

Goring & Woodcote Medical Practice

Quality Report

Goring Surgery
Red Cross Road
Goring on Thames
Oxfordshire
RG8 9HG

Tel: 01491 872372

Website: goringwoodcotemedicalpractice.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Goring & Woodcote Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Goring & Woodcote Medical Practice on 27 July 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had identified 550 patients as carers (6% of the practice list) through a sustained campaign to raise awareness among patients and staff, including at the annual flu clinics and as a regular agenda items at practice meetings. The practice supported the monthly meetings of the local carers' group, which were advertised in the waiting rooms on dedicated carers' noticeboards and the information screens. Members of the practice team attended these meetings to speak on a variety of subjects, and a member of the carers;

Summary of findings

group was a representative on the practice's patient participation group. One of the reception team had been identified as the practice's carers' champion, and one of the GP partners led on carer issues. Both were due to attend a carers' rights conference in Oxford later this year, to keep abreast of current issues and share their learning with the practice.

- The practice had been running on site memory clinics for patients with possible dementia, to reduce the need for hospital referral, and had been feeding back on these to the Clinical Commissioning Group (CCG). A survey of patients using this service had been undertaken in March 2016, and had received positive feedback. Through dementia diagnosis, the

practice had achieved 100% for the expected prevalence of the condition among its practice population, leading the 10 other GP practices in the South East Oxfordshire locality.

The area where the provider should make improvement is:

- Ensure that decisions to except patients from national targets for receiving treatment or attending clinical reviews for long term conditions continue to be effectively monitored and reviewed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared which ensured action was taken to improve safety in the practice, through both the formal significant events process and a system of identifying, exploring and sharing the learning of practice educational points.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average compared to the national average.
- QOF exception reporting for some areas of clinical care were above the national average
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had run a programme to pro-actively identify patients indicating a higher risk of developing diabetes. These patients were provided with support and advice, with the aim of reducing their likelihood of developing diabetes in the future.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, with 96% of respondents to the National GP Patient Survey describing their overall experience of treatment as good or very good, compared to a CCG average of 90% and a national average of 85%. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had designed a number of leaflets to support patients with self-care for minor ailments including advice on when a GP or nurse appointment would be required. These were available in the waiting area and on the website.
- The practice had identified 6% of its patients as carers through a sustained promotional campaign, and had nominated a receptionist as carers' champion and a GP partner as carers' lead. It supported and promoted the local carers' group, which was represented by a member on the practice's patient participation group, and carer issues were regularly discussed at practice meetings.

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 Clinical Commissioning Group to secure improvements to services where these were identified. The practice regularly provided space in its car parks for a mobile breast screening unit, so that patients invited for screening did not have to attend hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients with urgent concerns could speak to a GP within a target time of one hour of contacting the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, patients and other stakeholders.

Good



Summary of findings

- The practice's patient self-care leaflets were available in large print for patients with sight difficulties.
- The practice had redesigned and soundproofed a treatment room at Goring Surgery after feedback from patients that conversations could be overheard. Clinical staff had been involved in the redesign to ensure that it fully suited the needs of themselves and patients.
- Weight loss clinics were run on site by one of the practice's health care assistants.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The formal significant event and complaints systems were supported by lower level practice educational point and patient concerns processes, which encouraged all staff and patients to put forward issues for exploration.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, and well supported by the practice.
- There was a strong focus on continuous learning and improvement at all levels. All staff were invited to attend regular lunchtime training sessions which were presented by GPs, trainees and invited guests, on a variety of subjects. The practice had undertaken a continuity of care audit, and as a result, changes were made to the appointment system to ensure all patients were given appointments to see their "usual" GP, their GP's "buddy" or the registrar they were training whenever possible.

Good



Summary of findings

- Staff were kept informed about practice changes and developments through regular newsletters, which were issued to them with their payslips and displayed on noticeboards in the staffroom.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs when clinically appropriate.
- The practice had a named GP for each of the four care homes it provided GP services for, who undertook a weekly visit.
- The practice had designed patient self-care leaflets for minor ailments, and these were available in large print for patients who required them.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the national average. The percentage of patients with diabetes whose last test showed long-term blood glucose control at or below the recommended level, was 88% compared to a CCG average of 79% and a national average of 78%.
- The practice had run a programme to pro-actively identify patients indicating a higher risk of developing diabetes. These patients were provided with support and advice, with the aim of reducing their likelihood of developing diabetes in the future.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had home monitoring equipment available for loan, such as blood pressure machines.

