

# Burford Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burford Surgery on 28 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP 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.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- However, the practice dispensary was not secure which put staff and patients at risk. The entry way was easily accessible to members of the public or any other unauthorised person. There was inconsistent recording of near miss incidents for dispensary staff to reflect on learning outcomes.

# Summary of findings

The area where the provider should make improvements are:

- Ensure that all medicines are stored securely and only accessed by authorised staff.
- All dispensary staff should record and investigate all near misses in the dispensary (to include dispensing and prescribing near misses).

**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



- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Emergency medicine and equipment was available and accessible to all staff, although there were concerns over security. In the dispensary we found the overall security of the dispensary was a risk, staff were inconsistently recording near miss incidents and some repeat prescriptions were not being signed before the medicines were handed to patients. Once we had highlighted these issues to the practice they responded within two days of the inspection and showed evidence of revised prescription processes in place. They also risk assessed the security arrangements and were looking to relocate the dispensary.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used national and local guidelines, patient safety and medicine alerts and patient reviews to positively influence and improve practice and outcomes for patients. The practice had designed a series of daily audits on the computer system to

# Summary of findings

offer a patient care system which linked best practice and QOF targets to patient records. This enabled clinical staff to plan patient care and undertake opportunistic screening as part of a routine consultation.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- 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 and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- There were innovative approaches to providing integrated patient-centred care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the PPG informed the practice there was a problem with the online booking system. The practice corrected this within a few days.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice paid for a delivery driver to take medicines, patient information leaflets and other correspondence (such as x-ray forms) to patients with restricted mobility.
- The practice provided GP services for two nursing homes. The GPs offered twice weekly visits to assess and monitor the residents. One of the GPs had also offered training to the nursing homes on the recognition of sepsis (a life threatening infection that affects the whole body) and developed a template document for them to follow if one of the residents became unwell. The document advised when emergency assistance should be sought which avoided any unnecessary delays in getting medical assistance to the patient.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 76% of diabetic patients had achieved a target blood level of below 64mmol compared to the CCG average of 79% and national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice offered home visits from the nursing team for elderly, housebound patients who required a review of their long term conditions or flu vaccines.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice cervical screening programme had achieved 82% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Following feedback from staff, the practice had introduced a system of open access to children aged 12 years and under. This resulted in patients aged under 12 offered a same day appointment without prior GP triage.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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).

Good



- 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. For example, the practice offered telephone and email consultations and email correspondence for test results.
- 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.
- The practice had an online blood pressure recording form for patients to access from home. This allowed patients to enter their recording without the need to visit the practice.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had offered 100% of patients with a learning disability a review of their health care needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice worked closely with the pharmacists in two local towns to identify patients who were not collecting, or forgetting to collect their medicines. This collaborative working ensured vulnerable patients were quickly followed up and assessed for any signs of deteriorating health.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average 84%.
- 94% of patients experiencing poor mental health had received an annual physical health check which was better than the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. There was an annual

Good



# Summary of findings

educational afternoon dedicated to mental health within the practice. In 2016, a consultant from the local community mental health team was asked to attend for an educational session with staff.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 236 survey forms were distributed and 120 were returned. This represented a 51% response rate which was 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 18 comment cards which were mostly positive about the standard of care received. Patients described caring GPs and nurses who listened and responded compassionately. Only two comments expressed a negative view of the appointment system.

We spoke with one patient during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We also spoke with representatives of the nursing homes that have patients registered with the practice. They told us that the practice was quick to respond to urgent care requests and home visits and the GPs treated the patients with dignity and respect. The GPs visited the nursing homes twice a week to carry out routine assessments of patients and review their changing healthcare needs. The nursing home staff felt this continuity of care benefitted the patients who would see the same GP and had built a rapport with them.

The latest friends and families test results showed the practice scored 87% for being recommended by patients. This was comparable with other practices locally.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure that all medicines are stored securely and only accessed by authorised staff.

- Dispensary staff should record and investigate near misses in the dispensary (to include dispensing and prescribing near misses).

# Burford Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Burford Surgery

Burford Surgery and Carterton Health Centre (the branch practice) offers primary medical services to over 6400 patients in a rural area of Oxfordshire. There is a wide practice boundary covering a 50 square mile area, with some remote areas not serviced by local transport links. The practice provides GP services for two nursing homes within the community.

The practice has four GP partners (two male, two female) and three salaried GPs (two female, one male). The GPs cover a total of 36 sessions per week which is a whole time equivalent (WTE) of 4.5 full time GPs. The nursing team consists of three practice nurses (all female) and four healthcare assistants (all female). The practice dispensary has a dispensary manager and two dispensers. The practice is supported by an organisational and administration team, consisting of a practice manager, two secretaries, a finance assistant, a coding administrator, a reception manager and five receptionists.

Burford Surgery is a training practice and have two trainee GPs currently in their last year of training. (A training

practice provides support and mentorship to qualified doctors who are undergoing further training to become GPs). They also support medical students who are on placements of up to six weeks.

