

# The Charlbury Medical Centre

## Quality Report

Enstone Road  
Charlbury  
Oxfordshire  
OX7 3PQ

Tel: 01608 811680

Website: [www.charlburymedicalcentre.co.uk](http://www.charlburymedicalcentre.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Charlbury Medical Centre on 24 August 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, but were not always satisfied with access to appointments or the time and attention that clinicians were able to provide.

- 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.
- The practice was equipped to treat patients and meet their needs. However, it did not have an automatic entrance door or hearing loop to assist patients.
- 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. Annual appraisals were not provided, although staff members told us that they felt that their development needs were fully met through other avenues.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was responsive to the needs of its population, which was geographically isolated from many other medical services, through provision of a dispensary delivery service and close working with the local district nurse team.

The areas where the provider must make improvement is:

# Summary of findings

- Ensure that all staff have an appraisal by March 2017, and that annual appraisals take place thereafter.

In addition, the provider should:

- Ensure the fridges which store medicines are effectively monitored.
- Ensure the security of blank prescriptions whenever consulting rooms are left unattended.
- Establish an audit trail to ensure that medicine and equipment safety alerts are acted on by clinicians.

- Ensure that the practice premises meets accessibility expectations for patients with disabilities through the installation of an automatic entrance door and a hearing loop.
- Continue to work to improve patient satisfaction through patient feedback and complaint analysis to ensure it meets the needs of the patients and 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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- The storage of medicines and vaccines in fridges was not always effectively monitored. One of the fridges used to store medicine had an external back-up thermometer which was giving incorrect readings, and the other fridge had no second thermometer.
- There were systems in place to monitor the use of blank prescription forms and pads at night, and when consulting rooms were unused for prolonged periods during the day.
- Medicine and equipment safety alerts, such as those issued by the Medicines & Healthcare Products Regulatory Agency (MHRA) were received and disseminated to clinical staff, but were not audited to ensure that clinicians had responded appropriately.
- Other risks to patients were assessed and well managed.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed that most patient outcomes were at or above average compared to the national average. However,
- Exception reporting in 11 out of the 16 clinical domains was below the clinical commissioning group (CCG) and national average, and the overall QOF exception rate for 2014-15 was 6%, which was below the CCG average of 10% and the national

# Summary of findings

average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- 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 personal development plans for all staff. However, appraisals for staff were not completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patient satisfaction with GP consultations, and with the practice overall, was below the local and average.
- However, comment cards received by the CQC, and patients who spoke to us on the day indicated a higher level of satisfaction with the care provided. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was liaising with its patient participation group to produce a survey which would identify and assist in addressing patient concerns with aspects of care, and to explore other ways of improving patient satisfaction.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 was able to refer patients for ultrasound and endoscopy appointments in Witney to avoid longer journeys for hospital visits. They could also refer patients to a local "hub" in

Good



# Summary of findings

Witney for urgent consultations if it was at full capacity. It had access to the county-wide Hospital At Home scheme, and could request the county's Early Visiting Service to attend to patients at risk of hospital admission early in the day.

- Nurse appointments were available from 7.30am four mornings a week for working patients and those requiring a fasting blood test.
- Flexible appointment times were offered to patients who relied on limited public transport services to attend the surgery.
- The dispensary offered a risk-assessed and monitored delivery service to shops in outlying villages to enable patients to receive their medicines more easily.
- There was a ramp access to the front door, dedicated parking spaces and toilet facilities accessible to disabled people. However, the practice did not have an automatic entrance door or a hearing loop.
- The practice worked closely with the local district nursing team, which was based at the surgery in order to fill the gaps it had identified in local provision owing to the area's relative distance from other medical services.
- There was continuity of care, with urgent appointments available the same day.
- 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 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.

**Good**



# Summary of findings

- 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
- Feedback from staff and patients was proactively sought and acted on. The patient participation group was active in a virtual capacity, and was working with the practice in order to better identify and address areas of patient dissatisfaction highlighted in the results of the GP Patient Survey, through patient consultation and improved communication.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs,

The practice worked closely with other medical services, including the local district nursing team based at the surgery, to provide multi-agency planned and responsive care to patients with palliative, complex or urgent medical needs.

There was proactive end of life care, working with patients, their families, the local palliative care service and district nursing team, and a local charity providing end of life nursing. This included attending regular multi-disciplinary meetings to discuss patients with palliative and complex needs.

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. The practice offered nurse-led clinics for asthma, diabetes and chronic obstructive pulmonary disease, and practice nurses evaluated and dressed leg ulcers to avoid the need for hospital attendance.
- Performance for diabetes related indicators was above the clinical commissioning group (CCG) and national average with 100% of patients with diabetes receiving a foot examination and risk classification in the preceding 12 months, compared to the CCG average of 90% and the national average of 88%, and 88% of patients with diabetes achieving their blood glucose target level compared to the CCG average of 79% and national average of 78%.
- Longer appointments and home visits were available when needed.
- 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.

