

# The Bell Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bell Surgery on 23 June 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.
  - Newly appointed practice nurses and district nurses were involved in a joint induction to gain a better understanding of how each group worked to support coordinated patient care.
- The practice had invested in a portable computer which GPs used to access patient records when visiting a local care home.

The areas where the provider should make improvements are:

# Summary of findings

- Ensuring the training takes place for nursing staff in updating the processes for assessing the competence of young patients to make treatment decisions.
- Review the means by which eligible patients are encouraged to take up both cervical and breast screening.

**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.
- Risks to patients were assessed and well managed.
- There were robust systems in place to ensure equipment and premises were maintained in good working order.
- Staffing levels were kept under review to ensure there were enough staff on duty to keep patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

However,

- The practice nurses were unclear in their understanding of the legal framework relating to young patients making informed decisions about their care and treatment.
- The practice rates for screening for cervical and breast cancer were lower than local and national averages.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was proactive in supporting patients who held responsibility as a carer for others.

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 GPs used a portable computer to access the patient's health records when visiting a local care home. This enhanced safe care and treatment because the GPs had all information available to them when they saw the patient.
- 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 and other stakeholders.
- The practice responded to patient feedback and had reorganised the appointment system to improve access to routine appointments and to the patient's preferred GP.
- Extended hours clinics were offered on one evening every week and the evening varied to enhance the opportunity for patients who worked to attend. A Saturday morning clinic was held once a month.
- The practice worked closely with the patient participation group (PPG) to respond to feedback. For example, the PPG and practice recognised that some patients would benefit from additional information about improving their fitness and lifestyles. The PPG instigated a 'Henley Health Fayre' at which healthy lifestyle advice was promoted.

Good



# Summary of findings

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Annual staff satisfaction surveys were carried out and acted upon.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GPs undertook regular visits to two local care homes. The care and treatment of the patients at these homes was supported by use of a laptop link to the patient's full medical record held at the practice.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for the QOF diabetes indicators was 94% which matched the clinical commissioning group (CCG) average and was above the national average of 89%. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).
- 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.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

# Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. They also told us that the practice ensured prompt access to appointments for children.
- 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.

However,

- Data from 2015 showed the practice's performance for the cervical screening programme was 78% compared to the CCG average of 83% and the national average of 82%.

## **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 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.
- Extended hours clinics were held on one evening every week and on one Saturday morning a month. These were particularly useful for patients who could not attend during working hours.
- The benefits of healthy lifestyle, including exercise, were actively promoted in conjunction with the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

However,

- The number of eligible patients attending for breast cancer screening was lower than the local and national average.

**Good**



## **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 had 32 patients with a learning disability registered. Of these 25 (75%) had received an annual health check and had an agreed care plan in place.

**Good**





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

## 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).

- 90% of patients diagnosed with a severe and enduring mental health problem had an agreed care plan. This was better than the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and was active in screening for dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 85% and national average of 84%.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Two hundred and sixty-three survey forms were distributed and 116 were returned. This represented approximately 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and the national average of 73%.
- 92% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 89% 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 82% 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 36 comment cards which were all positive about the standard of care received. The majority of patients said they never felt hurried during their appointments and felt the GPs and nurses listened to their concerns and symptoms. They also said they felt fully involved in decisions about their care.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice encouraged patients to take part in the friends and family recommendation test. The most recent results show that 91% of patients who completed this return said they were either likely or very likely to recommend the practice to others.

## Areas for improvement

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

- Ensuring the training takes place for nursing staff in updating the processes for assessing the competence of young patients to make treatment decisions.
- Review the way in which eligible patients are encouraged to take up both cervical and breast screening.

# The Bell Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC assistant inspector 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 The Bell Surgery

The Bell Surgery is located in a purpose built medical centre in the town of Henley-on-Thames. It is adjacent to the community hospital which is in the process of redevelopment. Approximately 8,700 patients are registered at the practice. There are very few patients registered whose first language is not English. Nationally reported data shows very little income deprivation among the practice population. There are fewer than average patients registered under the age of 39 and a higher than average number of registered patients aged over 40. Just over 22% of the patient population are aged over 65.

The practice is close to bus routes through the town and is a ten to fifteen minute walk from the train station. There are designated disabled parking spaces near to the practice entrance. There are automated doors to the practice for accessibility and accessible WC facilities within the practice. All treatment and consulting rooms are on the ground floor and there are wide corridors giving ample room for mobility scooters and wheelchairs.