Good



Families, children and young people

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

Good



Summary of findings

- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of female patients aged 25 to 64 had received a cervical screening test within the target period, compared to a CCG and national average of 74%.
- 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.
- The practice installed child-friendly soap dispensers in the patient toilets to encourage hand washing.
- The practice had designed a template to aid the prompt diagnosis of sepsis, a serious blood condition, following a significant event. The template was developed and implemented before the recent release of new NICE guidelines on sepsis.
- The practice had pulse oximeters designed to check the oxygen levels of babies and young children.
- There was a young persons' representative on the practice's patient participation group to focus on their needs and requirements when service provision was being considered.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered Saturday morning and weekday evening clinics for working patients who could not attend during normal opening hours.
- 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.

Good



Summary of findings

- The practice had achieved the joint highest rate of attendance in Oxfordshire for patients aged 40 to 65 invited for NHS health checks with health care assistants.
- The practice had hosted the local mobile breast screening facility in its car park.
- A weight loss clinic was run by one of the practice's health care assistants.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- The practice had identified 6% of its patient list as carers. It actively supported the local carers group, and a receptionist was the carers' champion and a GP partner was carers' lead. There was a representative of the carers' group on the practice's patient participation group.
- An addictions counsellor visited the practice weekly, and the practice made referrals to the local drug and alcohol service when required.
- All patients were allocated a "usual" GP, and would be given appointments to see that GP, their "buddy" or the registrar they were training whenever possible, to ensure continuity of care. Vulnerable patients were prioritised for this service.
- The practice's triage policy was patients who contacted the practice requesting urgent same day medical help or advice would be able to speak to a GP within the target period of one hour.
- There was a representative from the local mobility issues group on the patient participation group, to consider the needs of patients with physical disabilities.

Good



Summary of findings

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had been running on site memory clinics for patients with possible dementia, to reduce the need for hospital referral, and had been feeding back on these to the Clinical Commissioning Group (CCG). A survey of patients using this service had been undertaken in March 2016, and had received positive feedback.
- Through dementia diagnosis, the practice had achieved 100% for the expected prevalence of the condition among its practice population, leading the 10 other GP practices in the South East Oxfordshire locality.
- Advance care planning was carried out for patients with dementia.
- Patients experiencing poor mental health were told about how to access various support groups and voluntary organisations.
- A counsellor visited the practice weekly, to support patients with depression and low mood.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were in July 2016. The results showed the practice was performing in line with local and national averages. There were 219 survey forms distributed and 120 were returned. This represented 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by telephone compared to the CCG average of 84% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, of which 30 were wholly positive about the standard of care received. Three included comments about the manner of some clinical and non-clinical staff, although all had also had positive experiences with other staff members.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family Test results showed that 88% of patients would recommend the practice.

Goring & Woodcote Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

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

Background to Goring & Woodcote Medical Practice

Goring & Woodcote Medical practice provides GP services from two surgeries to just over 9,600 patients in a large rural area of South Oxfordshire. The practice serves an area with very low levels of deprivation. Ethnicity based on demographics collected in the 2011 census shows the population of the surrounding area is predominantly White British. It has more patients aged between 10 and 19 and aged 40 and above than the national average, and fewer aged between 20 and 39. Just over 54% are in paid employment or full time education compared to the national average of 62%.

The practice's patient population has a longer life expectancy than the national average, and it has a high number of elderly patients, with 157 aged 90 or above, and five aged over 100. In total, 64% of its patients have a long standing health condition, compared to the national

average of 54%. The practice covers four care homes, with GPs undertaking weekly visits, as well as an assistant living complex. It is also the main practice for a local boarding school and a large farming estate.

