# White Horse Medical Practice

## Quality Report

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

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Are services safe? | Good |
| Are services effective? | 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 White Horse Medical Practice on 24 February 2016. Overall the practice is rated as good.

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

- The practice had a vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, this included premises maintenance, equipment checks and emergency procedures. All staff checks required were undertaken however not all recruitment and background check correspondence were accessible on the day of inspection.
- Feedback from patients and stakeholders about their care was consistently and strongly positive.
- Historically outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2012/13 and 2013/14, showed the practice had performed excellently in obtaining almost all of the total points available to them for providing recommended care and treatment to patients. We saw evidence of data irregularities for the 2014/15 period and saw the practice was proactive in seeking a resolution to these irregularities.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

# Summary of findings

- We found there was good staff morale in the practice, with high levels of team spirit and motivation. There was a strong learning culture evident in the practice. This came across clearly through discussions with staff members and in the approach to adopting and championing new initiatives.
- It was evident the practice had gone through a period of transition including a merge of practices. There was a clear leadership structure and staff felt supported by management.

We saw several areas of outstanding practice including:

- The practice was consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. For example, the practice invited all non-UK born patients to be screened and tested for hepatitis B and C (a virus that can cause inflammation of the liver). Of the patients screened so far, we saw evidence of patients who have now had a positive diagnosis for hepatitis and have since received care and treatment to manage this condition which was previously undiagnosed.
- White Horse Medical Practice actively supported breast feeding mothers. For example, there was a weekly breast feeding clinic at the practice every Monday called 'The Baby Bar', clear signage welcoming breast feeding mothers and a private space was available for breast feeding mothers.
- White Horse Medical Practice is research active, supporting a number (approximately 25 clinical trials) of National Institute of Clinical Research (NIHR) portfolio studies. The practice working with their patient participation group (PPG), community groups and other local organisations, ran a comprehensive survey on maternity service needs across Oxfordshire. In February 2016, the practice was awarded first place in the Research Engagement Award (NIHR Clinical Research Network award in partnership with the National Association for Patient Participation (N.A.P.P.) which celebrated the outstanding leadership and dedication by the PPG in health research in primary care.

**Professor Steve Field CBE FRCP FFPH FRCGP**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and critical incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. Patients were told about any actions 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.

- There were irregularities with data from the Quality and Outcomes Framework which indicated the practices performance was lower when compared to the local and national average. However, information and further data provided before, during and after the inspection showed the practice was actually performing better than the local and national averages.
- 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.

# Summary of findings

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher when compared to the local Clinical Commissioning Group and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from people who use the service, those who are close to them and external stakeholders (three local care homes) was continually positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds expectations.
- 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.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was part of a pilot service called the Neighbourhood Access Hub and Early Visiting Service, a shared in-hours scheme to see patients with on-the-day needs for medical assessment.
- Feedback from patients reported that access to a named GP and continuity of care was usually available quickly, and urgent appointments were available the same day.
- Peoples individual needs and preferences are central to the planning and delivery of tailored services. Services are flexible, provide choice and ensure continuity of care.
- The practice had good modern 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.

# Summary of findings

- The practice was supported by an award winning and highly active patient participation group (PPG) who helped with a number of initiatives to benefits patients. The PPG improved services for patients and influenced changes at the practice.

**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.
- A systematic approach is taken to working with other organisations to improve care outcomes and tackle health inequalities.
- 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 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. There has been a significant amount of change in the last two years with two practices merging in April 2015. Staff told us they were heavily involved in the consultation stages prior to the merger; communication was clear and consistent throughout the merger and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group and a high level of constructive engagement with staff and a high level of staff satisfaction.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- The practice provided medical care to three local care homes with a lead GP designated to each of the three homes. The designated GPs held regular sessions at the homes to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who were currently treated with an appropriate bone-sparing agent. This is higher when compared to the CCG average (92%) and national average (93%).

### People with long term conditions

Good

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

- The GPs and nursing team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).