There are seven GPs at the practice. Five are partners, one is a salaried GP and one a long term locum. Five of the GPs are female and two are male, they make up the equivalent of approximately five whole time GPs. The practice is accredited to train already qualified doctors as GPs and there are two doctors in training working at the practice. There are four practice nurses, all are female and all work part time. They are equivalent to just under 1.8 whole time nurses. The nurses are supported by a health care assistant (HCA) and a phlebotomist (phlebotomists undertake blood tests for patients). The practice manager is supported in delivering general management of the practice by a team of 19 administration and reception staff.

The practice has undergone significant staff turnover in the last 18 months. Four GPs and two nurses left the practice in the last two years. One nurse retired and another took on a specialist role elsewhere. At the same time the practice manager retired and a number of administration staff left. The remaining staff undertook additional duties during the time of change and the practice told us that maintaining services had been challenging. A new team of staff were appointed and the practice is now fully staffed although a new partner is due to start in August. The vacant partner post is being covered by a long term locum GP.

The practice is open every weekday from 8am to 6.30pm. Appointments are from 8.30am to 11.30am every morning and from 2.30pm until 5.40pm every afternoon. There is an extended hours appointments one evening every week between 6.30pm and 7.20pm. The practice also provides a Saturday morning extended clinic once a month between 8am and 10am.

All services are provided from: The Bell Surgery, York Road, Henley-on-Thames, Oxfordshire, RG9 2DR.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Oxford Health NHS Foundation Trust and is

# Detailed findings

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 was closed.

This is the first inspection of The Bell Surgery. There is a requirement for the practice to have a registered manager responsible for the service. (A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run). However, a registered manager was not in post at the time of our inspection. The practice has notified CQC of the GP intending to become the registered manager but their application had not been completed. We discussed this with the practice and they are taking action to complete the application.

## 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 23 June 2016.

During our visit we:

- Spoke with three GPs, two practice nurses and four members of the administration and reception team.
- Also 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. We saw examples of staff of all disciplines completing and submitting incident report forms. The practice encouraged staff to report any occurrence that may have placed patient care at risk. All incidents were investigated thoroughly. 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, there had been an incident when one of the fridges holding vaccines had been accidentally turned off resulting in the vaccines being compromised. The practice took advice from appropriate agencies and resulting action to ensure patient safety was maintained when administering vaccines. The practice replaced the refrigerator to ensure the incident could not be repeated. All staff who dealt with vaccines were aware of the actions taken and how to ensure the fridge was not turned off by accident.

### 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 protection or child safeguarding level three. Nursing staff were trained to level two in child safeguarding and administration staff to level one. All staff had been trained in safeguarding of vulnerable adults. Staff received updating in safeguarding annually and we noted that most administration staff were due to take their updates in early July.
- A notice in the waiting room and in every treatment and consulting room advised patients that chaperones were available if required. The practice had made the decision to ensure only nursing staff and GPs undertook chaperone duties. All 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 high standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They also held records of spot checks they undertook to monitor cleaning standards and the action they had taken based on their findings. 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice were robust and kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

# Are services safe?

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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six 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 (DBS). We noted that all but one member of staff had received a DBS check. A risk assessment had been undertaken for this member of the administration staff who did not have contact with patients. The practice also held records, which were regularly updated, of the immunisation status of all clinical staff.

## 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). The practice manager had a system of electronic prompts in place that reminded them when any essential equipment or premises maintenance was

required. We saw that they acted upon these reminders. This demonstrated that the practice placed the safety of the environment to support delivery of patient care as a high priority.

- 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. The practice had increased the number of nursing hours available in late 2015 to provide enhanced cover when nurses took holidays or were away from the practice. They had also trained administration staff in a wide range of duties, including reception, to build in resilience and ensure staff were able to cover each other's duties.

## 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked every week and a record kept of the check. A back up oxygen cylinder was held. 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 range of medicines held to deal with an emergency was checked and found to be appropriate.
- 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. The emergency contact numbers were displayed on notice boards in the administration office for easy access and reference should they be required.



# 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 (The National Institute of Clinical Excellence) 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 discussion at practice meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available (which matched the CCG average of 97%). The number of patients removed from monitoring against the QOF indicators (exception reporting) was generally lower than average. For example the exception rates from diabetes indicator for target cholesterol was 8% compared to the CCG average of 13% and national average of 12%. Similarly for the indicator of delivering agreed care plans for patients with severe and enduring mental health problems the practice exception rate was 7% compared to the CCG average of 12% 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 (the last data published) showed:

- Performance for the diabetes indicator of achieving target cholesterol levels was better than average at 82% compared to the CCG 73% and national 70%.

