

# Montgomery-House Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	12
Background to Montgomery-House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Montgomery-House Surgery on 20 October 2015. We have rated the practice as good overall, but the practice requires improvement in the effective domain.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was an open culture regarding reporting of incidents and events. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were nearly always assessed and well managed. Some protocols regarding medicines management were not fully robust.
- Staff recruitment, training and support ensured they were safe and able to fulfil their roles.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- The practice was clean and well maintained.
- There was monitoring of patient care including a programme of clinical audit. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The exception reporting of patients on the quality outcomes framework tool was much higher than national averages in 2014 and 2015 but this had not been identified as an area for improvement.
- Information about services and how to complain was available.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was highly responsive to the needs of its patients and when feedback suggested improvements could be made.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw some outstanding practice for families, children and young people including:

- The practice had a page on a popular social media website, with health promotion posts and information

about services to widen information sources for patients. We saw this included information on preventing child illness and information events held at the practice.

- There was a young peoples' advice zone in front entrance, where advice leaflets relevant to this age group were displayed.

However there were areas of practice where the provider must make improvements:

- Review monitoring of patient care to ensure that patients are included in data which indicates whether appropriate care is received. Exception reporting in the quality outcomes framework reporting indicated monitoring of patient care and treatment was not always taking place.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. We found systems for managing medicines, specifically storage were not fully effective.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was a system for reporting incidents and staff were confident in reporting them. There was a learning approach to significant events and complaints. Any lessons were communicated with staff from individual complaints.

There were risk assessments and protocols to manage risks to patients, such as infection control and medicines management protocols. Information about risk was recorded, monitored, appropriately reviewed and addressed. The premises were clean, hygienic and well maintained.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were similar to average for the locality. However, exception reporting was very high in the quality outcomes framework (QOF) data from 2014 and 2015 and this had not been identified by the partners as an area of improvement. There was a comprehensive programme of clinical audit, aimed at driving clinical improvement in patient care.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Medicine reviews were undertaken in line with national guidance and the practice achieved over 90% of patients medicine reviews within required timescales.

Staff had support and training in adhering to the Mental Capacity Act. Consent was sought and recorded where necessary. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. There was health promotion and advice for patients and screening rates for cervical screening were higher than the national average. Flu vaccine rates were also higher than the national average.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similarly to others for several aspects of GPs' care. Patients said they were treated with

Good



# Summary of findings

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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. Some feedback regarding involvement in decision making on the national GP survey was lower than national averages, but changes to appointment times and scheduling have taken place since this feedback was received.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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, a healthcare assistant had been trained in paediatric phlebotomy, avoiding hospital trips for families and young children.

The practice had a page on a popular social media website, with health promotion posts and information about services to widen information sources for patients. The practice offered a telephone advice and support for its patients, including for specific health needs such as patients starting on insulin. Comprehensive diabetic care plans for patients were provided to take away, meaning diabetics could manage their care as independently as possible, with support from the practice. In response to feedback from patients on waiting times and GPs running late during sessions, the practice had extended appointment slots for some of its GPs to 15 minutes from 10 minutes. Patients said they could book appointments when required. Survey feedback suggested access was comparable to the other local practices and against national data. However, this predated some changes made to the appointment system in 2015. Urgent appointments were available the same day via a triage system.

The practice had 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice

Good



## Summary of findings

proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff had received inductions, regular performance reviews and attended staff meetings. The practice was planning for the provision of its services in the future and had identified a means of meeting increased demands caused by the ongoing expansion of Bicester.

# 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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and participated in schemes to promote diagnosis of conditions often associated with aging such as dementia. Patients were cared for in a local care home and regular routine GP visits took place. There was a single GP point of contact for care home staff, patients and families, enabling continuity of care and quick access to the right staff at the practice. There was a means of prioritising telephone access for care homes and patients at risk of unplanned admission. Responsive home visits and rapid access appointments were also available.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, and proactively case managed. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. These were synchronised to ensure that patient care was as convenient and holistic as possible. Medicine reviews for patients with long term repeat prescriptions were over 90%. However, exception reporting on data monitoring for patients eligible for specific care was very high. Diabetic patients benefitted from two GPs with specific qualifications in diabetic care and they were both able to initiate insulin as well as a nurse, reducing the need for patients to be referred to other services. Health promotion was provided through a variety of means including social media and local community events and organisations.