# Summary of findings

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority.
- There had been data irregularities following the merge of practices and change of computer systems however outcomes for patients who use services were consistently good. For example, real time (February 2016) Quality and Outcomes Framework performance for diabetes related indicators was in line with the national average. The practice achieved 90% of targets compared to the national average (89%).

**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 A&E attendances.
- Immunisation rates for standard childhood immunisations (12 months, 24 months and five years) given in 2014/15 were higher when compared with the CCG average.
- 75% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was comparable to the national average which was also 75%.
- 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 81%, which was comparable to the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies. White Horse Medical Practice actively supported breast feeding mothers. For example, there was a weekly breast feeding clinic at the practice every Monday called "The Baby Bar", clear signage welcoming breast feeding mothers and a private space was available for breast feeding mothers.
- We saw positive examples of joint working with midwives and health visitors who were based on site.

# 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.
- Appointments were available between 8am and 6pm Tuesday to Friday. The practice and dispensary was open every Monday evening until 8pm specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments.
- 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.
- Patients who wished to check their own blood pressure and their weight and height were encouraged to do so and the results were reviewed by the health care assistant.

**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.

- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice.
- The practice offered longer appointments for patients with a learning disability. It had carried out annual health checks for 54% of people (21 out of 39 patients) with a learning disability and there was evidence that these had been followed up. The remaining 46% had all been offered an annual health check, 11 had declined, five are exempt from a health check and we saw two patients had scheduled health checks in the forthcoming weeks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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

**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 people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the national average (88%).
- 84% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average also 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. This included a regular dementia and memory support group held at the practice each month and one of the members of the patient participation group who is also a 'Dementia Friend' held a dementia information session at the practice. This session focused on dementia and the small things that you can do that make a difference in helping those living with dementia.
- 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.

# 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 significantly higher when compared to local and national averages. On behalf of NHS England, Ipsos MORI distributed 238 survey forms and 117 forms were returned. This was a 49% response rate and amounts to just below 1% of the patient population.

- 86% found it easy to get through to this practice by phone (CCG average 84%, national average 73%).
- 84% described their experience of making an appointment as fairly good or very good (CCG average 80%, national average 73%).
- 89% described the overall experience of their GP practice as fairly good or very good (CCG average 88%, national average 85%).
- 85% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. A large proportion of the cards were complimentary about the appointments system and its ease of access and the flexibility provided.

We spoke with seven patients during the inspection. In summary, there was a range of positive comments about the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of dispensary and reception staff and the way staff interacted with patients.

We spoke with three local care homes which the practice provided the GP service for. They all praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

## Outstanding practice

- The practice was consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. For example, the practice invited all non-UK born patients to be screened and tested for hepatitis B and C (a virus that can cause inflammation of the liver). Of the patients screened so far, we saw evidence of patients who have now had a positive diagnosis for hepatitis and have since received care and treatment to manage this condition which was previously undiagnosed.
- White Horse Medical Practice actively supported breast feeding mothers. For example, there was a weekly breast feeding clinic at the practice every Monday called 'The Baby Bar', clear signage welcoming breast feeding mothers and a private space was available for breast feeding mothers.
- White Horse Medical Practice is research active, supporting a number (approximately 25 clinical trials) of National Institute of Clinical Research (NIHR) portfolio studies. The practice working with their patient participation group (PPG), community groups and other local organisations, ran a comprehensive survey on maternity service needs across Oxfordshire. In February 2016, the practice was awarded first place in the Research Engagement Award (NIHR Clinical Research Network award in partnership with the National Association for Patient Participation (N.A.P.P.) which celebrated the outstanding leadership and dedication by the PPG in health research in primary care.

# White Horse Medical Practice

**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 practice manager specialist adviser and a nurse specialist adviser.

## Background to White Horse Medical Practice

White Horse Medical Practice is located within a purpose built health centre in Faringdon, south west Oxfordshire. In April 2015, a smaller practice which shared the health centre (Fernhill Practice) merged with White Horse Medical Practice.

White Horse Medical Practice is a large rural dispensing practice covering 130 square kilometres and is one of the practices within Oxfordshire Clinical Commissioning Group (CCG). The practice provides general medical services to approximately 15,000 registered patients in Faringdon and the surrounding villages.