Burford Surgery (the main practice) is located in a purpose built building in a semi-rural area. There is ample parking available and designated disabled parking spaces. The wide entranceway doors lead directly into the waiting room area and a reception desk with lowered counter. There are seven GP consultation rooms, one nurse treatment room and a phlebotomy room which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

The main practice at Burford is open between 8am and 6.30pm Monday to Friday. Routine appointments are from 8am to 11.30am every morning and 2pm to 6.20pm daily. Extended hours appointments are offered on four mornings per week from 7.30am to 8am and from 6.30pm until 7pm on two evenings per week. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

Carterton Surgery (the branch practice) is located approximately five miles from the main practice. Opening times are from 8am to 12.30pm Monday to Friday with appointments from 8.30am to 11am. The branch site shares the property with another GP practice in a purpose built single storey accommodation. The reception desk is clearly labelled and the consultation and treatment rooms are located to one side of the building. There is a treatment room along the corridor of the other practice which is mostly used by the midwives and health visitors when they run clinics from the branch.

Services are provided from:

# Detailed findings

Burford Surgery, 59 Sheep Street, Burford, Oxfordshire, OX18 4LS

and

Carterton Surgery, 6 Alvescot Rd, Carterton, Oxfordshire, OX18 3JH

We visited both practice sites as part of the inspection. The practice has not been inspected by CQC prior to this inspection.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

- Spoke with a range of staff (GPs, Practice Nurses, Dispensers, Practice Manager, Administration and Reception staff).
- Spoke with representatives of the patient participation group.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us there was a recording form available on the practice's computer system. Staff were encouraged to report events and we saw evidence that all levels of staff were reporting incidents. Once the electronic recording form was submitted an email was automatically sent to the lead GP, practice manager and departmental leads to begin an investigation into the incident. The form included a drop down box for adding which CQC regulation it was related to. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- Significant events remained on the agenda for monthly meetings until they had been completed and the learning outcomes shared. This ensured all significant events were monitored for any outstanding actions so no incidents were omitted from being completed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a medicine error occurred when a patient was given the medication for another patient who had the same name. Both patients were informed and the practice searched all patients with similar/same names to add an alert to their records. Red alert stickers were obtained to be placed on all medication for patients with similar names. Reception staff were made aware to check the date of birth

for patients as an additional data source to ensure the correct patient was selected from the system. In addition, all new patient registrations were checked for duplicate/similar names.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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.

# Are services safe?

## Medicines management

- The arrangements for managing medicines (such as obtaining, recording, handling and disposal), including emergency medicines and vaccines, in the practice kept patients safe. However, there were storage and security issues identified in the practice dispensary. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Dispensary staff showed us standard procedures which covered all processes in the dispensary (these are written instructions to support staff to work safely).
- The practice had a system in place to monitor the quality of the dispensing process. Whilst medicines incidents were reported, 'near misses' were inconsistently recorded. (Recording and analysing near miss data helps to prevent the occurrence of incidents).
- The practice offered a flexible repeat prescribing service where patients could order their repeat medicine in person, via telephone, online or via an automatic repeat service. While the dispensers followed safe dispensing practices, the practice process for repeat dispensing resulted in occasions when patients may have received medicines before the GP signed the prescription. The practice reviewed and revised their repeat prescription dispensary processes and provided evidence of this to CQC within two days of the inspection. One of the dispensers initiated a labelled box system for dispensed medicines to be retained until the prescription had been

signed. In addition, the practice had contacted a support team to advise if the computer system could be reconfigured to allow a prescription to be printed but remain on the dispensary "to dispense" list to be actioned once the prescription was signed.

- The dispensary was located next to the reception and was a thoroughfare for staff to access the reception area. This increased the chance of distractions for the dispensary staff. The lead GP for the dispensary told us they had considered the increased chance of interruptions and they had a culture of not distracting the dispensers when they were in the middle of a task.
- The dispensary opened on to the waiting area, separated by a bolted half door. The medicines were not stored securely as members of staff and visitors could access the medicines area. Sometimes the dispensary and reception area only had one member of staff on duty. It was not possible to assure that unauthorised persons did not access the medicines during these periods.
- We saw patients waiting less than ten minutes for their medication. The practice had a medicine delivery service three times a week. The practice served rural communities within Oxfordshire which helped isolated patients access their medicines.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster available outside the practice manager's office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff at both practice sites and all staff knew of their location. All the medicines we checked were in date. However, the inspection team raised a concern over the location of the emergency medicines and equipment. They were not securely stored at either site; at Burford Surgery the equipment and medicines were stored in an unlocked cupboard in a corridor that could be accessed by patients. At Carterton Surgery the emergency equipment and medicines were available in an open area of a corridor which was accessible from the patient waiting room. Once this was highlighted to the practice they immediately ordered a keypad style lock for the Burford site and arranged for the Emergency supplies at Carterton to be moved to a locked storage area with key access and a notice on the door ensuring all staff are aware of its location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 7% exception reporting compared to 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 94% which was similar to the CCG average of 94% and national average of 89%.
- Performance for mental health related indicators was 99% which was above the CCG average of 95% and national average of 93%.

