

# Temple Cowley Medical Group

## 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous announced comprehensive inspection in July 2016 found breaches of regulations relating to the effective delivery of service. The overall rating of the practice was good. Specifically, the practice was rated good for providing safe, caring, responsive and well-led services and require improvement for the provision of effective services.

After the inspection we had received information of concern from a whistle-blower in relation to patients being placed at risk. In response we carried out an unannounced focused inspection on 28 September 2016. We found breaches of regulations relating to the safe, effective and well-led delivery of services. The practice was not rated during the September 2016 focussed inspection.

Both inspection reports (July 2016 and September 2016) can be found by selecting the 'all reports' link for Temple Cowley Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Following both inspections, we received action plans which set out what actions the practice would take to achieve compliance.

We carried out an announced comprehensive inspection at Temple Cowley Medical Group on 22 February 2017. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

At this inspection, we found the practice had made some improvements. However, there were areas highlighted during the previous inspections where improvements are still required. Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for the provision of safe, responsive and well led services. The practice was rated good for providing effective and caring services. Consequently we rated all population groups as requires improvement.

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

- The practice had demonstrated significant improvement in monitoring of document management system, referral management system and record keeping.

# Summary of findings

- The practice had carried out a comprehensive risk assessment of branch premises to assess suitability of the premises.
- The practice had taken steps to improve the waiting times for patients on the day of their appointment. However, it was too early to assess the positive impact of some changes made. The patients and staff we spoke with informed us that patients still had to wait a long time in the waiting area and patients said they were not satisfied with the poor availability of pre-bookable appointment with GPs.
- Risks to patients were assessed and managed. However, improvements were required in relation to infection control training, infection control measures and the management of blank prescription forms for use in printers which had not been monitored appropriately.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Data showed the practice had demonstrated improvements in patient's outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data from the national GP patient survey showed patient outcomes were varied in comparison to others in locality and the national average.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure. However, some staff said they would like the communication and interaction to be improved between the leadership and staff.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure and improve the management and tracking of blank prescription forms to use in printers, to ensure this is in accordance with national guidance.
- Ensure and improve the appointment booking system and waiting times for patients in relation to their allotted appointment time.
- Ensure all staff has received infection control training relevant to their role.

The areas where the provider should make improvements are:

- Consider completing a disability access audit of the main premises.
- Review and improve the systems in place regarding infection control measures.
- Consider information posters and leaflets are available in multi-languages and continue to encourage the uptake for the bowel screening programme and other services.
- Consider staff feedback to promote effective communication and provide the opportunity to engage in discussions about how to run and develop the practice.

**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 requires improvement for providing safe services.

**Requires improvement**



- Following our previous inspection in July 2016 and September 2016 the practice had made improvements in areas relating to the national patient safety and medicines alerts, monitoring patient correspondence and carried out a risk assessment to assess the suitability of the premises at the branch location.
- At the inspection in February 2017, we observed the infection control measures and the management of blank prescription forms for use in printers was not always managed appropriately.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some staff had not received infection control training relevant to their role.
- There was an effective system in place for reporting and recording significant events.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Following our previous inspection in July 2016 and September 2016 the practice had made improvements in areas relating to the medicine reviews for patients with long term conditions and referral management system.
- At the inspection in February 2017, we noted during the current Quality and Outcomes Framework (QOF) year 2016-17, the practice had demonstrated improvements in reducing exception reporting.
- Data from the QOF year 2015-16 showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- The practice's uptake of the bowel screening programme was below the local average and the national average. The practice had taken steps to encourage the uptake and were awaiting further data to assess the improvements made.

# Summary of findings

- 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.

- At the inspection in February 2017, data showed that patient outcomes were varied in comparison to the CCG average and the national average. For example, 90% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 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. However, limited information posters and leaflets were available in other languages.
- 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 requires improvement for providing responsive services.

