the practice but requested information to be sent to us) carried out on 16 February 2017. It was conducted to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. The information requested in February 2017 identified that the practice was meeting the

regulation that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. Consequently we have rated all population groups as good.

Our key findings were as follows:

- The significant event procedures had been amended to introduce periodic reviews of incidents. This ensured any required changes to practice were embedded.
- Legionella and fire risk assessments had taken place and actions undertaken as a result of these assessments.
- There had been a significant reduction in exception reporting (exceptions are made when patients are not included in national data submissions regarding practice performance) since our previous inspection.
- The level of up to date medicine reviews had increased significantly since July 2016, improving the monitoring of patients on repeat medicines.
- Learning disability reviews were at 73% for the year which was up from 54% for the previous year found at our last inspection in July 2016.

**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?

When we inspected the practice in July 2016 we found a formal review of significant events did not take place to identify whether any learning had been embedded in practice. Not all risks to patients were assessed and well managed. The practice had not completed appropriate assessment of risks from fire and the potential for infection from legionella.

The practice had taken appropriate action and is now rated good for the provision of safe services.

- The significant event procedures had been amended to introduce periodic reviews, ensuring any required changes to practice were embedded.
- Legionella and fire risk assessments had taken place and actions undertaken as a result of these assessments.

Good



### Are services effective?

When we inspected in July 2016 we found the practice had not identified any causes for, or means of reducing, their high levels of exception reporting (Exception reporting is the removal of patients from quality outcomes framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Learning disability checks were undertaken by the practice but only 54% of patients with a learning disability had received a health check. The monitoring of medicine reviews was not fully functional.

The practice had taken appropriate action and is now rated good for the provision of effective services.

- There had been a significant reduction in exception reporting, resulting in projected data for 2017 exceptions at the practice, below national averages from 2016 in all but two clinical areas.
- The level of up to date medicine reviews had increased significantly since July 2016, improving the monitoring of patients on repeat medicines.
- Learning disability reviews were at 73% for the year which was up from 54% for the previous year at our last inspection in July 2016.

Good



# 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 provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



- Exception reporting had been reduced to significantly increase the number of patients who attended for long term conditions reviews and received appropriate care and treatment.
- Medicine review uptake had increased significantly.

### Families, children and young people

The provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



- It offered annual health checks and care plans for patients with learning disabilities. There was a completion rate of learning disability health checks of 73%.

# Summary of findings

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

The provider had resolved the concerns we identified in the safe and effective domains at our inspection on 12 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Hightown Surgery

## Detailed findings

### Background to Hightown Surgery

The practice provides services from Hightown Gardens, Banbury, Oxfordshire, OX16 9DB

Hightown Surgery has a purpose built location with good accessibility to all its consultation rooms. The practice serves 11,100 patients from the surrounding town. The practice demographics closely match the national average in terms of age and gender. According to national data there is minimal deprivation among the local population. There are some patients from minority ethnic backgrounds, but the population is mostly white British by origin.

- There are eight GPs working at the practice, seven female and one male. There are four practice nurses, a phlebotomist and one healthcare assistant. A number of administrative staff and a practice manager support the clinical team.
- This is a training practice and GP Registrar placements were taken at the practice.
- There are 4.3 whole time equivalent (WTE) GPs and 3.4 WTE nurses.
- The practice was open between 8am and 6.30pm Monday to Friday. There were extended hours appointments from 7.30 from Monday to Wednesday and until 7pm on Mondays and Wednesdays.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice had been inspected by CQC previously in July 2016.

### 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. This inspection took place on 12 July 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed desk-top inspection on 16 February 2017 to assess whether the necessary changes had been made, following our inspection in July 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.. We found the practice was meeting the requirements of the regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

### How we carried out this inspection

We requested information on 16 February 2017 following the completion date of the practice's action plan.

Prior to the inspection we reviewed data on our internal records including information from the public. We also reviewed national care data.