Good



### Families, children and young people

The practice is rated as outstanding 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. One stop post-natal appointments were provided reducing the need for multiple appointments for immunisations and health checks. Immunisation rates were similar to the national average for all standard childhood immunisations.

Outstanding



# Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. There was a young peoples' advice zone in front entrance, where advice leaflets relevant to this age group were displayed. Social media was used to engage with patients more likely to use IT based communication than written correspondence or information displayed in the practice. There was a baby changing and breast feeding area.

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

The practice is rated as good for the care of working age people and those recently retired. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Online booking had been offered and 21% patients had registered for the service. The practice offered advice over the phone via its triage nurse or duty GP. There were three extended hours sessions twice per week on Tuesdays and Thursdays.

Good



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

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice registered and considered the needs of people living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They offered annual health checks for people with a learning disability. Longer appointments were offered for people with a learning disability. The practice registered local patients without permanent addresses. Systems were in place to prevent patients with addictions from accessing inappropriate amounts of medicines.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health including those with dementia. The practice

Good





## Summary of findings

regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. GPs had undertaken specific training in the care of dementia and this included Mental Capacity Act training.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A support worker from a mental health charity was available to support patients in getting involved in local activities. The practice also provided activities promoting and supporting patients' mental health onsite.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results published in July 2015 showed the practice was performing above some local and national averages in some survey outcomes, but also performing less well than other practices in some areas. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time which is the same as the local average and higher than the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 80% 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%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

- 86% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 47% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%

Patients we spoke with were mainly satisfied with the appointment system and this was reflected in comments card feedback. Twenty five of the 29 patient CQC comment cards we received were positive about the service experienced. We spoke with 13 patients most of who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. There were a few comments related to the care patients received where they felt the practice could have been more proactive in communication with them and other services regarding their care.

## Areas for improvement

### Action the service MUST take to improve

- Review monitoring of patient care to ensure that patients are included in data which indicates

whether appropriate care is received. Exception reporting in the quality outcomes framework reporting indicated monitoring of patient care and treatment was not always taking place.

## Outstanding practice

We saw some outstanding practice for families, children and young people including:

- The practice had a page on a popular social media website, with health promotion posts and

# Summary of findings

information about services to widen information sources for patients. We saw this included information on preventing child illness and information events held at the practice.

- There was a young peoples' advice zone in front entrance, where advice leaflets relevant to this age group were displayed.

# Montgomery-House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector with two other CQC inspectors. The team included a GP specialist adviser, a nurse practitioner specialist adviser, and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

### Background to Montgomery-House Surgery

The practice was located in purpose built premises constructed in 1998. The premises were modern and designed to meet the needs of patients with limited mobility. 12,600 patients were registered. The practice population had a slightly higher than national average of patients over 65 years old with 18% in this age group compared to 16% nationally. Fifty six per cent of patients also had a long standing health condition compared to 54% nationally. The practice also cared for patients in a local care home for the elderly and a learning disability home.

Nine GPs work at the practice with four male and five female GPs. Six of the GPs were partners. The nursing team consisted of practice nurses and health care assistants. The practice has a General Medical Services contract (GMS). These contracts are negotiated directly between NHS

England and the provider. This is a training practice and there was a trainee working at the practice at the time of the inspection. This was a training practice for GP doctors in training.