Good





# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Immunisation rates were in line with the national average for 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.
- 85% of female patients aged 25 to 64 had received a cervical screening test in the preceding five years, compared to a CCG average of 83% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors, who were based on site, the midwife, who held a weekly on-site clinic, and school nurses.

The practice offered chlamydia screening and family planning, and provided emergency contraception when appropriate.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Nurse team appointments were available from 7.30am four days a week for patients who wished to attend before work, or for fasting blood tests.
- Telephone consultations were available for patients who could not easily attend the surgery owing to other commitments.
- Travel advice, vaccinations and smoking cessation appointments were available on site.
- There was a high uptake of health checks offered to new patients and those aged over 40, and offered a range of health promotion support, including exercise referrals.

# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information was given to 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.
- Team members discussed child safeguarding issues regularly with the health visitor based at the surgery, and adult safeguarding matters with multi-disciplinary teams whenever appropriate.
- The practice held a register of carers to identify their needs and offer support and signposting.
- Patients reliant on limited public transport services were offered flexible appointments to fit with the times they could visit the practice.
- Patients with a hearing difficulty were identified, and a sign language interpreter offered. They received communications by email or fax if required.
- The practice could access interpretation services for patients whose English was limited.

## 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).

Good



- 95% of patients diagnosed with a serious mental health problem had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 89% and the national average of 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It had access to a local dementia advisor when additional support was required.

# Summary of findings

- Advance care planning was undertaken for patients with dementia.
- Patients experiencing poor mental health were signposted to various support groups and voluntary organisations.
- There was 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.
- The practice had worked to improve its coding system for patient records to ensure that it identified all patients with dementia appropriately.
- Patients requiring additional support were referred to local talking therapies and addictions services, and a counsellor was based at the practice once a week. It also had information available for patients to self-refer.

The practice worked closely with the community mental health team, and received regular visits from a community mental health team consultant to discuss patient cases.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and twenty four survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 86% 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%.
- 80% 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%.

- 69% 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 19 comment cards, of which 17 were wholly positive about the standard of care received, both for acute and long term medical issues. Two commented on difficulties with making appointments.

We spoke with 16 patients during the inspection. All 16 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, six referred to the difficulty with booking appointments.

The most recent published Friends & Family Test results showed that 69% of patients would recommend the practice.

# The Charlbury Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to The Charlbury Medical Centre

The Charlbury Medical Centre provides GP services to 5,300 patients in a rural area of the Cotswolds, centred on the small market town of Charlbury. The practice serves an area with an overall low level of deprivation, although there are pockets of rural poverty, with related issues of geographical isolation, including ease of access to medical care. Ethnicity based on demographics collected in the 2011 census shows the population of the surrounding area is predominantly white British.

The practice has three GP partners, two female and one male, and one female salaried GP, equivalent to 3.5 whole time GPs. There are three practice nurses, and two healthcare assistants. The practice works closely with the local district nursing team, which is based on site, to provide shared patient care and avoid hospital visits for services such as phlebotomy, dressing changes and minor urgent care. The practice has close links with the flying school based at the local airport, and one of the GPs has a specialist interest in aviation medicine.

There is an on site dispensary which can provide pharmaceutical services to patients who live more than one mile (1.6km) from their nearest pharmacy premises. Two dispensers currently provide the services to

approximately one third of the practice's patients. The practice provides a delivery service for dispensed medicines to be collected by patients from shops in the outlying villages when appropriate.

The surgery building was built in the late 1990s, and is owned by a former partner. It is currently undergoing a programme of redecoration to replace the carpets in the GP consulting rooms with hard flooring.

The practice is fully open from 8am to 6.30pm Monday to Friday, with the nursing team offering appointments from 7.30am four mornings a week. The out of hours service is provided by Oxford Health and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Services are delivered from:

The Charlbury Medical Centre

Enstone Road

Charlbury

OX7 3PQ

The practice has not been previously inspected for ratings 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

# Detailed findings

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 24 August 2016. During our visit we:

- Spoke with a range of staff, including three GPs and members of the nursing, dispensary, reception and administration teams, 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, following an emergency incident at the practice when a patient became severely unwell, the effectiveness of the team's response was reviewed. As a result, the contents of the emergency equipment box was updated, with additional numbers and sizes of some single use items ordered.

