

Deddington Health Centre

Quality Report

The Health Centre,
Banbury,
Oxfordshire
OX15 0TQ
Tel: 01869338611
Website: www.deddingtonsurgery.co.uk

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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Deddington Health Centre on 27 January 2015. Overall the practice is rated as good. It requires improvement for providing effective services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, although the monitoring of high risk medicines was not adequate.
- Medicines were managed safely, including controlled drugs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was not a fully effective system for monitoring patient care and treatment. Some national data indicators suggested improvements were needed in patient care but the practice was not appropriately monitoring whether these improvements were being made.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Governance arrangements were in place for non-clinical aspects of the service. However, clinical governance was not always adequate to ensure improvements were made to patient care when necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice dispensed medicines to 98% of its population and the partners had identified delays for patients when collecting their medicines. In response the partners invested in a robotic (automatic) dispensing system to provide a more efficient dispensing system. Staff told us this had reduced delays in collecting medicines and there had been a reduction in complaints regarding dispensing delays. We observed the dispensary throughout the day and saw patients received their medicines efficiently. There was also a secure self-service prescription collection

point which enabled out of hours pick up for most medicines. Patients could request to use this service which enabled them to pick up medicines any time on any day of the week.

The areas where the provider must make improvement are:

- Improve monitoring of patient care and treatment to include assurances that where improvements are required they are made. Specifically in monitoring of patients on repeat prescriptions, high risk medicines and diabetic care.
- Ensure the Mental Capacity Act 2005 is followed in the delivery of care to patients through full guidance and providing appropriate awareness to all clinical staff.

The areas where the provider should make improvement are:

- The flag for vulnerable patients should be clearly coded on the records system to alert staff.
- Bring overdue appraisals up to date to ensure staff development needs are reviewed.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When safety incidents occurred, investigations took place and any action to improve processes was undertaken 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. However, the flag for patients at risk of abuse was not always clearly coded on the records system.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly similar to the average for the locality and higher than the national average. However, where there was poor performance in the care of diabetes and mental health indicated by national data there was not always adequate monitoring of patient care to ensure improvements were made.
- Medicine reviews were not always undertaken in a timely way. The system for managing high risk medicines was not keeping patients safe.
- Staff assessed patients' 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. However, there was not adequate training or guidance on the Mental Capacity Act 2005.
- 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?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and planned its services accordingly.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice dispensed medicines to its patients via an automated a system which enabled access to medicines out of normal working hours and at weekends. Medicines were delivered to patients locally through safe local pick up arrangement with local services and a local volunteer delivery service.

Good



Are services well-led?

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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The governance framework which supported the delivery of care did not always ensure risks regarding care and treatment were acted on quickly.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- Medicines were dispensed and available from the practice via automated dispensing 24 hours a day. There were safe systems to enable local collections and deliveries of medicines to patients living in isolated communities with limited mobility.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

People with long term conditions

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

Good



- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- The practice achieved 94% on its quality outcomes framework scores (QOF) in 2015. QOF is a quality system to measure the performance and quality of patient care and treatment.
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a structured review to check patients' health
- The monitoring of patients on long term medicines was not always robust. The practice could not provide data on the number of patients who had up to date reviews of their medicines while on repeat prescriptions of less than four medicines.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Medicines were dispensed and available from the practice via automated dispensing 24 hours a day.

Families, children and young people

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. Childhood immunisation rates for the vaccinations given to under two year olds were 95% and for five year olds they were 98%. This was compared to the overall CCG average of 89%. Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Baby changing facilities were available but these were located away from patient accessible areas. They were not clearly signed.
- GPs worked with midwives and health visitors in the provision of care.

Good



Working age people (including those recently retired and students)

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.
- 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.
- There were no extended hours appointments available.
- Patient feedback on the availability of appointments from the national survey and on the day of inspection was very positive.
- Phone consultations were offered to patients.
- Online appointment booking was available.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- However, flags on the computer records system did not always code vulnerable patients correctly to ensure staff could identify them.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was 73% compared to the CCG average of 95% and national average of 93%.
- There was a specifically low score on the management of patients on lithium and monitoring of patients on this medicine had identified risks but the action to mitigate the action was not planned for review for another year. This left patients at risk. The practice took immediate action following the inspection and demonstrated that all patients on the high risk medicine were identified for a review prior to their next issue of their prescription.
- Out of 34 patients eligible for a mental health care plan 29 had been provided with one
- During 2014/2015, there were 283 patients deemed at risk of dementia and 200 were offered assessments. From these assessments 15 new diagnoses were identified.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 256 survey forms were distributed and 116 were returned. This represented 1.8% of the practice's patient list.

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 94% 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%.
- 96% 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%.
- 97% said the nurse gave them enough time compared to the local average and national average of 92%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 94% 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%.
- 91% 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%

- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 92% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 80% 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%
- 71% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards of which all were positive about the standard of care received.