The practice has six GP partners, four male and two female, and three salaried GPs, two female and one male, equivalent in total to 6.25 whole time GPs. There are five practice nurses, equivalent to just over two whole time, two healthcare assistants and a phlebotomist. It also provides office space for the local district nursing and health visitor teams.

The practice is a training practice, and currently has four GP Registrars. GP Registrars are qualified doctors who are undertaking additional training to gain experience and higher qualifications in general practice and family medicine. It also recently supported a GP returner to re-qualify after a number of years away from the profession, and is accredited to train practice nurses.

The practice had a dispensary at both the surgeries in Goring and Woodcote, which can provide pharmaceutical services to patients who live more than one mile (1.6km) from their nearest pharmacy premises. Five dispensers, including the dispensary manager, work at the Woodcote surgery, and two work in the Goring surgery.

The practice is open from 8am to 6.30pm Monday to Friday at both surgeries, with extended hours openings on one weekday a week until 8pm, alternating between the two surgeries, and from 8.30am until midday every other Saturday, again alternating between the surgeries. Both GP and nurse appointments are available during the extended hours surgeries. The out of hours service is provided by Oxford Health and is accessed by calling NHS 111. Advice

Detailed findings

on how to access the out of hours service is contained in the practice leaflet, on the patient website, on television screens in both waiting rooms, and on a recorded message when the practice is closed.

Services are delivered from:

Goring Surgery

Red Cross Road

Goring

RG8 9HG

And

Woodcote Surgery

Wayside Green

Woodcote RG8 0QL.

We visited both surgeries as part of this inspection. The practice has not been previously inspected by the CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff, including five GPs, a GP registrar, members of the nursing team and non-clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us 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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a child was diagnosed with sepsis, which is a serious blood condition, the practice's in-house investigation found that the triage system had worked effectively to support the patient and their family. It was also noted that a recent team training session on sepsis (which had been led by one of the GP registrars and attended by both clinical and non-clinical staff), had assisted with the prompt attention that the patient had been given. The practice had also designed a clinical sepsis template to aid diagnosis as a result of this significant event. The template was developed and implemented before the recent release of new NICE guidelines on sepsis.

In addition to its system for analysing significant events, the practice had established a formal system to identify and explore practice educational points, which encouraged staff at all levels to put forward incidents covering all

aspects of work to be considered in a supportive, no-blame environment. Learning outcomes were shared, and changes to protocol or practice implemented. More serious incidents were managed by the significant events system.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, and nursing staff to child safeguarding level 2, with one nurse having completed level 3. Patients were advised that chaperones were available if required via notices in the waiting rooms, above all examination couches and on the patient information screens. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had purchased a hand hygiene training lamp to ensure that all staff were following hand washing protocol effectively.
- 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

Are services safe?

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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers 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. Health Care Assistants were trained to administer B12 injections under direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available at both surgeries. 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

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, compared to the CCG average of 97% and the national average of 95%

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

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes whose last test showed long-term blood glucose control at or below the recommended level, was 88% compared to a CCG average of 79% and a national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar disorder or other psychoses who had an agreed care plan in the previous 12 months was 90%, compared to the CCG average of 89% and national average of 88%. The percentage of patients with hypertension (high blood pressure) whose last blood pressure reading was at or below the national target was 87%, compared to the CCG and national average of 84%.

Some areas of exception reporting rates were above CCG and national averages, in particular for chronic kidney disease, which was 12% compared to the CCG and national averages of 8%, dementia which was 15% compared to the CCG average of 7% and national average of 8%, and osteoporosis, which was 17% compared to the CCG average of 8% and national average of 13% (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).

The practice told us that decisions on excepting patients from QOF were made on a case-by-case basis by GPs. It provided evidence that the majority were among the practice's significantly large older patient population, where complex medical health needs meant that treatment in line with QOF targets for all long-term conditions would not always be appropriate. It had also undertaken an audit of cases where patients had refused treatment or to have a long-term condition reviewed, to ensure that this was always clearly recorded.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where changes were made and improvements in outcomes were monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of antibiotics prescribed for sore throats showed an improvement in appropriate prescribing, most significantly in terms of dose and duration, from 33% to 83%, meaning that far fewer patients were prescribed more antibiotics than was necessary for effective treatment.