- Following our previous inspection in July 2016 and September 2016, the practice had installed a hearing induction loop.
- At the inspection in February 2017, we found the practice had taken steps to improve the waiting times, however, it was too early to assess the positive impact of some changes made. The patients and staff we spoke with on the day of inspection informed us they had not seen any significant improvement in the last six months.
- We checked electronic records of three GPs and found delay time ranged from 23 minutes to 49 minutes in the last three months.
- The patients we spoke with on the day informed us they were able to get urgent appointments when they needed them. However, some patients raised concerns about the poor availability of pre-bookable GP appointments.
- Access for disabled patients was limited in some areas of the practice owing to the age and structure of the building. Where necessary, clinicians would see patients in the rooms towards the front of the building, which had easier access.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

Requires improvement



# Summary of findings

where these were identified. For example, the practice shared a care navigator with other local GP practices to support elderly and vulnerable patients access local services, and was able to refer homeless people to a specialist medical centre in central Oxford.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- Following our previous inspection in July 2016 and September 2016 the practice had made improvements in governance and monitoring of an electronic document management system, referral management system and record keeping. The practice was continuously monitoring staff time keeping and demonstrated improvements in patient outcomes.
- At the inspection in February 2017, we found practice had a governance framework. However, governance monitoring of specific areas required improvement, such as monitoring of appointment booking systems and long waiting times in the waiting area, infection control measures and management of blank prescription forms for use in printers.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure. However, some staff said they would like the communication and interaction to be improved between the leadership and staff.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a focus on continuous learning and improvement at all levels.

## Requires improvement



# 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 requires improvement for the care of older patients. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses, care navigator, benefits advisor and counsellor.
- The premises were accessible to those with limited mobility. However, access for disabled patients was limited in some areas of the practice owing to the age and structure of the building and the practice did not have an automatic door activation system.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice carried out a structured annual review to check that their health and medicines needs were being met.
- Data showed the practice had demonstrated improvements in patient's outcomes. For example, the practice had undertaken 78% (on average) structured annual medicine reviews for patients with long term conditions.

**Requires improvement**



# Summary of findings

- 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.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 varied in comparison to all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was similar to the national average of 81%.
- 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, health visitors and school nurses.

Requires improvement



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

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments Monday to Friday from 6.30pm to 7pm at the premises.
- 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.
- We noted the practice offered telephone consultations.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. Homeless patients were referred to a medical centre in central Oxford which offered a specific service for this population group provided by the local clinical commissioning group.
- Data from 2016-17 showed health checks and care plans were completed for 83% patients on the learning disability register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from 2015-16 showed, performance for dementia face to face reviews was lower than the CCG and national average. The practice had achieved 79% of the total number of points available, compared to 87% locally and 84% nationally.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing below or similar to the local average and below the national average. Two hundred and seventy-five survey forms were distributed and 118 were returned (a response rate of 43%). This represented 1.5% of the practice's patient list.

- 73% 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%.
- 74% of patients described the overall experience of this GP practice as good compared with a CCG average of 90% and a national average of 85%.
- 76% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 83% and a national average of 78%.

- 82% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 10 patient CQC comment cards we received were positive about the service experienced with the exception of concerns raised regarding long waiting in the waiting area. We spoke with 15 patients and a patient participation group (PPG) member during the inspection. Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. However, patients' feedback highlighted some concerns about the long waiting time in the waiting area after their allotted appointment time and poor availability of pre-bookable GP appointments.

We saw the NHS friends and family test (FFT) results for last 11 months and 88% patients were likely or extremely likely recommending this practice.

# Temple Cowley Medical Group

## 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 advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. In addition, as an observer, there was a PM specialist advisor within the inspection team.

### Background to Temple Cowley Medical Group

Temple Cowley Medical Group provides GP services to approximately 8,000 patients in the Cowley area of Oxford. The practice serves an area with a high level (25%) of minority ethnicities and residents who were born outside of the UK. The number of patients aged between 5 to 24 years old are lower than the national average and there are a higher number of patients aged between 25 to 39 years old compared to national average. Its level of income deprivation affecting children is above the national average.

The practice has more patients on its list with long-term health conditions than the clinical commissioning group (CCG) and national average. The practice has a higher than average number of patients with diagnosed mental health issues on its list. There is a large mental health hospital in

the practice area, and a large number of patients with enduring mental health conditions live in supported housing in the locality. The practice also serves three care homes for patients with mental health issues.