We spoke with nine patients during the inspection. They all said they were happy with the care they received and thought staff were approachable, committed and caring.

The friends and family test was used at the practice and 98% of patients stated they were likely or extremely likely to recommend the practice (93% were extremely likely to recommend the practice).

Areas for improvement

Action the service MUST take to improve

- Improve monitoring of patient care and treatment to include assurances that where improvements are required they are made. Specifically in monitoring of patients on repeat prescriptions, high risk medicines and diabetic care.

- Ensure the Mental Capacity Act 2005 is followed in the delivery of care to patients through full guidance and providing appropriate awareness to all clinical staff.

Summary of findings

Action the service **SHOULD** take to improve

- The flag for vulnerable patients should be clearly coded on the records system to alert staff.
- Bring overdue appraisals up to date to ensure staff development needs are reviewed.

Outstanding practice

- The practice dispensed medicines to 98% of its population and the partners had identified delays for patients when collecting their medicines. In response the partners invested in a robotic (automatic) dispensing system to provide a more efficient dispensing system. Staff told us this had reduced delays in collecting medicines and there had been a reduction in complaints regarding dispensing delays.

We observed the dispensary throughout the day and saw patients received their medicines efficiently. There was also a secure self-service prescription collection point which enabled out of hours pick up for most medicines. Patients could request to use this service which enabled them to pick up medicines any time on any day of the week.

Deddington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, an advanced nurse practitioner adviser, a pharmacy inspector and an Expert by Experience.

Background to Deddington Health Centre

Deddington Health Centre has a patient list of 9784. It is located in the village of Deddington and serves local villages and rural communities. There is a higher proportion of patients between 40 and 70 years old than the national average. The number of patients under 30 is significantly lower than the national average. The surgery was purpose built in 1971 and was extended in the early 1980s. It was accessible for disabled patients and those with limited mobility. There was parking including designated disabled parking. There were some bus services running to local villages enabling some patients to travel by public transport.

The practice is registered to provide services from: Deddington Health Centre, Earls Lane, Deddington, Oxon, OX15 0TQ.

There are four GP partners at the surgery and two salaried GPs, including three female and three male GPs. There are three female practice nurses and a female healthcare assistant. A number of administrative staff and a practice manager support the clinical team.

The practice was open between 8am and 6.30pm Monday to Friday and appointments were available during these

times. There were no extended hours appointments. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

This is a training practice and there was one GP in training working at the practice.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2015.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, members of the nursing team, administrative staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording incidents referred to as 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.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff. For example, the process for checking test results and other information was improved due to a significant event where a test result which required action was not picked up by staff in a timely way.
- The practice carried out a thorough analysis of the significant events.
- Staff told us the practice had introduced a system to review significant events and this was planned for all 2015 events in May 2016. However, this was much longer than 12 months after the oldest event which would be reviewed from January 2015. The timeframe for this review might have delayed identification of improvements which were not fully embedded in practice.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on. These were emailed to all relevant staff in the practice.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed 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 from harm 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. 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 safeguarding vulnerable adults and child safeguarding training relevant to their role. GPs were trained to child safeguarding level three. There was a safeguarding log which noted any patients who had concerns raised and action taken. The practice referred patients into the local multi-agency safeguarding hub where appropriate to ensure other services were aware of at risk patients and necessary action was taken. Children at risk of abuse or harm were entered onto the computer record system but we found that the safeguarding alert was not always coded properly meaning it may not appear to the appropriate staff.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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. The practice nurse was the infection control clinical lead who followed appropriate guidance. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The audit from November 2015 had an action plan and we saw completed actions were noted and outstanding actions were dated for completion.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were out of

Are services safe?

date as the practice was awaiting updated PGDs from the local CCG. In their place patient specific directives (PSDs) had been drafted to ensure vaccines and other medicines were administered in line with legislation. There were PSDs for healthcare assistants to administer medicines.