Information about patients' outcomes was used to make improvements such as a re-audit of patients previously identified as having pre-diabetes, which demonstrated that

Are services effective?

(for example, treatment is effective)

GP support and advice led to a large proportion of these patients having the same levels of blood glucose control as the background population on retesting after a year, thus improving their cardiovascular disease risk.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice ran a series of regular lunchtime training and update sessions run by staff, GP registrars or invited guests. These could be attended by non-clinical as well as clinical staff. The effectiveness of one of these educational sessions had been noted in a significant event investigation, when a recent update on sepsis had resulted in an effective response by staff when a child patient had attended with the condition.
- 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 online resources, discussion at practice meetings and attendance of external courses.
- 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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. The practice provides smoking cessation consultations with the nursing team, with referral to local support services if required.

Are services effective?

(for example, treatment is effective)

- Weight loss clinics were run by a health care assistant, and the practice demonstrated that this support had been effective for patients who attended it. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81% which was above the CCG and national average of 74%. There was a policy in place to ensure that patients were invited to attend for their cervical screening with a follow-up procedure for those who had not attended. These patients were sent a reminder letter to book their smear. Text reminders were also sent once an appointment was booked. The Practice offered appointments with female smear takers.

The uptake rate for the breast cancer screening programme according to data published in March 2015 was 75%, which was in line with the CCG average of 75% and the national average of 72%. Evidence was provided at inspection that the rate identified in October 2015 was 84%. CCG and national average figures for this period are not yet available for comparison.

The uptake rate for the bowel screening programme according to data published in March 2015 was 64%, which

was above the CCG average of 59% and the national average of 58%. The practice told us on the day of inspection that the rate identified in April 2016 was 51%. It was working to address this by placing alerts on the records of patients who had not accepted the invitation to be screened. This enabled the benefits of the programme to be discussed with patients when they attended other appointments, encouragement given and questions answered.

Childhood immunisation rates for the vaccines given were below CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 98% compared to a CCG average of 90% to 97%, and five year olds from 87% to 96%, compared to a CCG average of 92% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The vast majority (30 out of 33) Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three cards referred negatively to the manner of some clinical and non-clinical staff, although all had also experienced positive care from other staff members.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Particular reference was given to the support provided when patients had been diagnosed with serious health conditions.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% 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 the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% 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 the national average of 82%.
- 93% 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 the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had designed a number of leaflets to support patients with self-care for minor ailments such as coughs and colds, hay fever and earache, including advice on when a GP or nurse appointment would be required. These were available in the waiting area and on the website.

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 and on the waiting room information screens.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 550 patients as carers (6% of the practice list). The practice supported the monthly meetings of the local carers' group, which were advertised in the waiting rooms on dedicated carers' noticeboards and the information screens. Members of the practice team were invited to speak at the meetings on a variety of subjects. One of the reception team had been identified as the practice's carers' champion, and a GP partner as carers' lead. A member of the carers' group was a representative on the practice's patient participation group. Written information was available to direct carers to the various avenues of support available to them, via an information leaflet and registration form which had been approved by the carers' group.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice regularly provided space in the car park at the Goring surgery for a mobile breast screening unit, so that patients invited for screening did not have to attend hospital. It also had access to, and made use of the paediatric consultant advice service run from local hospitals, designed to reduce child in-patient admissions.

- The practice offered Saturday morning and weekday evening clinics for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients with urgent medical problems that require same day consultation. The practice had a target that any patient with urgent concerns would be able to speak to a GP within an hour of contacting the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as some only available privately, or were referred to other clinics for private vaccines.
- There were disabled facilities, hearing loops and translation services available.
- The practice's patient self-care leaflets were available in large print for patients with sight difficulties.
- The practice supported a number of community organisations through promotion and involvement, including the Goring and Woodcote volunteer groups, the local walking for health and green gym projects, and the Goring mobility group which highlighted issues related to access to disabled people. There were community noticeboards in the waiting/reception areas.
- The practice had redesigned and soundproofed a treatment room at Goring Surgery after feedback from

patients that conversations could be overheard in the adjacent waiting area. Clinical staff had been involved in the redesign of the treatment room to ensure that it fully suited the needs of themselves and patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3.30pm to 6pm daily, at both surgeries. The practice was also open on one weekday a week until 8pm, alternating between the two surgeries, and from 8.30am until midday every other Saturday, again alternating between the surgeries. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had a triage system in place to ensure that any patient with urgent concerns could speak to a GP on the telephone within one hour of contacting the practice.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

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

The practice had a system in place to assess:

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

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 in leaflets and on the website.