The practice is based in part of the ground floor of a building owned by NHS Property Services, with flats on the upper floors. The building is ageing and while the practice has been able to undertake some adaptations to meet patient needs, other plans to improve accessibility and provide a more pleasant patient environment have been limited by structural considerations.

The practice has core opening hours from 8.30am to 6pm Monday to Friday. However, one of the practice GPs is available on call from 8am to 8.30am and 6pm to 6.30pm Monday to Friday (this out of hours service is managed internally by the practice by using their internal on call mobile protocol). The practice has a range of different types of appointments for patients every weekday from 8.30am to 5.50pm including open access appointments with a duty GP. Extended hours appointments are available Monday to Friday from 6.30pm to 7pm at the premises.

There are five GP partners and three salaried GPs at the practice. Three GPs are male and five female. The 43 weekly sessions provided are equivalent to 5.4 working time equivalent (WTE) GPs. The practice employs a nurse team leader, a nurse practitioner, two practice nurses and two health care assistants. The practice manager is supported by a reception team leader and an administration team leader, a team of administrative and reception staff.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

# Detailed findings

Services are provided from following main location and the branch practice, and patients can attend any of the two practice premises. We visited only main premises during this inspection.

Temple Cowley Health Centre (the main practice)

Temple Road

Oxford

Oxfordshire

OX4 2HL

Horspath Village Hall (the branch practice, opens once a month)

Oxford Road

Horspath

Oxfordshire

OX33 1RT

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by Oxford Health out of hours service or after 6.30pm, weekends and bank holidays by calling NHS 111.

## Why we carried out this inspection

The practice was previously inspected (announced) on the 14 July 2016 and was rated as requires improvement in effective. It was good for providing safe, caring, responsive and well-led services. The overall rating for the practice was good.

After the inspection in July 2016 we had received information of concern from a whistle-blower in relation to patients being placed at risk. In response we carried out an unannounced focused inspection on 28 September 2016. The practice was not rated following this focussed inspection.

The practice was found to be in breach of two regulations of the Health and Care Social Act 2008. Enforcement notices were sent for the regulations relating to the safe care and treatment, and good governance.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 22 February 2017 and 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, review the breaches identified and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Prior to the inspection we contacted the Oxford Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Temple Cowley Medical Group. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 22 February 2017. During our visit we:

- Spoke with 11 staff (included five GPs, a nurse team leader, a practice nurse, a practice manager and three administration staff), 15 patients and a patient participation group (PPG) member who used the service.
- Spoke with two salaried GPs over the telephone within few days after the inspection because they were not available on the inspection day.
- Collected written feedback from five members of staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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:

# Detailed findings

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

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

- Older people.
- People with long-term conditions.
- Families, children and young people.

- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

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

When we inspected the practice in July 2016 and September 2016, we observed that the practice had not acted on patient correspondence in a timely manner. The practice had not ensured complex cases of patients experiencing poor mental health and drug and alcohol related conditions were managed appropriately. The practice had not carried out a risk assessment to assess the suitability of the premises at the branch location. Processes were not in place to ensure that any action required in response to the latest national patient safety and medicines alerts had been taken. Improvements had been made and at the February 2017 inspection we found:

### Safe track record and learning

At the inspection in February 2017, we noted 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. Significant events were discussed during dedicated quarterly meetings.
- We reviewed records of significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding needle stick injury. The practice had investigated the incident, reviewed infection prevention and control policy and updated guidance on all wall charts in response to the incident.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that the national patient safety and medicines alerts were systematically received and shared with the team. The practice had carried out searches to identify patient at risk and established a system to ensure that medicine and patient safety alerts had been acted on.

### Overview of safety systems and processes

At the inspection in February 2017, we found the practice had made improvements on safety systems and processes which included:

- The practice had acted on correspondence in a timely manner.
- The arrangements for managing and monitoring Docman were effective to ensure patients were kept safe. (Docman is an electronic document management and transfer system which enabled the practice to organise, workflow, track and securely send and receive healthcare documents electronically).
- Staff had undertaken relevant Docman management training.
- The practice informed us they were trying to resolve a technical error in Docman which did not allow them to remove some files from workflow which were already actioned. Due to this technical error 657 items were stuck in the workflow.