- Medicines which were required specific storage requirements were stored securely and recorded appropriately to indicate when they were received and dispensed. Two members of staff including a GP signed for the receipt and dispensing of these medicines. We checked the log which matched the medicines stored.
- The practice had a dispensary onsite and dispensed medicines to 98% of its patients. The partners had invested in automated dispensing equipment (dispensing robot) which stocked and dispensed medicines. This limited the opportunity for errors. It also enabled quicker access to medicines for patients and an automated out of hours dispensing machine which could be accessed 24 hours a day. Dispensing staff had the appropriate qualifications. Medicines were stock checked to ensure they were in date and re-ordered when required. There was a volunteer delivery service available for patients who found it difficult to travel to the dispensary. Local services also facilitated pick ups of medicines, such as local pubs and shops in rural areas. This was appropriately risk assessed and managed to mitigate risks to patients.
- We reviewed five 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.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place. An electronic log of equipment had been compiled which enabled the practice to identify any medical apparatus which may require maintenance or recalling by its manufacturer quickly.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies available for staff. The practice had a variety of other risk assessments in place to monitor safety of the premises such as fire and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment. Checking of the water supply was undertaken in line with the risk assessment.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarms and an instant messaging system on the computers in consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as flooding. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also. There was no specific action regarding the failure of the automated dispensing system which could be caused by a power cut.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Although staff were told about any changes to national guidance we found no evidence that guidance was discussed in meetings and reviewed to ensure it had been implemented in practice. Staff had a responsibility to implement NICE changes but there was minimal assurance this had been embedded in practice.

Patients with long term conditions were offered periodic reviews of their health based on national guidelines. These reviews included a pre-check which included basic questions about lifestyle and blood tests. These were followed up with the full review of the patient's health when any test results were received.

GPs in the practice has specific areas of clinical expertise. This enabled them to refer patients with specific concerns to other GPs, often reducing the need for external referrals. This was particularly evident in dermatology where referral rates to secondary care were among the five lowest practices in the CCG.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 7.3% compared to the local average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators was 83% compared to the CCG average of 94% and national average of 89%. Staff told us there action had been taken to improve diabetes care, such as improving foot checks for diabetics. However, no documented evidence was available to show that diabetic care had been audited in response to the results and then repeated to identify if improvements were being made. Diabetic patients were not issued with their own care plans by the practice as per best practice.
- Performance for hypertension (high blood pressure) related indicators was 100% compared to the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was 73% compared to the CCG average of 95% and national average of 93%. There was a specifically low QOF scores on the management of patients on lithium. Lithium is prescribed for specific mental health problems and is a high risk medicine. The prescribing of the medicine was audited but there was no repeat audit within a short timeframe to identify that improvements had been achieved. The next audit was planned for a year from the original in 2015, but the changes to patient care should have been demonstrated sooner due to the small number of patients on lithium and the risk to those patients. Immediately after the inspection the practice identified all the patients on this medicine and planned a blood test to ensure they could not receive their repeat prescriptions again without a review to ensure they were safe to continue. The protocol for this process was also immediately changed. Out of 34 patients eligible for a mental health care plan 29 had been provided with one.

Clinical audits demonstrated quality improvement.

- There was a programme of clinical audits undertaken.
- They were undertaken in for a variety of reasons and we saw some examples were due to concerns identified in the monitoring of care.
- Staff told us audits were discussed at clinical team meetings to share learning and identify what action was needed to improve patient care. We saw examples of these discussions.
- We saw no evidence that audits were repeated or completed to identify where improvements had been achieved.

Are services effective?

(for example, treatment is effective)

- We looked at audits for lithium monitoring and cancer diagnosis where learning was identified and shared with staff at clinical team meetings.

The practice provided figures to us for patients on four or more repeat prescriptions who had an up to date medicine review. There were 1495 patients on four or more repeat medicines of which 90% had an up to date review. The practice did not have a robust system for reviewing the prescribing of high risk medicines. There were not always blood tests taking place to check the medicines were appropriate to continue with prescribing, in line with national guidance..

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.
- There was training provided to all staff including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions
- 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. However, nurses did not receive an appraisal in 2015. There was a new appraisal process being implemented in the practice.

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 plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available on the Oxfordshire care summary records. This enabled other services to access these when required.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together 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, such as 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.

- There were policies for obtaining consent. Staff understood relevant consent and decision-making requirements.
- There was a Mental Capacity Act 2005 (MCA) policy. However, this did not provide appropriate guidance on making best interest decisions. For example, who may or should be involved in making best interest decisions.
- Nurses did not have training in the MCA.
- There was guidance related to obtaining consent

Supporting patients to live healthier lives

The practice identified a wide range of patients who may be in need of extra support. For example:

- Patients at risk of hospital admissions were offered care plans and the practice had supported 160 care plans.
- The practice provided support to smokers. Of the 423 identified smokers 350 were recorded as being provided with advice and of those 31) had a non-smoking status on record.
- There were 10 patients were on a palliative care register.

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme was 84%, which was higher than the national average of 82%. 61% of eligible patients were screened for bowel cancer compared to the CCG average of 59%. To improve this achievement the

Are services effective?

(for example, treatment is effective)

practice has popup alerts on the patient record system so that when consulting with a patient in the cohort who has not completed a test, they can raise the issue with the patient.

- 83% of eligible patients had been screened for breast cancer compared to the CCG average of 75%.
- During 2014/2015, there were 283 patients deemed at risk of dementia and 200 were offered assessments. From these assessments 15 diagnoses were identified.
- 6% of patients eligible for chlamydia screening undertook a test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccinations given to under two year olds were 95% (national average 90) and for five year olds they were 98% (national average 95%).