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were provided until 8pm Tuesdays and Thursdays. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Montgomery-House Surgery is registered to provide services from the following location:

Montgomery-House Surgery Piggy Lane, Bicester, Oxfordshire, OX26 6HT

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice had not previously been rated under the new methodology. 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 was planned to check whether the provider was 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

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 20 October 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists and the practice manager and spoke with patients who used the service. We observed how people were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff knew their responsibility in reporting incidents and learning outcomes from significant events were shared with staff. All complaints received by the practice were recorded and discussed between GPs and any learning outcomes shared. Meetings were held at least every three months to discuss significant events that had been raised, or during other staff meetings if the issues raised needed prompt action. We saw there were 49 significant events reported from September 2014 to September 2015. Approximately 19 of these were clinically related significant events, including patients registered with the practice who had died or clinical errors, such as incorrect vaccines. The majority were where learning had been identified, such as reviewing symptoms which may have diagnosed patients' conditions earlier.

The practice reviewed significant events where learning or action was identified to ensure this had been embedded in practice. For example, we looked at three significant events related to the triaging of patients where the appropriate action had been taken to ensure patients received timely care. The practice reviewed the triage protocol on each occasion to determine if any changes were required.

The practice recorded both written and verbal complaints. We reviewed a complaint which had been escalated to a significant event where a patient had complained that they had not been helped by staff when they felt unwell waiting for an appointment, despite informing the reception staff. We spoke to receptionists who had been made aware of the significant event and they were able to tell us what measures were in place for when patients became unwell. The practice was able to tell us where procedures had changed as a result of significant events and complaints.

Safety alerts (including medicine and equipment alerts) were reported to the practice manager and forwarded onto relevant staff. We saw evidence that the alerts were acted on. For example, a medicine alert had led to a list of patients being identified who needed their medicines reviewed.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. However, we found minor concerns related to medicines management.

- Arrangements were in place to safeguard adults and children 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Only nursing staff and healthcare assistants acted as chaperones and were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and related risk assessments. The practice had undertaken a fire risk assessment in May 2015 and we saw actions required from the assessment had been completed. There was a risk register and areas identified in April 2014 where action was needed had been completed except for two minor entries on the register which the practice was able to account for.
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they undertook audits to ensure infection control processes were followed. The most recent audit had an action plan dated 2 October 2015 which highlighted areas of improvement including adding children's toys to the cleaning schedule. One minor concern had not been identified by the audit, where we noted cleaning equipment designated for different areas in the practice had been stored together, therefore not mitigating the risk of cross infection. The practice

## Are services safe?

took prompt action to remedy this. The audit had also identified that check lists of cleanliness in GPs rooms were not always filled in as required and action was taken to ensure they were used as intended. The practice responded to infection control risks the audit identified. For example, a significant event noted that a cleaner had suffered a needle stick injury. The action noted was that cleaners must have sharps injury training. There was an infection control protocol in place and staff had received up to date training. A sharps or needle stick injury protocol was available for staff which included relevant contact details.

- There were arrangements for managing medicines but they were not always effective. All medicines in cupboards and vaccine fridges were within their expiry date. There were quarterly storage audits. However, we found some needles in doctors visit bags were out of date by over four years, despite regular checks taking place on these bags. The practice rectified this immediately and changed the system for checking the bags to include medical equipment. There was a system to ensure medicines were ordered when they were approaching expiry dates. We found that blank prescription forms were stored and allocated to staff in a way that ensured they could be accounted for and this mitigated the risk of improper use. Patient specific directions and patient group directions (required for staff who administer medicines such as vaccines but who are not qualified to prescribe) were in place and up to date.
- The practice dispensed medicines to approximately 3000 patients and the dispensary had undergone changes in the last year in response to patient demand. A new pharmacist had been employed and additional space provided for dispensary staff to make up prescriptions. We found that medicines dispensed to patients were provided in the appropriate formats and that double checking took place. Dispensary staff had appropriate qualifications. A new fridge had been purchased for the dispensary the week prior to the inspection. We looked at records of temperature checks undertaken to ensure the fridge stored medicines at an appropriate temperature. This showed two out of four days the maximum recommended temperature for the fridge had been exceeded. The first occurrence was due to the initial stocking of the fridge. The fridge stored insulin and other medicines such as eye drops, so the

risk associated with these medicines being out of temperature range was lower than for vaccines. Dispensary staff called the suppliers who advised the insulin had to be destroyed. Staff were using a protocol which related specifically to the cold chain and fridge storage of vaccines not a protocol specific to the storage of medicines in the dispensary. Although these protocols would be similar there may be differences in the action taken regarding the medicines stored if the fridge was to deviate from required temperatures for storage. For example, some medicines may not be as affected by high temperatures.