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- 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 but on the day of inspection we noted some staff had not received all the appropriate levels of safeguarding training relevant to their role. For example, two GP partners were not trained to safeguarding children level three. However, the practice had provided

## Are services safe?

the evidence that both GPs had undertaken the safeguarding children level three training after the inspection. All staff had completed safeguarding adult training.

- A notice was displayed advising 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and a GP were the joint infection control clinical leads and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but some staff (including two GPs, a practice nurse and an administration staff) had not received up to date infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We found fabric curtains were used in some clinical rooms, although clean there was not a schedule to ensure they were washed on regular basis. We noted a cleaning checklist was not completed on a daily basis.
- 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription printer forms were not handled in accordance with national guidance as these were not

tracked through the practice and records were not maintained regularly. However, these were kept securely at all times. Blank prescription handwritten pads were securely stored and there were systems in place to monitor their use.

- 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 arrangements in place for the destruction of controlled drugs.
- We reviewed two 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.

### Monitoring risks to patients

During the inspection in February 2017 we found improvements which included:

- The practice had taken steps to ensure complex cases of patients experiencing poor mental health and drug and alcohol related conditions were managed appropriately. For example, the practice had held a dedicated meeting to review three complex cases identified during the previous inspection in September 2016. The practice had agreed best management plans to ensure patients with complex cases were managed appropriately. The practice had planned to arrange further case review meetings on regular basis.
- The practice offered GP appointments at the village hall (branch location) once a month for a morning session for the local community. The practice had carried out a comprehensive risk assessment to ensure the suitability of the premises including confidentiality and privacy requirements.

Risks to patients were assessed and 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 in the premises. The practice had up to date fire risk management protocol in place 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



## Are services safe?

had a variety of other risk assessments and regular checks 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).

- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### **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 in a secure area of the practice and all staff knew of their location. 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

When we inspected the practice in July 2016 and September 2016, we observed that the practice had failed to effectively monitor its referral management system. The practice had not undertaken medicine reviews routinely for patients with long term conditions. Exception reporting rates for some long term conditions were above the national average. The practice's uptake of the national screening programme for bowel screening was below the national average. Clinical staff had not received Mental Capacity Act training. Improvements had been made and at the February 2017 inspection we found:

### Effective needs assessment

At the inspection in February 2017, we noted 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 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). In 2015-16, the practice had achieved 99.7% of the total number of points available, compared to 98% locally and 95% nationally, with 18% exception reporting. The level of exception reporting was above the CCG average (10%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

During the inspection in February 2017 we found the practice had demonstrated improvement in reducing exception reporting in the current QOF year for 2016-17. For example:

- In 2015-16, exception reporting for diabetes related indicators was 25%. This was higher than the CCG average (13%) and national average (12%). During current QOF year in 2016-17, the practice exception reporting for diabetes related indicators was 4%. This was a 21% reduction from the previous year's data.
- In 2015-16, exception reporting for coronary heart disease related indicators was 11%. This was higher than the CCG average (8%) and national average (8%). During current QOF year in 2016-17, the practice exception reporting for coronary heart disease related indicators was 2%. This was a 9% reduction from the previous year's data.
- In 2015-16, exception reporting for asthma related indicators was 10%. This was higher than the CCG average (7%) and national average (7%). During current QOF year in 2016-17, the practice exception reporting for asthma related indicators was 4%. This was a 6% reduction from the previous year's data.

Data from 2015-16 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 93% nationally.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 99% of the total number of points available, compared to 95% locally and 90% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. The practice had achieved 82% of the total number of points available, compared to 84% locally and 83% nationally.

During the inspection in February 2017 we found improvements which included:

- The practice had taken steps to ensure effective monitoring of referral management system and documentation of consultation notes. All GPs were maintaining a printed log of daily consultations with reminders to write and send referrals on time for further consultation.

