

Dr JA Wright and Dr B Tucker

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?	Outstanding	
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 Dr JA Wright and Dr B Tucker, more commonly known as Cropredy Surgery in Oxfordshire on 24 November 2016. Overall the practice is rated as good.

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.
- 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 the skills, knowledge and experience to deliver effective care and treatment.
- An understanding of the clinical performance and patient satisfaction of the practice was maintained.

The practice had reviewed clinical performance and implemented actions to improve. The practice was seeking to improve already high levels of patient satisfaction.

- Feedback from patients relating to access to services and the quality of care was significantly higher when compared with local and national averages. This was corroborated by written and verbal feedback collected during the inspection.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to and made improvements as a result.
- Cropredy Surgery had a clear vision to deliver high quality, patient-centred care and promote good outcomes for patients. The practice had developed

Summary of findings

clear aims and objectives. These reflected the principle that patients came first, underpinned by a philosophy of providing safe and personalised high quality general practice care.

The area where the provider should make improvement is:

- Continue to review patient outcomes to ensure that patients receive appropriate care and treatment. This would include a review of the system in place to promote completion of dementia care plans in order to increase patient uptake.

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.

- 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. Learning was based on a thorough analysis and investigation.
- 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.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice maintained effective working relationships with other safeguarding partners such as health visitors and district nurses.
- There were systems in place to protect patients from the risks associated with medicines management.
- The practice demonstrated a thorough approach to staff training in management of emergencies; this included community training in the use of the village Automatic External Defibrillator. Records were kept and analysis was undertaken to ensure that risks to patients were reduced and learning was encouraged and shared.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar when compared to the local and national averages. In 2015/16, the practice had achieved 97% of points (the local CCG was 98% and national average was 99%).
- The most recent published exception reporting was higher when compared to the CCG and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review

Good



Summary of findings

meeting or certain medicines cannot be prescribed because of side effects. The practice had identified the increased levels of exception reporting as an area for improvement and formulated action plans to reduce exception reporting.

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- There was a programme of staff appraisals and evidence of performance monitoring, identification of personal or professional development.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, strong alliances with the psychiatrist and community mental health team.

Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed patients were respected and valued as individuals, whilst being empowered as partners in their care.
- Verbal and written feedback about the about the way staff treated people and their families was continually and overwhelmingly positive.
- Data from the latest national GP patient survey (published in July 2016) showed that patients rated the practice highly for all of aspects of care.
- 92% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the local clinical commissioning group (CCG) average (84%) and national average (82%).
- 97% of patients who say the last nurse they saw was good at treating them with care and concern. This was higher when compared to the local CCG (92%) and national average (91%).
- Information for patients about the services available was easy to understand and accessible.

Outstanding



Summary of findings

- We saw there was a strong, visible, person-centred culture. Relationships between patients, those close to them and Cropredy Surgery staff was caring, supportive and highly valued.

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 engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, a prescription delivery service was provided by a driver employed by the practice, and this provided an opportunity for any concerns about patient wellbeing to be fed back to the practice.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs.
- Data collected via the national GP patient survey reported patients found access was excellent. For example, 97% of patients said they found it easy to get through to the practice by telephone, CCG average was 84% and national average was 73%.
- Furthermore, 91% of patients described their experience of making an appointment as good. This was higher when compared to the CCG average (80%) and national average (73%).
- All of the verbal and written feedback received on the day of the inspection, was positive about access and highlighted excellent access to appointments.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision with quality and safety as their top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. We noted that the practice undertook staff satisfaction surveys, results of which were analysed and shared to ensure learning and improvement.
- The practice gathered feedback from patients, there was an active patient participation group (PPG) which influenced practice development.
- 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.
- There was a strong focus on continuous learning and improvement at all levels. This included proactively reviewing already high levels of patient satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Older people at risk of isolation within a rural community were identified and discussed at meetings including multi-disciplinary meetings to address any additional support required.
- Cropredy Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, Cropredy Surgery performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators was higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and the national average (88%).

Good



People with long term conditions

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

- The number of patients registered at Cropredy Surgery with a long-standing health condition was higher than local and national averages. For example, 58% of patients had a long-standing health condition, this was higher than the local CCG average (50%) and national average (54%). This could result in an increased demand for GP services
- Performance for diabetes related indicators showed Cropredy Surgery had achieved 97% of targets which was similar when compared to the CCG average (95%) and higher when compared to the national average (90%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic

Good



Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (98%) and higher when compared to the national average (96%).