- Controlled drugs were securely stored in the dispensary. There was an alert system in place to highlight patients with drug addictions and their family members to ensure monitoring of their prescribed medicines. A controlled drugs monthly audit was undertaken to pick up patients who may be misusing prescribed medicines. There were appropriate processes for dispensing them. On the controlled drugs record sheet we found duplication of drugs which had been destroyed in 2014. The practice was able to account for this duplication by the end of the inspection and no unauthorised controlled drugs had been dispensed.
- A recruitment policy was in place and we checked six files which showed that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was a process for checking staff had hepatitis B immunity and most staff had up to date records. The practice was in the process of checking some staff vaccinations were up to date.

### Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as events which may cause a staff shortage or loss of premises. The plan was accessible on the intranet and available to all staff.

Clinical staff received annual basic life support training. There were emergency medicines and equipment available including an automated external defibrillator and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

## Are services safe?

location. All the medicines we checked were in date and fit for use. We noted that staff could be alerted to emergencies in other treatment or consultation rooms via

the computer system. We saw this system was used when a patient collapsed in a treatment room on the day of inspection. There was an immediate response by GPs to treat the patient.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We found evidence that the practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date with these guidelines. NICE and other guidance related to specific health conditions was stored on the intranet and available to all clinical staff. We saw that templates used to treat and care for specific conditions were updated annually.

The practice had systems to delegate daily tasks to appropriate clinicians, such as computer storage for documents related to discharge summaries and out of hours correspondence. This enabled GPs to access these easily. There was also a system for allocating test results. We saw these tasks and communications were all dealt with in a timely way.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

In 2014, 96% of the total number of points available were achieved, compared to a national average of 94% and local average of 96%. In 2014 exception reporting was significantly higher than the national and regional average for a number of clinical areas. For example, diabetes exception reporting was 15% compared to 10% locally and 9% nationally and for respiratory conditions exception reporting was 22% compared to 7% locally and 7% nationally. This indicated that high numbers of patients had not been included in the QOF data. This may have attributed to the practice's high QOF score. GPs explained that this was due to patients not attending for long term condition reviews despite being contacted three times by letter. We saw evidence that contact was attempted with these patients on three occasions. However, the practice had not identified the high levels of exception reporting in 2014 as an area for improvement or formulated any action

plans to reduce exception reporting the following year. In 2015 exception reporting was 17.6% overall. Staff explained that they would not exception report any patients until their QOF submission was due in March to provide as much time as possible to provide all patients with condition reviews who required one. Three letters would be sent to patients inviting them for reviews related to their specific conditions, but if they failed to attend after the third letter then no other action was taken. The practice did not have a plan to attempt to reduce its exception reporting. Not all areas of clinical care had high exception reporting figures. For example, exception reporting for mental health 2014-15 was 11% with a CCG average of 10.9% and for heart failure it was 7.9% compared with a CCG average of 11.4%.

We were provided with up to date QOF data on the practice's performance so far in the year April 2015 to March 2016. This was used by the practice to monitor their performance against QOF. We saw that 75.9 points out of a possible 86 had been achieved so far. For hypertension 26 out of a possible 26 points had been achieved.