# Are services effective?

## (for example, treatment is effective)

- The practice had ensured a comprehensive follow up system and records were updated regularly to ensure the two weeks rule had been achieved. There was a dedicated member of staff to monitor this on regular basis.
- All pathology results across the practice were managed in a timely manner and saved in the patient records.
- We found the practice had shown improvement and on average 78% structured annual reviews had been undertaken for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- We checked three clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice involved undergraduate medical students studying at the University of Oxford to assist in some of this work.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle monitoring of high prescribing levels of nonsteroidal anti-inflammatory drug (NSAID). (NSAIDs are medicines widely used to relieve pain, reduce inflammation, and bring down a high temperature).
- The aim of the audit was to identify, assess and reduce the high level of Diclofenac prescribing. The initial audit in January 2015 found that the practice was prescribing Diclofenac in 18% of all NSAID prescriptions. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audits which demonstrated improvements in patient outcomes. The audit in November 2016 demonstrated that the practice was prescribing Diclofenac in 8.5% of all NSAID prescriptions, which was comparable to the clinical commission group average of 8% and national average of 7%. The audit in February 2017 had identified two

patients who did not have an indication and discussion of risks recorded. The practice had taken necessary action and taken off both patients from the repeat prescription list.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, however improvements were required.

- 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.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as asthma and chronic disease management.
- 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. All staff had received an appraisal within the last 12 months.
- Some staff had not received training in infection control relevant to their role. However, all staff had received training that included: safeguarding children, safeguarding adults, 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

# Are services effective?

## (for example, treatment is effective)

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. The practice had identified 108 patients who were deemed at risk of admissions and 92% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

During the inspection in February 2017 we found all clinical staff had undertaken training in the Mental Capacity Act 2005.

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

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 98% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was higher than the CCG average (88%) and to the national average (87%).

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 82% and higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. According to 2015-16 data, in total 74% of patients eligible had undertaken breast cancer screening, which was comparable to the CCG average of 76% and the national average of 73%. In total 51% of patients eligible had undertaken bowel cancer screening, which was below the CCG average of 60% and the national average of 58%.

The practice had taken steps to promote the benefits of bowel screening in order to increase patient uptake. However, recent data was not available to demonstrate the impact of steps taken to encourage the uptake. We saw poster in the waiting area encouraging patients to take part in the national screening programme. However, information was not advertised in different languages.

Childhood immunisation rates for the vaccines given were varied in comparison to the CCG and national averages. For example:

- Childhood immunisation rates for the vaccines given in 2015/16 to under two year olds ranged from 89% to 96%, these were comparable to the national expected average of 90%.

# Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for vaccines (MMR Dose 1) given in 2015/16 to five year olds were 98%, these were better than the CCG average of 97% and the national average of 94%.
- Childhood immunisation rates for vaccines (MMR Dose 2) given in 2015/16 to five year olds were 87%, these were lower than the CCG average of 92% and the national average of 88%.

Patients were encouraged to attend NHS health checks with nurses or assistants, and the practice had achieved an attendance rate of 52% for patients aged 40–74 in last five years. Patients attending these health checks were referred as required to smoking cessation services, exercise schemes and dietary advice. 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

At the inspection in February 2017, 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 10 patient CQC comment cards we received were positive about the service experienced with the exception of concerns raised regarding long waiting times on the day of the patients appointment. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 15 patients and a member 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. Four out of 15 patients views were neutral.

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

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 90% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

The practice was aware of above survey results and had developed an action plan to address issues identified in the survey. For example, the practice had installed new telephone system, increased GP sessions and recruited a new practice nurse. However, recent data was not published to demonstrate the impact of steps taken.

### 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.

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

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 84% 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%.
- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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.

## Are services caring?

- Information leaflets were available in easy read format. However, the practice had a high proportion (25%) of patients from cultures where English was not their first language, yet there were limited information posters and leaflets available in other languages.

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

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. There was a practice register of 89 patients

(About 1% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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

When we inspected the practice in July 2016 and September 2016, we found that the patients had to wait long time in the waiting area. The practice did not have a hearing induction loop.

### Responding to and meeting people's needs

At the inspection in February 2017, we found the practice had made improvements and some changes were in progress. For example,

- The practice had installed a new hearing induction loop.
- There were some disabled facilities and translation services available.
- Some of the corridors leading to GP consultation rooms were narrow. Where necessary, clinicians would see patients in the rooms towards the front of the building, which had easier access.