However, the exception reporting for depression related indicators was significantly higher (64%) compared to the CCG average (21%) and national average (25%). The practice were unaware of the high exception reporting for depression and were unable to find where the figure had originated. Upon checking their system for 2015/16 there was no exception reporting documented for depression.

There was evidence of quality improvement initiatives including clinical audit.

- The practice had adapted the computer system to run a daily audit of patients to produce a care planning strategy. This included medicine alerts and interactions, reviews required and QOF indicators. This allowed the clinical staff to plan integrated patient care ahead of an appointment. Patients benefitted from a robust system of recalls and follow ups.
- There had been six clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included training and discussion for GPs on the best practice guidelines for offering chaperones and recording the correct read codes on the patient record. The initial audit of the use of chaperones in intimate examinations showed 54% of patient records were correctly recorded and coded, 29% had recorded in the free text a chaperone was offered and 17% had no record of a chaperone being offered. The second cycle of audit, completed five months later showed 100% of patients with a record of an intimate examination had been offered a chaperone and were correctly coded. This ensured patients were safe and protected during examinations when they would be vulnerable.

Information about patients' outcomes was used to make improvements such as: Following a review of a patient admitted to hospital, an audit of patients recorded as taking a prescribed non-steroidal anti-inflammatory medicine (NSAID – a type of pain killer) was undertaken to identify how many patients had also been prescribed a proton pump inhibitor (PPI – a medicine that protects the stomach lining). The audit identified 81% of patients had met this criteria. This was deemed below the target set by the author of 90%. Patients were contacted and their medications reviewed. The repeat audit six months later showed 100% of patients were prescribed the combination medicines. This demonstrated how patients on long term NSAIDs were being managed to reduce the risk of future complications.

# Are services effective?

## (for example, treatment is effective)

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, such as, for those reviewing patients with long-term conditions. For example, the lead nurse had arranged for a diabetic consultant specialist to attend the practice for an educational meeting.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the nursing team. Patients could choose to be seen by the nurses or attend a local NHS England run service.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in

# Are services effective?

(for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60 to 69 being screened for bowel cancer within 30 months was 61% compared to the CCG average of 59% and national average of 53%. Breast cancer screening uptake for female patients aged 50 to 70 over a 36 month period was 69% compared to the CCG average of 75% and national average of 72%. The practice was aware of the lower uptake of breast cancer screening and were considering including these patients to the daily

audit figures for further encouragement and discussion. The current system of recalls was undertaken by an external stakeholder and was not routinely followed up by the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% compared to the CCG average of 90% to 97% and five year olds from 91% to 98% compared to the CCG average of 92% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 98% of patients 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 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients 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 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 247 patients as carers (4% of the practice list). Carers were told about a local carers charity and an information pack was available to be handed out to patients. Information about support

for carers was displayed on the waiting room TV screen. Written information was available to direct carers to the various avenues of support available to them and there were links to support groups on the practice website.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- The practice had audited and reviewed its appointment system in response to patient and staff feedback. They had recently commenced 15 minute appointment slots for all routine appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The main practice at Burford was open between 8am and 6.30pm Monday to Friday. Routine appointments were from 8am to 11.30am every morning and 2pm to 6.20pm daily. Extended hours appointments were offered on four mornings per week from 7.30am to 8am and alternate early start (7.30am) or late finish (7.30pm) appointments were available on Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Carterton (the branch practice) was open from 8am to 12.30pm Monday to Friday with appointments from 8.30am to 11am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients requesting a home visit were called by the duty GP to determine priority. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made such as calling 999 for ambulance assistance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice maintained openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, reception staff were offered additional training on booking telephone review appointments after a patient complained his call was delayed without being informed. Reception staff were made aware to inform patients requesting a telephone consultation they would be contacted in order of priority.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was newly formed as a face to face group, having been a virtual PPG for many years. They had met twice in the preceding month and were planning to meet every two to four weeks until fully established. They had agreed to attend forum groups to liaise with other PPGs in the area and to discuss ideas. The PPG had already submitted proposals for improvements to the practice management team. For example, the PPG suggested the practice telephone message should be changed as it was confusing to know which number to dial on the automated system. The practice changed the message

# Are services well-led?

Good 

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

within days of this meeting. The PPG were also eager to initiate a volunteer car service for patients with reduced mobility as direct local transport was no longer available between the practice and remote villages.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. The practice also provided lunch to all staff daily to encourage them to remain onsite at lunchtime. This provided an additional opportunity for informal conversations and networking. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff had suggested more appointments be made available to patients after bank holidays and weekends due to increased demand at

these times. The practice implemented a new appointment system to accommodate this request. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a training practice and had maintained high standards for training and supporting its GP trainees and medical students. The practice had been through a difficult 12 months with some staff sickness but had shown resilience and effective teamwork to overcome the additional strain on services this had caused.