A range of clinical audits were carried out to demonstrate quality improvement. These were chosen for a variety of reasons, such as significant events, GP interests or safety alerts. We saw that between eight to 10 audits had been undertaken per year in recent years, of which four were in the process of being repeated to complete the audit cycle and ensure improvements were made to practice where they were identified. For example, we looked at an audit on the use of an antibiotic in children at the practice as the recommended dose for this medicine in children changed in April 2014 to standardise prescribing practice and to ensure that children were not receiving inadequate doses. There was an improvement between first audit in September 2015 and October 2015 in the correct dosing from 45% in the first cycle to 67% in the second. This audit is due to be repeated in January 2016 to assess the improvement against the target of 100%.

The practice had identified concerns with the levels of medicine reviews undertaken for patients on long term medicines. This was reviewed by GPs and a plan implemented to improve medicine reviews. Data provided to us showed that the practice had achieved 92% of medicine reviews for patients on repeat prescriptions and

# Are services effective?

## (for example, treatment is effective)

99% for those patients on four or more repeat medicines. Monitoring repeat medicine requests had led to very high levels of patients being up to date with medicine reviews and ensuring their medicines were safe and effective.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety, access to computer systems and confidentiality.
- Regular learning event meetings took place to support staff in the use of relevant guidance.
- 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 these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- Two GPs had qualifications specifically in the treatment of diabetes and both had training in insulin initiation as well as a practice nurse.

### 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 the practice intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Where patients had complained that referrals had not been appropriate or had not been processed, we saw that action was taken to resolve problems quickly.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 178 patients who were deemed at risk of admissions and

care plans had been created to reduce the risk of these patients needing admission to hospital. Of these 134 patients had digital care plans which were easily transferred and accessible by other services.

Diabetes patients were provided with care plans where they agreed to have one. We saw evidence these were printed and given to patients to assist them in managing their own conditions.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. We saw consent records were used for specific procedures. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Staff had access to an MCA protocol. As part of training provided in dementia, GPs received MCA training. We saw a complaint investigation where appropriate consideration had been given to the Act where a patient with poor mental health had potentially required assessment of their ability to make decisions regarding care and treatment. There was an MCA protocol for staff to use in the event that a patient needed their capacity assessing. Nurses were familiar with the MCA and Gillick Competency (principles of gaining consent from patients under 16).

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, homeless patients and smoking cessation. Of those patients offered smoking cessation advice 5% had stopped smoking. Thirty per cent of those listed as smokers had been offered advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85% which was above the national target of 80%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 528 patients had undertaken bowel cancer screening and 70% of patients eligible had been screened for breast cancer compared to the national average of 72% and CCG average of 76%. Chlamydia screening was offered at the practice and 7% of those eligible had undertaken a test.

# Are services effective?

(for example, treatment is effective)

The practice could refer patients to local weight management programs and exercise programmes at a local leisure centre for patients who needed support when trying to make healthy lifestyle changes. NHS health checks were provided.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. In 2015 the overall vaccination rates for children were approximately 93%. Flu vaccination rates for at risk groups in 2014 was as follows:

- For over 65s was 77% in 2015, compared to national average of 73%.

- Patients at risk under 65 years old was 55% compared to the national average of 52%.

To improve flu vaccination uptake the practice had implemented opportunistic vaccinations when patients attended appointments for check-ups and Saturday walk-in flu clinics. In order to do this GPs identified eligible patients, provided the list to healthcare assistants and wrote patient specific directives to enable the vaccines to be administered. So far in the flu season for 2015/16, over 60% of flu vaccines had been administered by mid-October.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Twenty five of the 29 patient CQC comment cards we received were positive about the service experienced. We spoke with 13 patients most of who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. There were a few comments related to the care patients received where they felt the practice could have been more proactive in communication with them and other services regarding their care. We also spoke with two members of the patient participation group on the day of our inspection who spoke highly of the practice.