All services are provided from:

- White Horse Medical Practice, Faringdon Health Centre, Faringdon, Oxfordshire SN7 7YU.

There are 12 GPs at the practice (five male and seven female), of which three are GP Partners who are occasionally supported by locum GPs.

The all-female nursing team consists of a nurse prescriber, five practice nurses and six health care assistants, four of whom are also administration staff. All of the nursing team contribute with a mix of skills and experience including insulin initiation.

A practice manager, deputy practice manager, business manager, data manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

White Horse Medical Practice is a dispensing practice, the dispensary is managed by a dispensary manager and the dispensary team consists of six dispensers and two counter assistants. There is a daily delivery of medicines to three village post offices and any house bound patient who requires this service.

The practice population has a higher proportion of patients aged over 65 compared to local and national averages. For example, 21% of practice patients are aged over 65 compared to the local CCG average (16%) and national average (17%). The practice also provides GP services to three local care homes (approximately 133 patients).

According to national data there is minimal deprivation in south west Oxfordshire; however the practice is located within a pocket of deprivation. The prevalence of patients with a long standing health condition is 55% compared to the local CCG average (50%) and national average (54%). People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice has core opening hours between 8am and 6.30pm every weekday (appointments start from 8am and the last appointment is 6pm) with the exception of Monday when the practice remains open until 8pm (last appointment 7.20pm).

# Detailed findings

The dispensary opening times mirrors the practices core opening hours including the late surgery on Monday evening.

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

## 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. This included information from Oxfordshire Clinical Commissioning Group (CCG), Healthwatch Oxfordshire, NHS England and Public Health England.

We carried out an announced visit on 24 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, dispensary staff and members of the administration and reception team. Prior to the inspection we spoke with three local care homes which the practice provided the GP service for. On announcing the inspection we spoke with the practice manager and deputy practice manager who provided key correspondence for the inspection. During the inspection we also spoke with the practice manager, other members of the management team, seven patients who used the service and three members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Following the announcement of the inspection the practice advised that the merge of practices and a complete change in the patient records system (February/March 2015) the QOF figures for 2014/15 would indicate a low performance.

We requested further information and real time QOF performance (February 2016) and saw the practice had effectively managed the unforeseen data irregularities and corrected the vast majority of these.

Good

# 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 and critical incidents.

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, we saw an analysis of a significant event following a communication error with the Early Visiting Service (a local in-hours service which provides patients with on-the-day needs a medical assessment).

This event had been reviewed with a multi-disciplinary team and we saw policies, procedures, and systems had been reviewed for any weaknesses or failures that have allowed this incident to occur. On review there had been a change in procedures notably a change in the method of communication between the practice and Early Visiting Service following this incident.

Learning was shared at a practice meeting which was recorded and all staff we spoke to were aware of the change in procedure.

When there were unintended or unexpected 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 member of staff for safeguarding and all staff we spoke to knew who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting room and on each treatment and consultation room door advised patients that chaperones were available if required. All staff who acted as chaperones (health care assistants and reception staff) were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the 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 staff had received up to date training. We saw an infection control audit was undertaken in September 2015 and we saw evidence and subsequent plans to address any improvements identified as a result of the audit.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, on the day of the inspection the sample of staff files we reviewed had several missing recruitment and background checks. This was brought to the attention of the practice manager who assured the Care Quality Commission (CQC) inspection team that the checks had been completed and immediately arranged for the lead inspector to be sent evidence of the recruitment checks.

**Medicines Management**

Good

# Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation.
- The practice had a designated GP lead for the dispensary. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the dispensary manager who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, fire wardens and the practice carried out regular fire drills. All electrical equipment was checked (November 2015) to ensure the equipment was safe to use and clinical equipment was checked (July 2015) 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).
- 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 patients received timely care and treatment.

**Arrangements to deal with emergencies and major incidents**

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

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

Good

# Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 peoples' 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).

Following the announcement of the inspection the practice advised that following the merge of practices and a complete change in the patient records system (February/ March 2015) the QOF figures for 2014/15 would indicate a low performance.