- Longer appointments and home visits were available when needed.

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.
- Immunisation rates were higher when compared with local averages and national averages 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's uptake for the cervical screening programme was 84%, which was similar when compared to the CCG average (83%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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.
- Services were flexible, provided choice and ensured continuity of care for example, telephone and email consultations were available for patients who chose to use this service.
- There was a range of appointments including early morning and evening appointments. These appointments were

Good



Summary of findings

specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments. Following patient feedback, the practice had amended the times of nurse clinics to increase appointments for this group of patients.

- Online access was promoted within the practice and 51% of the practice population had registered for online access. The practice had utilised online access for over 10 years and was highlighted as a beacon site for online access. On-line booking for appointments and ordering repeat prescription was available for patients' convenience. The practice website was well designed, clear and simple to use featuring regularly updated information.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, canal community, those with caring commitments and those with a learning disability.
- Cropredy Surgery was actively involved in a research project for domestic abuse. Core areas of this project were training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. Initially aimed at women who were experiencing domestic violence this also provides information and signposting for male victims and for perpetrators.
- This service enabled a responsive and personal service for the supply of medicines, including the delivery of medicines to vulnerable, frail and housebound patients. This provided an opportunity for any concerns about patient wellbeing to be fed back to the practice.
- The practice offered longer appointments for patients whose circumstances may make them vulnerable.
- In November 2016, the practice patient population list was 3,650. The practice had identified 83 patients, who were also a carer; this amounted to 2.2% of the practice list.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Outstanding



Summary of findings

- 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).

- The practice offered flexible hour long appointments at the end of usual surgery times for patients with complex mental and physical needs.
- 92% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was similar when compared to the CCG average (91%) and the national average (89%).
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower when compared to the local CCG average (87%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Additional training in recognising and supporting people with dementia had been arranged for December 2016.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had significantly higher performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, patient's satisfaction for aspects relating to accessing care and the quality of care provided by the practice was much higher than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 214 survey forms and 124 forms were returned. This was a 58% response rate and amounted to approximately 1.6% of the patient population.

- 97% of patients found it easy to get through to this practice by telephone (CCG average 84%, national average 73%).
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 96% of patients described the overall experience of this GP practice as good (CCG average 90%, national average 85%).
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 57 comment cards all feedback was overwhelmingly positive about the standard of care received. Furthermore, patients commented on receipt of excellent service from the GPs, nurses and the dispensary.

We spoke with 13 patients during the inspection and two members of the patient participation group. Verbal feedback aligned to the high level of satisfaction which was highlighted in the national GP patient survey and the written feedback we received. All 13 patients and both members of the patient participation group praised the care they received and thought staff were approachable, committed and caring.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- Cropredy Surgery achieved a 91% satisfaction rate in the NHS Friends and Family Test in October 2016, 88% in September 2016 and 100% in August 2016.

Dr JA Wright and Dr B Tucker

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a second CQC Inspector and a GP specialist adviser.

Background to Dr JA Wright and Dr B Tucker

Dr JA Wright and Dr B Tucker is more commonly known as Cropredy Surgery and is a GP dispensing practice located in Cropredy in rural north Oxfordshire. Cropredy Surgery is one of the practices within Oxfordshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,650 registered patients.

The patient population has been increasing by approximately 50 patients a week as the local health economy changes and Cropredy continues to grow with the development of an 800+ housing development and 249 berth marina.

All services are provided from:

- Cropredy Surgery, Claydon Road, Cropredy, Banbury, Oxfordshire, OX17 1FB.

According to data from the Office for National Statistics, Oxfordshire has high levels of affluence, low incidence of substance misuse and severe mental health problems and low levels of deprivation.

Ethnicity based on demographics collected in the 2011 census shows the population of Cropredy and the surrounding area is predominantly White British.

The practice population has a lower proportion of patients aged below 39 and a higher proportion of patients aged over 40 when compared to the national average. The prevalence of patients with a long standing health condition is 58% compared to the local CCG average of 50% and national average of 54%. This could result in an increased demand for GP services.

The practice population includes patients from the boating and canal community based at the nearby marina, canals and patients from the local farming community.

The practice comprises of two GP Partners (one female and one male) who are supported by a female salaried GP. The all-female nursing team consists of three practice nurses and a health care assistant.

The practice manager and a team of nine reception, administrative and secretarial staff undertake the day to day management and running of Cropredy Surgery.