### 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
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). However, it was found that one of the fridges used to store medicine had an external back-up thermometer which was giving incorrect readings, and the other fridge had no second thermometer. The practice responded to this on the day of inspection by ordering replacement fridges and temperature monitoring equipment. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were systems in place to monitor the use of blank prescription forms and pads. Blank forms were logged and safely stored at night, and consulting rooms were locked when left unattended for extended periods during the day. 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

## Are services safe?

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.
- The delivery service for dispensed medicines to be collected from shops in some of the outlying villages had been risk assessed, including the security of storage and arrangements for uncollected medicines. Controlled drugs could only be collected in person from the dispensary.
- We reviewed one personnel file 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).

- Medicine and equipment safety alerts, such as those issued by the Medicines & Healthcare Products Regulatory Agency (MHRA) were received and disseminated to clinical staff, but were not audited to ensure that clinicians had responded appropriately.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff 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.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was above the CCG and national average with 100% of patients with diabetes receiving a foot examination and risk classification in the preceding 12 months, compared to the CCG average of 90% and the national average of 88%, and 88% of patients with diabetes achieving a target blood glucose level of 64mmol or below compared to the CCG average of 79% and national average of 78%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 89% and the national average of 88%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. There had been seven clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of the prescribing of certain antibiotics for urinary tract infections found to increase the risk of complications resulted in a reduction of overall prescribing from 38% to 17%, and a reduction of avoidable prescribing from 28% to 4%.

Information about patients' outcomes was used to make improvements. An audit of minor surgery procedures, including steroid injections led to the referral of three patients to orthopaedic or physiotherapy services for further treatment. It was decided to continue to monitor and audit the outcome of all minor surgery procedures to identify when patients might require additional treatment or referrals.

### 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, members of the nursing team had received additional training for stroke dysphasia, travel care, aural health, smoking cessation and spirometry.
- 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 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.
- However, the practice did not provide staff with annual appraisals to provide opportunities for evaluation, improvement and development. The practice told us

# Are services effective?

## (for example, treatment is effective)

that previous attempts to introduce a programme of appraisals had not been welcomed by staff, and this was confirmed by team members on the day of inspection, who told us that they felt that such opportunities were provided through line management, team meetings and informal discussion.

- 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 regular when care plans were routinely reviewed and updated for patients with complex and palliative care 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, and smoking and alcohol cessation and. A health care assistant was trained to provide smoking cessation advice, and patients were signposted to relevant services if they were not provided by the practice.

The practice had been one of the first in Oxfordshire to adopt the Gold Standard system of multi-agency care planning meetings for patients with complex and palliative care needs, and worked closely with a local nursing charity which provided end of life care with patients in their own homes.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel and cancer screening. The practice's uptake for the breast cancer screening programme was 83%, which was above the CCG average of 75% and the national average of 72%, and its uptake for the bowel screening programme was 62%, which was above the CCG average of 59% and the national average of 58%.

- Childhood immunisation rates for the vaccines given in 2014-15 were in line with CCG averages. For example, childhood immunisation rates for the vaccines given to

## Are services effective? (for example, treatment is effective)

under two year olds ranged from 90% to 100% compared to the CCG average of 90% to 97%, and five year olds from 89% to 100%, compared to the CCG average of 92% to 98%..

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and

checks were made, where abnormalities or risk factors were identified, including referral to the practice's smoking cessation service when appropriate. None-attenders were encouraged to engage with the health check programme, achieving the second highest attendance rate in Oxfordshire, and detecting some significant medical conditions as a result.

# 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.

Seventeen of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service, and that staff were helpful and caring and treated them with dignity and respect. The cards with negative comments referred to the difficulty in getting appointments, particularly on the telephone

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% 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%.
- 86% 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%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

However, the practice was below for some of its satisfaction scores on consultations with GPs. For example:

- 84% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

The practice had taken note of the low satisfaction scores in these areas in the current and previous GP patient survey results, which were published in January 2016. It was working with its patient participation group to design a survey to further identify and address issues of patient concern in these areas.

### 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 most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results for GPs were below local and national averages. For example:

- 82% 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%.
- 75% 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%.

Results for nurses were above local and national averages. For example:

## Are services caring?

- 96% of patients said that the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 89% 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 had noted that some results were below average in these areas in the current and previous GP patient survey results, which were published in January 2016, and was working with its patient participation group to design a survey which would be distributed to patients via email to further identify and address patient concerns.

Facilities were provided to help patients be involved in decisions about their care:

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

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

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 website.

The practice's computer system alerted GPs if a patient was also a carer. It had identified 182 patients as carers (3% of the practice list). It had appointed a health care assistant as carers' champion to assist with identifying and advising carers, and there was a dedicated carers' noticeboard in the waiting room with information about local services. Written information was available to direct carers to the various avenues of support available to them.

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 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.

Patients were referred for ultrasound and endoscopy appointments in the nearest large town of Witney to avoid longer journeys for hospital visits. They could also refer patients to a local "hub" in Witney for urgent consultations if it was at full capacity for on-the-day appointments, although it told us that it rarely used the service owing to the distance patients would be required to travel.