Results from the national GP patient survey showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was close to or below local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time which is the same as the local average and higher than the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 80% 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%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

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

Most patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Two patients felt that referrals to other services were not explained properly. 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 we reviewed showed patients were less positive responses to questions about their involvement in planning and making decisions about their care and treatment were significantly below average for GPs and slightly below average for nurses. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 86% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

These results may reflect the time constraints being experienced by patients and GPs, which was reflected in dissatisfaction in waiting times in the friends and family test (FFT) in 2015. The FFT did not identify any concerns with involvement in decision making, but in response to the FFT concerns related to waiting times, the surgery practice has extended some GPs appointment times to 15 minutes to allow more time to see patients. It is too early to deduce whether this has improved patients' experience in feeling involved in decisions about their care.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also listed a number of services including counselling and a local disability advisory service.

The practice's computer system alerted GPs if a patient was also a carer or if they had a carer. This enabled staff to consider and respond to these patients' needs.

Bereavement support was offered via a local counselling service. The practice manager told us that if families suffered bereavement, a note was placed on the records system to alert staff.

A cancer support and therapy centre had a stand in the reception area of the practice. Patients had access to three counsellors based onsite resulting in lower than average waiting times for patients who needed to access this service. There were supplementary therapeutic classes provided onsite and promoted by the practice, such as tai chi, to promote healthy activities.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the local area. The practice population had a slightly higher than national average of patients over 65 years old with 18% in this age group compared to 16% nationally. Fifty six per cent of patients also had a long standing health condition compared to 54% nationally. The practice also cared for patients in a local care home for the elderly and a learning disability home. Services were highly responsive to the needs of these groups. There was consideration and planning to take into account the needs of all different patient groups. For example;

- The practice had a page on a popular social media website, with health promotion posts and information about services to widen information sources for patients. We saw this included information on preventing child illness and information events held at the practice.
- A healthcare assistant had been trained in paediatric phlebotomy (blood tests for infants), avoiding hospital trips for families and young children.
- There was a baby changing and breast feeding area.
- There was a young peoples' advice zone in front entrance, where advice leaflets relevant to this age group were displayed.
- The practice provided 'one stop' appointments for eight week old babies, reducing the need for multiple visits for immunisations and health checks.
- Local care homes and patients at risk of unplanned admission had priority access when contacting the practice.
- Chronic disease management had been streamlined by providing patients with 'one stop' reviews for all their conditions and medicine reviews to avoid multiple appointments for different conditions.
- The practice offered diabetic telephone support for its patients who were starting on insulin and provided comprehensive diabetic care plans for patients to take away, meaning they could manage their care as independently as possible, with support from the practice.

- Same day urgent home visits to housebound patients and proactive planned visits to those with chronic conditions were available.
- There were proactive vaccination campaigns including weekend drop-in flu clinic and home visits to care home patients. This was reflected in the high uptake of flu vaccinations which for 2015/16 was already 60% by mid-October 2015.
- The premises were fully wheelchair accessible and equipped with a lift. There was an external assistance bell for those with mobility scooters.
- Longer appointments were available for patients with complex conditions.
- There was a translation service available for patients who did not speak English and also an interpretation service for deaf patients.
- To support deaf patients, visual displays for calling patients into appointments were installed.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were provided until 8pm Tuesdays and Thursdays. In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available through a system of triage. For urgent appointments, patients were called back by a designated triage nurse or duty GP to determine whether they needed to see a GP, nurse or if their needs could be met by a different service such as a pharmacist. The triage service was also an advice line for patients, where the trained triage nurse could advise patients on their conditions and care. GPs we spoke with said this had reduced the need for appointments. A local healthcare hub in Bicester provided additional capacity for urgent appointments. Patients could only be referred by the practice and could not attend independently without contacting their GP practice first. We saw from data that this service was used regularly by the triage nurse to refer patients for same day care for issues such as minor illness. This service was not used to replace routine appointments for any ongoing patient care, such as the reviews of long term conditions.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was mixed. Three of these four results were below local averages and national averages, one significantly below. . For example:



# Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 85%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Patients we spoke with were mainly satisfied with the appointment system and this was reflected in comments cards also.