The practice is open between 8am and 6.30pm Monday to Friday (appointments between 8am and 5.50pm). Each week extended hours for pre-bookable appointments were available every Monday evening until 7.15pm and every Wednesday morning from 7.30am. The dispensary has core opening hours between 9am and 5pm every weekday and GPs frequently dispense acute prescriptions outside of those times.

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

Detailed findings

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

We carried out an announced visit to Dr JA Wright and Dr B Tucker (Cropredy Surgery) on 24 November 2016. During our visit we:

- Visited Dr JA Wright and Dr B Tucker in Cropredy, Oxfordshire.
- Spoke with a range of staff. These included GPs, a nurse, the practice manager and several members of the administration and reception team. We also spoke with members of the dispensary team.
- Also spoke with 13 patients who used the service.
- Observed how patients were being cared for and how medicines were dispensed.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 57 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.
- Circulated three staff surveys at the inspection and received three completed responses.

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 they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. For example, we discussed a recent national patient safety alert. The alert was recorded and disseminated to all clinical members of staff (including dispensary staff) and processes reviewed to ensure all potential stores of medicines, including the emergency kit were checked.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following an incident when a patient received an incorrect immunisation.

This investigation highlighted two different processes when recording immunisation histories. Following this incident, there was a full review which included a review of the practice's immunisation processes and as a result one agreed process which all clinical staff who administered immunisations followed. Furthermore, awareness was raised to the reception team to ensure when arranging

immunisation appointments they highlight the requirement for patients to bring immunisation correspondence to the appointment. All members of staff we spoke with were aware of the change in process.

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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the reception and waiting areas 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 (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).
- Cropped Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses had been appointed as the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for the practice and all practice staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit for completed in September 2016. We reviewed

Are services safe?

subsequent action that was taken to address any improvements identified as a result, for example updating and amending the infection control policy and induction booklet for new starters.

- We reviewed four 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.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- The practice dispensed to 85% of its patients (3,100 out of 3,650) and dispensed approximately 7,000 items each month. The practice had a designated GP lead for the dispensary. The dispensary had documented processes which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were

stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy displayed which identified local health and safety representatives. The practice had up to date fire risk assessments (the most recent completed in October 2016). We saw a record of scheduled fire drills, the last of which was completed in November 2016. All electrical equipment was checked (September 2016) to ensure the equipment was safe to use and clinical equipment was checked (August 2016) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor staff safety (maternity risk assessment) and safety of the premises such as control of substances hazardous to health and a legionella assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day. With increasing demand, a growing patient list and developments within Cropredy, the practice had recruited a new salaried GP to join the practice. Within the dispensary, we saw a strategic approach to the use of a locum dispenser to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

Arrangements to deal with emergencies and major incidents

The practice had suitable 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 and wall mounted panic alarms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines were available.
- There was an Automated External Defibrillator (AED) available on the premises and oxygen with adult and children's masks. One of the GPs worked with Cropredy Parish Council to install an AED on the outside wall of the practice. The Parish Council had organised a local volunteer group and one of the practice GPs facilitated regular AED training to the group should there ever be an incident in the community which required the use of the AED when the practice was closed.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All staff knew of their location and all the medicines we checked were in date and stored securely.
- 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 (October 2016) were 97% of the total number of points available; this was similar when compared to the local clinical commissioning group (CCG) average (98%) and the national average (99%). The most recent published exception reporting was higher when compared to the CCG and national averages, the practice had 16% exception reporting, the CCG average exception reporting was 10% and the national average was 10%. (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).

During the inspection we saw evidence that contact was attempted with these patients on three different occasions. Staff explained that they would not exception report any patients until their QOF submission was due in March to provide as much time as possible to provide all patients with condition reviews who required one.

The practice had identified the increased levels of exception reporting as an area for improvement and formulated action plans to reduce exception reporting. We saw the latest exception reporting meeting and action plan from September 2016; this was a live document and

regularly reviewed. Actions included monthly reviews of performance, increased awareness of the importance of regular recalls to all patient groups and dispensers attaching messages prescription bags for those patients they identified who were due for a review.

Data from 2015/16 showed the practice was in line and above the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 97% of targets which was similar when compared to the CCG average (95%) and higher than the national average (90%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had 100% of targets which was similar when compared to a CCG average (99%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (93%).

There was evidence of quality improvement including clinical audit.