We requested further information before and during the inspection and saw evidence and reassurance that the practice had effectively managed the unforeseen data irregularities and over the intervening time corrected the vast majority of these.

We were further reassured by previous year's data which indicated consistent high performance, for example in 2012/13 the practice achieved 99.9% of the total number of points available similarly in 2013/14 the practice achieved 99.7% of points available.

However, the most recent published results (2014/15) were 85% of the total number of points available, with 10% exception reporting. (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).

However, these two figures were taken whilst the practice completed the merge and addressed the data irregularities and was not an accurate reflection of the practices performance.

Using current data (February 2016) the practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 and real time data taken during the inspection showed:

- Performance for diabetes related indicators was lower when compared to the CCG average and in line with the national average. The practice achieved 90% of targets compared to a CCG average of 94% and national average of 89%. We saw the practice had set actions which included specific meetings, patient recalls and medication reviews and had forecasted a 10% increase when the final QOF figures are calculated at the end of March 2016.
- Performance for hypertension (high blood pressure) related indicators was slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%) with 4% exception reporting.
- Performance for mental health related indicators was significantly lower when compared to the CCG and national average. The practice achieved 42% of targets compared to a CCG average (95%) and national average (93%). This figure was taken during the period of data irregularities and we saw current up to date data from February 2016 which reflects the practice is currently achieving 100%.

Clinical audits demonstrated quality improvement.

- The practice had a system in place for completing a wide range of completed clinical audit cycles. We saw recent audits for respiratory, prescribing and arthritis. We saw four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following attendance at an asthma conference and subsequent shared learning with the practice team, the use of asthma inhalers was selected to audit. The purpose of this audit was to highlight the

number of patients who use two inhalers to control their asthma, national guidance recommends the use of one inhaler (a combination inhaler) is significantly safer to use. Following an initial audit in May 2014, 15 patients used two inhalers to control their asthma. All 15 patients were written to, had a prescription review and 93% (14 out of 15) were now on the singular combination inhaler. The other patient (1 out of 15) did not find the singular combination inhaler effective to control their asthma and continues to have regular asthma reviews with the lead nurse for asthma.

- Other actions following this audit included an education session for GPs and nurses highlighting updated national asthma guidance, warning flags emphasising recommendations when prescribing single inhalers and an additional audit of asthmatic patients requesting additional inhalers. We saw evidence of the second cycle of the audit completed in November 2015.

**Effective staffing**

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

- The practice had an induction programme for all newly appointed staff. 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, one of the nurses was completing her nurse prescribing training.
- 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. We spoke with a member of the dispensary who joined the practice as a reception apprentice and following support, guidance, mentorship and training was now a qualified dispenser. We also saw plans that both the counter assistants in the dispensary were finalising arrangements to start their dispenser training. All staff have had 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.

**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.

Good

# Are services effective?

## (for example, treatment is effective)

- One of the significant events we reviewed demonstrated the practice following the Mental Capacity Act 2005 guidance and we saw an effective application of the acts principles.

**Supporting patients to live healthier lives**

The practice was aware of the local area health priorities and more specifically in relation to the practice population. The practice had a strong history of health promotion through education, research and facilitating exercise.

Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was an area of the practice which contained equipment to allow patients to manage and record their height, weight and blood pressure and the results were reviewed by the health care assistants.

White Horse Medical Practice, supported a number (approximately 25 clinical trials) of National Institute of Clinical Research (NIHR) portfolio studies. One of the GPs was a Research Champion for NIHR, six practice staff had a GCP (Good Clinical Practice) research qualification and the practice employed a designated clinical trials manager.

We saw three current studies which included a study to help with the early detection of cancer. Patients over 35 who have had at least three weeks of chest or stomach symptoms are followed up for five years. If any of these patients develop lung or bowel cancer than the researchers can look back at their initial symptoms to see if there is any connection.

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. For example, four members of staff (three nurses and the clinical notes summariser) provided smoking cessation advice.
- Information from Public Health England showed 100% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared to the CCG average (95%) and national average (94%).