## Detailed findings

This report should be read in conjunction with the full inspection report of CQC visit on 12 July 2016 the report of this inspection can be found by selecting the 'all reports' link for Hightown Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services safe?

## Our findings

When we inspected the practice in July 2016 we found a formal review of significant events did not take place to identify whether any learning had been embedded in practice. Not all risks to patients were assessed and well managed. There was not full monitoring of fire risks and the potential for infection from legionella.

### Safe track record and learning

In February 2017 we found the practice had changed their system for reporting, recording and monitoring significant events. We reviewed the log of events and saw that periodic reviews were being undertaken to ensure that any actions required had been implemented. For example, a prescribing error in May 2016 led to a review of processes

and the updated protocol was noted as being available to staff during the review of the incident in October 2016. The process for significant events had been changed to ensure that learning outcomes were embedded in practice.

### Monitoring risks to patients

Since July 2016 actions had been taken regarding risks we identified had not been fully assessed and mitigated.

- The practice sent us a legionella risk assessment including checks of water temperatures. The risk assessment indicated that periodic checks of the tank would take place to ensure that no debris would cause an increased risk of the bacteria forming.
- We reviewed a fire risk assessment undertaken in September 2016. Any actions listed as priorities or specific timescales for completion had been noted as completed or action ongoing. This included removing cabin hooks used to keep fire doors open.



# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected in July 2016 we found the practice had not identified any causes for, or means of reducing, their high levels of exception reporting. The practice had a rate of 15% exception reporting compared to the national average of 9% and regional average of 10%. (Exception reporting is the removal of patients from quality outcomes framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Health checks for patients with a learning disability were undertaken by the practice but only 54% of patients with a learning disability had received a health check. The monitoring of medicine reviews was not fully functional. However, the practice was aware this was due to the change in their patient record system and had taken measures to mitigate the risk to patients.

### **Management, monitoring and improving outcomes for people**

The practice informed us that they had undertaken a number of changes to reduce exception reporting since July 2016. This included changes to the standard invitation letters sent requesting patients attend for a review of their health condition, stressing the importance of regular reviews. Information also indicated that in the final three months of the QOF year GPs had been contacting patients by telephone who had not yet responded to three invitations for a review. Where appropriate a nurse prescriber also conducted home visits to appropriate patients for their reviews.

We saw data which indicated that exception reporting had reduced since July 2016. The exception rates projected for March 2017 (QOF end of year) showed that diabetes had reduced from 18% in 2016 to a projected 6% in 2017

(currently at 10% prior to submissions in March). Asthma was due to reduce from 31% to 3%. Hypertension exceptions were projected to reduce from 12% to 4%. All of the exception reporting figures were projected to be significantly below national averages in 2016 by March 2017 or within one percentage point, with the exception of atrial fibrillation (An abnormal heart rhythm which means your heart is beating too fast, too slow, or with an irregular pattern) which was projected to be 3% higher. The overall reduction in exception reporting reduced the risks associated with a lack of monitoring of patients' long term conditions. Patients were more likely to manage their conditions appropriately with the support of clinical expertise and ensuring their treatment was appropriate to their needs.

Since our last inspection the practice had begun weekly monitoring of patients with up to date medicine reviews. We saw data which showed a steady increase of those completed within required timescales. At the time of this inspection 87% of patients on four or more medicines and 81% on less than four medicines had up to date reviews. This indicated that the monitoring of patient medicine reviews had improved the actions to ensure they were up to date. This reduced the risk of inappropriate prescribing.

### **Supporting patients to live healthier lives**

Since our last inspection the number of learning disability reviews had increased. There were 41 patients on the register and 30 had a completed review within the last 12 months (73%). One patient was booked for a review. At the previous inspection the uptake was 54%. To increase the number of completed reviews patients were sent an easy-read invitation with a pre-booked appointment time and where appropriate a carer was sent a reminder of the appointment the day before.