We looked at three complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a

complaint from a patient following an interaction with reception, the practice provided the reception team with customer care training to refresh their skills, to ensure that receptionists felt supported by the management team and to clarify that the practice manager was always willing to speak to upset or angry patients to defuse challenging situations

In addition to the formal complaint process, the practice had also established a system of identifying and addressing patient concerns, where patients had made comments or raised issues, but did not wish to submit a formal written or verbal complaint. The practice had identified 41 patient concerns in the previous 12 months, and had analysed these for learning outcomes, which were then shared with all staff members via email and on paper.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice demonstrated its clear vision and strategy at inspection through the provision of a number of detailed evidence files, covering aspects of its work, including the commissioning pack, practice management, staff support, and training and development.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- To support the team's understanding of governance issues, the practice manager sent out regular CQC newsletters to staff, focussing on various aspects of the CQC's expectations of GP practices, including infection control, safeguarding and information governance.

These newsletters were issued to staff with their payslips, and copies were available in a file in the staff room and on the shared computer file drive. They were also used during the induction of new staff

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected 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 staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days had been held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- Both clinical and non-clinical staff were invited to raise any concerns via the practice educational points system in addition to the significant events process, and all staff were invited to attend the practice's regular themed lunchtime training sessions.
- Staff were updated regularly on any changes and developments in the practice via a newsletter which was issued in paper format attached to their payslips, as well as via email. It was also available in the staff room, where there was also a noticeboard alerting staff to training events.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been established in 2007 and currently had a committee of 13 members, including representatives of the practice's carers' group and the local mobility group for disabled residents. It held bi-monthly meetings at the practice, attended by the practice manager and a GP Partner. In addition there was a virtual PPG group of 200 patients, who received information and requests for input by the committee via email. The PPG had held 11 open meetings in the village hall since 2011, with the next one due in September 2016, on the theme of heart disease, with a GP Partner and cardiologist attending. The PPG had a noticeboard and information folder in the surgery waiting rooms and a section on the practice website, and regularly issued a newsletter to patients. The practice funded the PPG's membership of the National Association for Patient Participation (NAPP), and the attendance of PPG representatives at the NAPP annual conference. PPG members assisted with the running of the practice's flu clinics.
- The PPG had been involved in the introduction of a number of patient educational tools, including the self-care leaflets for minor conditions. It had also

undertaken work to help patients better understand how the practice was run, such as holding an open meeting themed on the "Day in the Life of a GP - Past, Present and Future".

- The practice had gathered feedback from staff through a recent staff survey, which had been independently analysed, a staff suggestion scheme, team away days, regular team meetings, annual appraisal and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, and gave examples where changes had been made on their suggestions, including the way patients were invited to flu clinics, contacting patients who failed to attend appointments, and improvements to the triage and telephone consultation processes. Staff told us they felt involved and engaged to improve how the practice was run. For example, the nursing team had been involved in the recent redesign of a treatment room at Goring Surgery.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been running on site memory clinics for patients with possible dementia, to reduce the need for hospital referral, and had been feeding back on these to the CCG. A survey of patients using this service had been undertaken in March 2016, and had received positive feedback..

As a result of an audit into staff time management, medical equipment and supply trolleys were introduced into each consulting room to ensure that GPs did not need to leave their rooms to collect equipment required during patient consultations. The trolleys held standard identified items and were stocked on a weekly basis by the health care assistants

The practice had also undertaken a continuity of care audit, and as a result, changes were made to the appointment system to ensure all patients were given appointments to see their "usual" GP, their GP's "buddy" or the registrar they were training whenever possible.