Flu vaccination rates for at risk groups in 2015 were as follows:

- For over 65s was 73% compared to national average of 73%.
- For patients at risk due to health problems flu vaccination rates were 52% compared to the national average of 55%.

NHS health checks were offered to patients. From June to September 2015 the practice provided 154 patients with the health checks, compared to their target of 423 (5.4% compared to the target of 13%).

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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 Care Quality Commission comment cards we received from patients were positive about the service experienced. All of the patients we spoke with told us the practice offered a high quality service and staff were helpful, caring and treated them 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. They felt patients and the PPG were valued and respected by staff at the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on many aspects of care and consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 94% 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%.

- 96% 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%.
- 97% said the nurse gave them enough time compared to the local average and national average of 92%.
- 89% 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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 94% 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%.
- 91% 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%
- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 carers which

Are services caring?

was 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. NHS health checks were available for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. There was a counselling service available for patients.

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 planned delivery of its services based on the needs of this population. The patient list had a lower proportion of patients from the age range of 25 to 35 years old and higher than average patients over aged 45-75.

- The practice dispensed medicines to 98% of its population and the partners had identified delays for patients when collecting their medicines. In response the partners invested in a robotic (automatic) dispensing system to provide a more efficient dispensing system. Staff told us this had reduced delays in collecting medicines. We observed the dispensary throughout the day and saw patients received their medicines efficiently. There was also a secure self-service prescription collection point which enabled out of hours pick up for most medicines. Patients could request to use this service which enabled them to pick up medicines any time on any day of the week.
- Medicines could be dispensed to local services in remote locations for patients who found it difficult to get to the practice, such as those with complex health problems. This included public houses and shops. There were processes to ensure these were collected by the right patients' and stored safely. There was also a volunteer delivery service which the dispensary used to deliver some medicines.
- The practice undertook a pilot in providing patients with weight loss advice and support and had continued after the pilot completed. This enabled nurses to support patients who would benefit from losing weight and there was the ability to refer them to external specialist programmes.
- We saw clinical staff physically came to tell patients when their appointment slots were behind.
- There was a monthly newsletter for patients including health information and changes to the practice made in response to patient feedback.
- There were longer appointments available for patients with a learning disability or complex health problems.
- To encourage continuity of care there were named GPs for patients with complex conditions and older patients.
- The practice considered the needs of with hearing difficulties. A hearing aid loop was available.

- Home visits were available for any patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- Text reminders were sent to patients regarding their appointments.
- A phone translation service was available for any patients who had difficulty in using English.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and appointments were available during these times. Extended surgery hours were not offered. Appointments could be pre-booked and same day appointments were also available. Phone consultations were available if this suited patients' needs.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 92% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 80% 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%.
- 71% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Online appointment booking was available and 1908 patients (20% of total population) had registered for the service.

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

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system

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 reviewed its core strategy and values with the assistance of an external service in 2015. This led to a revised business plan and strategy.
- Staff were involved and knew the values of the practice.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care. However, some governance arrangements did not function appropriately:

- There was an understanding of the performance of the practice through monitoring such as clinical audit, but when concerns were identified they were not always acted on promptly. For example, when an audit identified insufficient monitoring of patients on lithium, there was no immediate action to remedy the concerns.
- 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 and these were kept up to date.
- There were arrangements for identifying, recording and managing risks.

Leadership and culture

The partners in the practice supported staff. They included the practice manager in the running of the service. This enabled the practice manager to be proactive in implementing changes to non-clinical processes where required. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. However, there was a lack of clinical assurance to ensure that guidance and required changes were embedded in practice. For example, medicine safety alerts were shared with clinical and dispensing staff in the practice. There was no follow up to ensure that the necessary action was always taken in response to these alerts.

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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- Daily meetings took place where any member of staff could discuss issues with the partners.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and responded proactively to patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly and we spoke with three members of the group. They told us they felt involved in the running of the practice. For example, they PPG had led to a change in staff parking policy which freed up more spaces for patients.
- There was a newsletter published monthly which included a section on how patient feedback had been

Are services well-led?

Good 

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

responded to. For example, patients had requested more information when GPs and nurses run late. We saw clinical staff physically came to tell patients when their appointment slots were behind.

- The friends and family test was used at the practice and 98% of patients stated they were likely or extremely likely to recommend the practice in 2015.

The practice had gathered feedback from staff through from appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the leadership team.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There was not sufficient assessing, monitoring and improvement as a result of the governance structures in place. The provider had failed to identify the risks associated high risk medicines. There was not sufficient monitoring of patient outcomes where improvement had been identified by audits and national data.</p> <p>This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	