- We saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been six clinical audits undertaken in the last year, four of these were completed audits where the improvements made were implemented and monitored.
- We reviewed all four of the completed clinical audits and saw the findings were used by the practice to improve services. For example, one of the completed clinical audits commenced in July 2015 and reviewed the management of patient's treatment following coronary angioplasty. Coronary angioplasty is a procedure used to widen blocked or narrowed coronary arteries (the main blood vessels supplying the heart).
- The second audit cycle (completed in July 2016) indicated the practice was meeting local and national clinical targets with full adherence to NICE guidelines.

Are services effective?

(for example, treatment is effective)

However, the audit also highlighted a miscommunication from secondary care; we saw this was discussed at a clinical meeting which included the dispensary manager.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Cropredy Surgery could demonstrate how they ensured role-specific training and updating for relevant staff, this was known in the practice as “growing our own staff”. For example, one member of staff joined the practice in 2008 as a receptionist, through ongoing support they became a phlebotomist (a phlebotomist is someone who draws blood from patients and sends them to laboratories to be tested). One year later, following further training supported by the practice and mentored by the nursing team they became a health care assistant.
- Furthermore, we saw evidence of community specific training. For example, the dispensary manager completed a three month placement with Oxfordshire Palliative Care Education Group. This placement developed knowledge and skills in end of life care by working alongside specialist palliative care staff. Members of staff highlighted the dispensary manager (who attended the placement) had provided key learning to the rest of practice including detailed explanations of end of life care pathways.
- The learning needs of staff were identified by the practice manager through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- The practice supported nurse’s complete revalidation including use of a revalidation toolkit. This toolkit not only supported nurse validation but also the needs of their continual professional development

- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the practice manager who had records to demonstrate that the dispensers’ competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- Cropredy Surgery had participated in the Dispensary Services Quality Scheme (DSQS) since 2006. In addition to the correct levels of dispensary training (NVQ2/3) and minimum 1000 hours experience the dispensary team had completed training in three dispensary competencies in teamwork, customer service and health and safety.
- All practice and dispensary staff have had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 transient practice patients who used the local marina and canals as a base as they 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

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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 received support or were signposted to the relevant service.
- Information from Public Health England showed 91% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (89%) and the national average (88%). Smoking cessation advice was available from members of the nursing team. The health care assistant had planned training to complete smoking cessation training.
- The practice held a register of patients living in vulnerable circumstances including travellers, the canal community and those with a learning disability. There was only one patient on the learning disabilities register, we saw they have had an annual health check.

Cropropred Surgery successfully encouraged patients to attend national screening programmes. For example:

- The practice's uptake for the cervical screening programme was 84%, which was similar when compared to the CCG average (83%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Furthermore, data from Public Health England indicated success in patients attending national screening programmes:

- 65% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 76% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were higher when compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 96% and 100%, (CCG averages ranged between 95% and 97%, national averages ranged between 93% and 95%) and all vaccinations for five year olds were 100% (CCG averages ranged between 92% and 97%, national averages ranged between 81% and 94%).

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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- 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 feedback from patients and their families about the way staff treated people was continually and overwhelmingly positive. Every one of the 57 patient Care Quality Care (CQC) comment cards we received was very positive about the service experienced. Patients expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally.

Staff were highly motivated and shared a common goal to offer person centred care. This was reflected in the results from the National GP Patient Survey. For example, of those who responded:

- 95% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 95% of patients said the last GP gave them enough time (CCG average 89%, national average 87%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 97% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 97% of patients said the nurses gave them enough time (CCG average 94%, national average 92%).

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 98% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

During the inspection we observed a member of the reception team compassionately supporting a family who had just entered the practice and required additional support prior to their appointment with a GP.

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. Through discussions with staff and additional feedback from patient it was evident practice staff were committed to working in partnership with patients. We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey showed a highly positive response in relation to questions about patient involvement in planning and making decisions about their care and treatment which aligned to the verbal and written feedback we received. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 92% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 97% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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



Are services caring?

- Patients registered at the practice were predominantly white British with little call for translation services. All staff we spoke with were aware 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

Through discussions with patients and practice staff it was clear staff knew their patients very well, which allowed for good continuity of care. Many patients told us how much they and the Cropredy community valued the support of the practice.

We saw a number of compliments, thank you letters and testimonials to the practice thanking staff for their care and support during difficult times. Comments reflected how staff went the extra mile and supported patients. We also saw various examples of tokens of appreciation left at the practice by patients, this included local fresh farm produce from the local farming community which the practice provided GP services for.