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however data from Public Health England reflected partial success in patients attending screening programmes. For example:

- 59% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was comparable to both the CCG average (59%) and the national average (58%).
- 68% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was lower when compared to the CCG average (75%) and the national average (72%).

Records showed the GPs and nurses proactively sought and promoted the immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for influenza and childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 96% to 98% and five year olds from 93% to 99%. These were above the CCG and national averages. For example:

- 99% of children within the five year age group had received the infant PCV (a pneumococcal vaccine and a conjugate vaccine) vaccination compared to the CCG average, 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. For 2015/16, the eligible practice population for NHS health checks for people aged 40–74 was 889, the practice sent out 903 invites. The target for completed health checks was 587 and the practice completed 597. 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 23 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 listened to their concerns with dignity and respect.

We spoke with three 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. Patient feedback, written and verbal 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 scored higher when compared to the CCG and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff. For example:

- 95% said the GP was good at listening to them (CCG average 92%, national average 89%).
- 90% said the GP gave them enough time (CCG average 89%, national average 87%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 89%, national average 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. In some areas results were significantly higher than local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments (CCG average 88%, national average 86%).
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 98% said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

The practice had access to translators via a telephone translation service. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service. We saw notices in the reception areas informing patients this service was available.

**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.

Good

# Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. In February 2016, the practice patient population list was 15,019. The practice had identified 81 patients, who were also a carer, this amounts to less than 1% of the practice list.

Although this figure is low, the practice was proactive and endeavouring to increase their carers register. Patients who are also carers were encouraged to inform the practice of their caring responsibilities, this was demonstrated through posters throughout the practice, on the website and in the practice newsletter.

We also saw the practice worked closely with Carers Oxfordshire (an independent charity to support unpaid, family carers in Oxfordshire) to support carers including the promotion of completing carers risk assessments. The practice also hosts a monthly drop in session for all carers in Faringdon and the surrounding villages.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was usually 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 Oxfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice and dispensary was open until 8pm every Monday evening for working patients who could not attend during normal opening hours.
- There were longer appointments (double and triple appointments) available for carers, patients with a learning disability, patients with complex needs or for any other patient that required a longer appointment.
- Appointments are scheduled to coincide with the community bus service from a local village and Faringdon town centre.
- Peoples individual needs and preferences are central to the planning and delivery of tailored services. Services are flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- There were disabled facilities including a lowered reception desk, a hearing loop and a lift available. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.
- The practice provided a self-funded medicine delivery service which delivered prescription products and medicines to vulnerable, isolated and housebound patients that were unable to collect them themselves.
- White Horse Medical Practice actively supported breast feeding mothers. For example, there was a weekly breast feeding clinic at the practice every Monday called 'The Baby Bar', clear signage welcoming breast feeding mothers and a private space was available for breast feeding mothers.
- Home visits were available for older patients and patients who would benefit from these. The practice also provided medical care to three local care homes with a lead GP designated to each of the three homes. The designated GPs held regular sessions at the homes to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Same day appointments were available for children and those with serious medical conditions.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions. Free internet access was available throughout the practice for patients, carers and their families to use whilst waiting for their appointments.
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. For example, the practice invited all non-UK born patients to be screened and tested for hepatitis B and C (a virus that can cause inflammation of the liver). Of the patients screened so far, we saw evidence of patients who have now had a positive diagnosis for hepatitis and have since received care and treatment to manage this condition which was previously undiagnosed.

**Access to the service**

The practice had core opening hours between 8am and 6.30pm every weekday (appointments started from 8am and the last appointment was 6pm) with the exception of Monday when the practice remained open until 8pm (last appointment 7.20pm). The practice had reviewed and surveyed patients regarding the potential of extended hours on a Saturday morning, however patient feedback favoured weekday evening extended hours which the practice implemented.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than when compared to local and national averages.

- 83% of patients were satisfied with the practice's opening hours (CCG average 75%, national average 75%).
- 86% of patients said they could get through easily to the surgery by phone (CCG average 84%, national average 73%).