We found the demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetes and chronic disease clinics, mother and baby clinics and travel clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example;

- 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. The practice informed us on average they were offering 30 home visits per week.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- The practice website allowed registered patients to book online appointments and request repeat prescriptions.

- The practice shared a care navigator with other practices in the East Oxford cluster, who visited patients at home to support care planning and advice on local services. The practice was able to refer homeless people to a medical centre in central Oxford which provided a specific service for this population group.
- A counsellor attended the practice to see patients via the local Improving Access to Psychological Therapies (IAPT) pathway, and the practice also referred patients to group and individual treatment such as cognitive behavioural therapy via IAPT. The IAPT team had provided a training course in psychological treatment for clinical staff at the practice in 2014.
- The practice had higher than average number of patients (176) on its mental health register, which represented about 2% of its patient list, with more than a third living in controlled residential environments. The practice was proactive in its liaison with local community and residential mental health services to ensure that the needs of these patients were met. This included allocating a named GP for a residential home for patients with mental health illnesses and a named practice nurse to undertake care plan reviews at the practice or through home visits to patients unwilling or unable to attend the surgery.
- The practice was in regular communication with the organisation which provided other supported accommodation for patients with mental health conditions, and they ensured that patients prescribed high risk anti-psychotic medicines were closely monitored under a shared care pathway. Annual care plan review rates for patients with mental health conditions and dementia were above local and national averages and the majority of its mental health care plan reviews were completed in conjunction with the local psychiatric teams.

### Access to the service

The practice was open from 8.30am to 6pm Monday to Friday. A GP was available on call from 8am to 8.30am and 6pm to 6.30pm Monday to Friday (this out of hours service was managed internally by the practice by using their internal on call mobile protocol). The practice was closed on bank and public holidays and patients were advised to call the NHS 111 service for assistance during this time (this out of hours service was managed by Oxford Health out of hours). The practice offered a range of scheduled appointments for patients every weekday from 8.30am to



# Are services responsive to people's needs?

(for example, to feedback?)

5.50pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to three weeks in advance. Telephone consultations and urgent appointments were also available for patients that needed them. The practice offered extended hours appointments Monday to Friday from 6.30pm to 7pm at the premises.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below the CCG average and the national average. For example:

- 65% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 47% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 82% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.

At the inspection in February 2017, the practice informed us they had taken steps to address the issues, for example;

- The practice informed us they had reviewed the appointment booking system and increased (17% GPs and 44% nurses) the number of appointments offered per month. For example, currently the practice was offering 1,245 GPs appointments (compared to 1,063 in August 2016) and 1,391 practice nurse appointments (compared to 964 in August 2016).
- The practice had introduced catch up breaks between appointment slots for two GPs and increased the duration of consultation time from 10 minutes to 15 minutes for one GP.
- The practice had developed and displayed a poster in the waiting area informing patients that they would be discussing one issue during each consultation.

The patients and staff we spoke with on the day and comment cards we received were in line with national survey results findings that patients had to wait long time in the waiting area after their allotted appointment time

and poor availability of pre-bookable GP appointments. All 15 patients we spoke with on the day of inspection informed us they had not seen any significant improvement in the last six months.

- The patients and staff we spoke with informed us that patients were informed about the waiting time during initial check in process. However, there was no system in place to provide periodic updates while patients were waiting in the waiting area.
- The patients we spoke with on the day informed us they were able to get urgent appointments when they needed them. However, some patients raised concerns about the poor availability of pre-bookable GP appointments.
- We checked the online appointment records of three GPs and noted that the next pre-bookable appointments with named GPs were available after three weeks and with any GP within two to three weeks. Urgent appointments with GPs or nurses were available the same day.
- Staff we spoke with on the day of inspection informed us that sometimes patients had to wait up to 30 minutes after their appointment time. We checked electronic records of three GPs and found delay time ranged from 23 minutes to 49 minutes in the last three months.