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations. This included a designated section on the practice website to support carers, including young carers, local care charities, Oxfordshire emergency carers support service and carers wellbeing reviews.

The GPs and nurses within the practice had a comprehensive knowledge of each individual patient's social and medical needs. This system enabled them to respond quickly to patient needs in the most appropriate way and to effectively deliver the practice mission statement to "deliver the highest quality, holistic, patient-centred health care". Feedback from patients told us that they appreciated the continuity of care this system provided and felt it offered the opportunity for improved relationship building between themselves and their GP.

The practice's computer system alerted GPs if a patient was also a carer. In November 2016, the practice patient population list was 3,650. The practice had identified 83 patients, who were also a carer; this amounted to 2.2% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This 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. Patient feedback received during the inspection highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives. One of the examples we saw detailed the support from the practice when caring for a terminally ill family member.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Longer appointments were available for patients. Double appointment slots and one hour appointments could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Although there was not an automatic door entrance, there was step free access to help those with mobility difficulties, a lowered reception desk and a portable hearing loop to help patients who used hearing aids.
- People's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care. For example, telephone and email consultations were available for patients that chose to use these services.
- The practice provided a dispensary service for 85% of their registered patients, ensuring easy and rapid access to medicines for patients residing across the local rural area. A prescription delivery service was provided by a driver employed by the practice, and this provided an opportunity for any concerns about patient wellbeing to be fed back to the practice.
- Cropredy Surgery provided a range of services on site to help avoid journeys for patients to access care. This included phlebotomy, ECGs, spirometry, ear syringing, leg dressings, ambulatory blood pressure monitoring, travel advice and vaccinations.

- In order to offer choice and flexibility, patients who wished to consult with an alternative GP, for example, a same sex GP, for a specific condition were able to do so.

Access to the service

Cropredy Surgery was open between 8am and 6.30pm Monday to Friday (appointments between 8am and 5.50pm). Each week extended hours for pre-bookable appointments were available every Monday evening until 7.15pm and every Wednesday morning from 7.30am. The dispensary had core opening hours between 9am and 5pm every weekday and GPs frequently dispensed acute prescriptions outside of these times if ever required by a patient.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher when compared to local and national averages. Notably, access to services was much higher than local and national averages. For example:

- 97% of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).
- 82% of patients said they usually got to see their preferred GP (CCG average 68%, national average 59%).
- 91% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 96% of patients who say the last appointment they got was convenient (CCG average 93%, national average 92%).
- 90% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).
- 83% of patients said they don't normally have to wait too long to be seen (CCG average 57%, national average 58%).
- 91% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).

Are services responsive to people's needs?

(for example, to feedback?)

Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results and patients commented they could always access appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. All patient satisfaction was overwhelmingly positive. As a result the number of complaints was low, for example in the last 12 months, there had been no written complaints and five verbal complaints.
- We saw that information was available to help patients understand the complaints system. This information was displayed within the practice and on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns.
- We looked at a random sample of verbal complaints received in the last 12 months and found all the complaints were satisfactorily handled and dealt with in a timely way. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or one of the GP Partners. For example, one complaint highlighted miscommunication when booking a specialist nurse appointment and another complaint when a patient had not fully understood several dispensary operating procedures. As a result of both complaints, the practice increased awareness of the variety of nurse appointments and the types of services available from the dispensary.

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

Cropredy Surgery had a clear vision to deliver high quality, patient-centred care and promote good outcomes for patients.

- The practice had developed clear aims and objectives. These reflected the principle that patients came first, underpinned by a philosophy of providing safe and personalised high quality general practice care.
- Staff had worked together to produce a set of core values which were adopted by the practice team as part of their everyday work. These values focused on patient care and being a skilled and professional team. Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice.
- The practice was aware of national and local challenges, including increased demand on GP services and had a visible strategy to manage these challenges. The strategy and supporting business plans were regularly monitored by the GP Partners and practice manager.

Governance arrangements

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. 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. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Cropredy Surgery specific policies were implemented and were available to all staff via the computer system, protocol file and staff handbook. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice and patient satisfaction was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data, specifically higher levels of exception reporting, was

regularly discussed and actions taken to maintain or improve outcomes for patients. The practice proactively reviewed patient feedback and endeavoured to improve already high levels of patient satisfaction.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

The GP Partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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 GP 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 people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- On the day of inspection we saw there was strong collaboration and support across all staff and a common focus on improving quality of care. Staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. All members of staff were invited to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- The continued development of staff skills, competence and knowledge was recognised by the leadership team as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.