In response to feedback from patients on waiting times and GPs running late during sessions, the practice had responded with several measures. One was extended appointment slots for some of the GPs to 15 minutes from 10 minutes in October 2015. This enabled GPs who were often running late to spend the additional time they needed with patients, whilst not causing delays to other patients as they were still given an allocated time for their appointment. The extension to GP appointments times did not reduce the overall number of appointments as GPs worked the extra time to ensure the same numbers were provided. The practice also employed another GP to improve access to appointments in July 2015. Two new phone lines had been installed to reduce the wait time for patients when calling the practice.

The practice provided online appointment booking and 21% of patients had registered to use this service.

## Listening and learning from concerns and complaints

The practice had a 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 make a complaint or comment on the service they received, through the website and in the practice itself. We looked at several complaints received in the last two years and found that complaints were investigated and responded to

The practice recorded both written and verbal complaints. There were 25 complaints from November 2014 to September 2015, some related to clinical care received at the practice and some were regarding the coordination of patient care when passed onto other providers, such as hospitals. The practice investigated these individually and reviewed all complaints annually at a meeting to review the learning outcomes. A review of complaint trends was undertaken, but when we looked at this it did not identify any action points from particular types of complaint. When we asked the practice about this they told us they had considered whether any trends were of note and warranted action but there had been a decision among the partners this was not the case.

# 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 robust business plan and this was reflected in the way the practice was run. The statement of purpose noted that patient care needed to be holistic and patient centred to enable patients to be involved in managing their own care. This was reflected in the way care was provided. For example, care plans were issued to patients for them to manage and follow. Long term condition reviews were synchronised to enable a review of patients needs in one session. Training was a fundamental feature of the practice's strategy and staff felt well supported in this regard when we discussed their personal development with them. Trainee GPs had a training planner to support their development.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. In 2014 the lead partner left the practice. This prompted the partners to undertake a comprehensive review of the leadership structures in the practice. This included external consultation to ensure that the review was thoroughly reflective of any changes that were required. GP partners led in clinical and non-clinical areas to ensure that all services were well governed. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, protocols related to medicines management were not all specific for the purpose they were intended.
- There was a comprehensive understanding of the performance of the practice
- Clinical audits were undertaken to monitor quality and to make improvements. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- QOF was used to monitor patient outcomes, but exception reporting was not identified by the practice as being significantly above average.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners 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. For example, a partner was responsible for leading the nursing team and nurses reported they felt well supported and involved in the running of the practice. The partners encouraged a culture of openness and honesty and this was reflected in the reporting of incidents and feedback provided through appraisals.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. The practice manager told us that GP away days were held every year where the practice manager also attended and any changes to governance were fed back at team meetings. 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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. Feedback was received through comments, complaints and the friends and family test. Feedback had led to changes in the appointment system, waiting area and to appointment times. Feedback had also been gathered through the patient participation group (PPG) and through complaints received. The PPG met on a regular basis. We spoke with members of the PPG and they told us they felt involved in the running and decisions about changes to the practice.

The practice had also gathered feedback from staff through appraisals. We saw that were undertaken for all staff. We noted that short daily meetings took place between GPs to provide support and guidance on patient care and treatment.

### Continuous improvement

There was a strong focus on continuous improvement at all levels within the practice. The practice team was forward



# Are services well-led?

Good 

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

thinking and had considered the provision of care for their patients in light of the fact that Bicester was due to expand

significantly for many years. The practice had identified land which it was due to purchase and was planning an extension to its premises to add capacity in terms of consultation and treatment rooms.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Health and social care act 2008
Maternity and midwifery services	Regulations 2014
Surgical procedures	Regulation: 17 Good governance
Treatment of disease, disorder or injury	The provider was not assessing, monitoring and mitigating risks related to the health safety and welfare of service users.
	Regulation
	17(1)(b)
	<ul style="list-style-type: none"><li>There was not appropriate monitoring of patient care indicated by the high levels of exception reporting.</li></ul>