At the inspection in February 2017, we found the practice had made some improvements and they were monitoring waiting times. However, it was too early to assess the positive impact for patients. Further improvement was required to monitor and review the appointment booking system and long waiting times prior to patients booked appointment times.

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.

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. 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.

## Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 16 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. 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 either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a miscommunication with a patient about how to prepare for a blood test in pregnancy, the practice developed an information leaflet for midwives to give to patients who required the test.

# Are services well-led?

Requires improvement 

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

## Our findings

When we inspected the practice in September 2016, we observed that the practice had weak governance framework which did not support the delivery of good quality care. For example, the practice had failed to monitor an electronic document management system and referral management system. The practice did not have a monitoring system to ensure good record keeping. The practice had not monitored staff time keeping and appointment waiting times effectively.

### Vision and strategy

At the inspection in February 2017, we observed that the practice had taken steps to promote good outcomes for patients.

- The practice had a mission statement which included working in partnership with patients and staff to provide the best primary care services and to improve the health and well-being of patients.
- The practice had a good strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had identified the challenges it faced, including patient satisfaction and the suitability of premises and had action plans to address these areas. For example, they were considering future options regarding relocation if the existing premises could not be made entirely suitable to meet current and future patient need.

### Governance arrangements

At the inspection in February 2017, we observed that the practice had a governance framework and they had made improvements. For example,

- The practice had improved the systems and processes in place to effectively monitor patient electronic document management and referral management system.
- The practice had taken steps to manage complicated cases efficiently for patients experiencing poor mental health and drug and alcohol related conditions.
- The practice had improved record keeping and demonstrated improvements in patient outcomes for patients with long term conditions.

- The practice assured us they had taken necessary steps to address the staff time keeping issue and was monitoring it on regular basis.

However, governance monitoring of specific areas required improvement, for example:

- The practice had taken some steps to improve the waiting times. However, it was too early to assess the positive impact of changes made and the practice was required to continuously monitor and review the appointment booking system and long waiting time in the waiting area. Staff and patients we spoke with on the day of inspection informed us they had not noticed any significant improvement in the last six months.
- Some clinical staff had not completed role specific infection control training to enable them to carry out the duties they were employed to do.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the monitoring and management of blank prescription printer forms and infection control measures were not always managed appropriately.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

The partners and GPs in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Most staff told us there was an open atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues.

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

# Are services well-led?

Requires improvement 

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

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 people 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 most staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Most staff told us there was an open culture within the practice.
- Most staff said they felt respected, valued and supported, particularly by the partners in the practice.
- However, some staff informed us they did not feel they were involved in discussions about how to run and develop the practice, did not get sufficient opportunity to attend the team meetings and would like the communication and interaction to be improved between the leadership and staff, so they would feel confident to raise any issues at team meetings.

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

The practice had collected patients' feedback and engaged patients in the delivery of the service.

- The practice had re-established the patient participation group (PPG) and gathered feedback from patients through the PPG and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice

management team. For example, the practice had developed a poster in consultation with the PPG and upgraded contents on the practice website and on the notice board in the waiting area following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. 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 participated in a number of national clinical research studies, both by identifying participants and leading research at a practice level. Studies which the practice was involved in included supporting patients with diabetes in managing their condition through weight loss, providing osteoporosis patients with specialist physiotherapy, managing urinary tract infections without antibiotics and identifying valvular heart disease and chronic kidney disease.
- Nursing staff had undertaken Good Clinical Practice research nurse training, with a view to undertaking research and audit work.
- The practice manager had attended a leadership course funded by the clinical commissioning group (CCG).
- The practice provided a teaching environment for undergraduate medical students from the University of Oxford, and was hoping to provide a similar service for trainee practice nurses, paramedics, health visitors and pharmacists in the future. The practice had received high scores in the evaluation of teaching completed by students after their placements at the practice.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example,</p> <p>Ensure and improve the management and tracking of blank prescription forms to use in printers, to ensure this is in accordance with national guidance.</p> <p>Ensure and improve the appointment booking system and waiting times for patients in relation to their allotted appointment time.</p> <p>Ensure all staff has received infection control training relevant to their role.</p> <p>Regulation 17(1)</p>