Staff could request the county's Early Visiting Service to attend to patients at risk of hospital admission early in the day.

The practice had access to the county-wide Hospital At Home scheme, although they told us that the scheme was not as prevalent in the locality as in other parts of the county, owing to its relative distance from more populated areas.

- Nurse appointments were available from 7.30am four mornings a week for working patients and those requiring a fasting blood test.
- The practice ensured that it was flexible with the appointment times it offered patients who relied on limited public transport services to attend the surgery.
- The dispensary offered a delivery service to shops in outlying villages to enable patients to receive their medicines more easily. The delivery, storage and distribution of the medicines had been risk assessed, and did not include controlled drugs. Deliveries were made by members of the dispensary team. Uncollected medicines were returned to the dispensary after 14 days, and the patient contacted.
- 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 surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a ramp access to the front door, dedicated parking spaces and toilet facilities accessible to disabled people. However, there was not an automatic entrance door or a hearing loop.
- The practice worked closely with the local district nursing team, which was based at the surgery in order to fill the gaps identified in local provision owing to the locality's relative distance from other medical services. For example, the district nursing team urgently visited a patient who had fallen at home when there was no ambulance available to attend. Another example given was of one of the GPs assisting with a challenging medical procedure which the district nurse had been unable to complete unaided, which avoided the patient having to attend hospital.

### Access to the service

The practice was fully open between 8am and 6.30pm Monday to Friday, with nursing team appointments available from 7.30am four mornings a week. GP. Appointments were from 8.30am to 12pm and 4pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and on-the-day telephone consultations between 12pm and 1pm were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 72% 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%.

The practice had identified these areas of low patient satisfaction from the previous GP Patient Survey results, which were released in January 2016. As a result, it had introduced a number of recent improvements, including a new telephone system and nurse appointments from 7.30am four mornings a week. Changes to the telephone system had been communicated via letters sent to all patients, and posters displayed in local shops and

# Are services responsive to people's needs?

(for example, to feedback?)

pharmacies. As a result, there had been a small increase in relevant scores in the patient survey results released in July 2016, with an aim that patient satisfaction would be further improved as the new systems were embedded.

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.

- 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.
- We saw that information was available to help patients understand the complaints system via leaflets.

We looked at one written complaint received in the last 12 months and found that it was satisfactorily handled. However, although there was no indication that the practice did not deal effectively with verbal complaints, it did not keep a record of these in order to analyse trends and ensure that action had been taken as a result to improve the quality of care.



# 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.

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

### Governance arrangements

- 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 arrangements for identifying, recording and managing risks and implementing mitigating actions, although issues regarding fridge monitoring and prescription safety had not been identified prior to inspection.

### Leadership and culture

On the day of inspection the partners 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

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

- Staff told us the practice held daily informal lunchtime meetings to which all team members, district nurses and health visitors based at the practice were welcome to attend, in addition to more formal clinical and non-clinical team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners. 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. However, annual appraisals for staff were not completed.

### 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 in response to some recent low results in the GP Patient Survey and Friends & Family Test regarding patient satisfaction, the PPG was designing a survey with the practice to be distributed to patients via email, to further identify and address patient concerns. As a result of previous patient consultation with the support of the PPG, a number of recent improvements had been introduced, including a new telephone system, and nurse appointments from 7.30am daily, aimed at benefitting working patients and those requiring fasting blood tests.



# Are services well-led?

Good 

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

- The PPG was currently running as a virtual group, but was working to recruit new members, and was also planning to start issuing regular newsletters to improve patient communication and increase understanding about the services available at the practice.
- The practice was undertaking a rolling survey of patient satisfaction with dispensary services, with the 69 questionnaires returned to date indicating a 99% satisfaction rate with all areas of the service.
- Feedback had been gathered from staff through team meetings, line management and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run. The nursing team gave an example of an incident when a local pharmacy had been unable to fulfil a prescription for an auto-injector in time for an appointment for a patient due to have their first insulin injection. On the

nursing team's suggestion, the practice agreed that in future all initial auto-injector prescriptions would be fulfilled by the dispensary to ensure that the medicine was on site and ready for use.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the GPs was currently training in dermatology to reduce the need for hospital referrals for initial investigation, and one of the health care assistants was a former receptionist who had been supported to train for a clinical role.

The practice had also been an early innovator of the "Just In Case" scheme to provide other medical services with quick access to palliative medicines for patients at the end of life, before the scheme had been adopted by the Oxfordshire CCG.

This section is primarily information for the provider

## 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	<b>How the regulation was not being met:</b>
Maternity and midwifery services	We found the registered person did not do all that was reasonably practicable to ensure that providers deployed enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements.
Surgical procedures	
Treatment of disease, disorder or injury	This was in breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.