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- 69% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).
- 61% of patients said they feel they don't normally have to wait too long to be seen (CCG average 57%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2016 GP national patient survey results (117 respondents), 23 CQC comment cards completed by patients, seven patients we spoke with on the day of inspection and feedback from three local care homes.

The evidence from these sources showed the majority of patients were satisfied with how they access appointments.

We saw information about the appointment system was available to patients in the practice through a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

**Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through posters and leaflets in the waiting areas and on the practice website.

The practice had received 12 complaints in the last 12 months. We reviewed all of these and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints at the monthly practice meetings.

We also saw all feedback; both positive and negative left on NHS Choices website had been responded to in detail by the practice manager.

# 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 with 'improving health care' as its title, all staff we spoke with knew this and our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice.
- The practice had a strategic approach to future planning including a three year plan. The three year plan was detailed and included an analysis of the external business climate, influenced by political, economic, social and technology factors. Succession arrangements to identify and address future risks to personnel leaving or retiring were still being discussed and the practice had highlighted this as a potential weakness in their business plan.
- A systematic approach is taken to working with other organisations to improve care outcomes and tackle health inequalities.

**Governance arrangements**

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff. Revised policies were disseminated to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership and culture**

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

There has been a significant amount of change in the last two years with two practices merging in April 2015. Staff told us they were heavily involved in the consultation stages prior to the merger; communication was clear and consistent throughout the merger and staff felt supported by management. Other members of staff and PPG members told us the open and inclusive communication used during the merger enabled a smooth transition that maintained patient care and continuity.

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 unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Staff told us and we saw evidence of regular team meetings. Staff also described the meetings were well organised, covered important topics, relieved anxiety about potential future changes to the practice and created comradeship within the practice.

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. We noted team social events were held.

Staff said they felt respected, valued and supported, particularly by the partners in the practice and the management team.

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.

# Are services well-led?

Good

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

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GP Partners and members of the management team were active within Oxfordshire Clinical Commissioning Group, Local Medical Committees, National Institute of Clinical Research, provider federations and the local health economy.

**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.

We found the practice had effective engagement with their patients, the Patient Participation Group (PPG) and other stakeholders. There was a highly active PPG which met quarterly (every 12 weeks). The group met regularly and carried out specific activities as deemed necessary. The agenda items ranged from practice specific topics to discussion on wider issues likely to impact on the practice and its community.

The three members of the PPG we met were very positive about the role they played, told us they felt engaged with the practice, said they were proud of the practice's "whole Faringdon community" approach and were keen to increase its activities within the community. Examples of collaborative working between the practice staff and PPG included the new appointment system, a redesigned website, the practice newsletter called 'Healthy Times', the merger of practices and sharing feedback on the proposed redesign of the practice.

The practice working with their patient participation group (PPG), community groups and other local organisations, ran a comprehensive survey on maternity service needs across Oxfordshire. In February 2016 the practice was awarded first place in the Research Engagement Award (NIHR Clinical Research Network award in partnership with the National Association for Patient Participation (N.A.P.P.) which celebrated the outstanding leadership and dedication by the PPG in health research in primary care.

The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement and innovation**

There was a strong focus on continuous learning, improvement and innovation 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 early visiting service and neighbourhood access hub (a shared in-hours scheme to see patients with on-the-day needs for medical assessment).

The practice leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example, White Horse Medical Practice supported a number (approximately 25 clinical trials) of National Institute of Clinical Research (NIHR) portfolio studies. The practice continued to expand its research activity, one of the GPs was a Research Champion, six practice staff had a GCP (Good Clinical Practice) research qualification and the practice employed a designated clinical trials manager. Current trails include:

- A study looking for patients over 35 years old who have a three week history or more of either chest or abdominal symptoms. The idea is to record their symptoms and follow them up for five years to see if anyone develops lung or bowel cancer.
- A study for patients with asthma who have required treatment with steroid tablets in the last year. Volunteers from this group will be randomised to either usual care or to increase their preventer inhaler to four times the usual dose if their asthma gets worse again. By comparing the two groups researchers will be able to tell whether a fourfold increase in preventer medication can reduce the risks of hospitalisation.