- Performance for having an agreed care plan in place for patients with a severe and enduring mental health problem was better than average at 84% compared to the CCG 78% and national 77%.
- Performance for patients with peripheral arterial disease (a blood circulation disease) achieving target blood pressure was 87% compared to the CCG and national average of 86%. This was achieved with fewer patients excepted from the measure. The practice excepted 2% of patients from this indicator compared to the CCG and national exception rates of 5%.

The results showed the practice was achieving good performance in managing patients with long term conditions with fewer than average removed from the monitoring targets.

There was evidence of quality improvement including clinical audit.

- The practice had an audit plan and there had been 11 clinical audits undertaken in the last year. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings from audits were used by the practice to improve services and reduce risk. For example, an audit had been repeated annually for the last three years. This audit focussed on patients prescribed a medicine which needed monitoring via a test of their kidney function. If the kidney function test showed a low reading the patient's prescription required review and the prescription stopped. The first audit found five patients prescribed the medicine with a low kidney function reading. The GP leading the audit withdrew the prescription for four patients after consulting with the patient. The second audit found three patients prescribed the medicine who had a low kidney function reading. Their dose was stopped or adjusted. By the time of the third audit there were six patients in this category and all had the prescription ceased after consultation. The practice had reduced the risk associated with the medicine by ceasing the prescription in all cases.

Information about patients' outcomes was used to make improvements such as: The practice had identified that

# Are services effective?

## (for example, treatment is effective)

some repeat prescriptions were being issued for patients taking high risk medicines. These medicines required tests to be completed and results reviewed before the prescription was renewed. The practice reinforced their system of monitoring to ensure the tests were completed, and results checked, before the prescription was issued.

### 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, for those reviewing patients with long-term conditions. For example, one of the nurses was nearing completion of a training course to support patients with respiratory conditions. Two more nurses attended regular updates to ensure they were up to date in delivering care for patients diagnosed with diabetes. One of these nurses had also been trained to commence patients diagnosed with diabetes on insulin when this was required.
- 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, discussion at practice meetings and attendance at immunisation update 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. The practice was able to demonstrate close working between practice nurses and district nurses. For example, newly appointed district nurses and practice nurses had time working with each other during their induction. This included two mornings either in the community for practice nurses or in the practice for community nurses. There was also a further example of a practice nurse trained to care for patients fitted with a catheter administering catheter care for those that were able to attend the practice rather than be seen at home by district nurses. Work with other agencies also included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

We noted that the practice had developed a standardised care plan that could be adapted to meet the needs of various patient groups. For example it contained sections relevant to the care of patients subject to avoidance of admission to hospital and for patients with a mental health problem. We saw that these care plans were completed when relevant, were agreed with the patient and shared with other relevant professionals and agencies with the consent of the patient.

### 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.



# Are services effective?

## (for example, treatment is effective)

- 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.

However,

- Our discussions with GPs and practice nurses demonstrated that GPs were clear and confident that when providing care and treatment for children and young patients, they carried out assessments of capacity to consent in line with relevant guidance. The practice nurses were unsure about providing care and treatment to young patients without having a parent or guardian present. They were not fully conversant with the guidance on assessing capacity and further training was required. We discussed this with the GPs and they made arrangements to provide the necessary training.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- At the time of inspection smoking cessation advice was available from a local support group. The health care assistant was nearing completion of a course to become a smoking cessation advisor. The practice had determined that making advice available on site would give options to patients seeking to stop smoking and offer prompt support to stop when this was required.

The practice's uptake for the cervical screening programme was 78%, which was below 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients who attended for bowel screening was higher than average in the last 30 months being 62% compared to the CCG average of 59% and national average of 58%. However the number of eligible women who attended for breast screening, in the last three years, was below average. It was 66% compared to the CCG average of 75% and national average of 72%. 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 had 32 patients with a learning disability registered. Of these 25 (75%) had received an annual health check and had an agreed care plan in place.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% compared to the CCG average range of 90% to 97%. For five year olds the range was from 92% to 99% compared to the CCG average range 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.

We received 36 completed patient Care Quality Commission comment cards. Of these 35 were wholly positive about the care and treatment the patients had experienced. One patient commented upon an ongoing issue that was in the process of resolution with the practice. Patients said they felt the practice offered an excellent service and staff were helpful, very caring and treated them with dignity and respect.

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

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

- 93% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.

- 90% 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%.
- 92% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 88% 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:

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

## Are services caring?

- The GPs and practice nurses used a range of online advice leaflets which were available to patients to support information given to them during their consultations.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 181 patients as carers which was approximately 2% of the practice list. The patient participation group included a patient who was also a carer. They were working with the practice to identify means of encouraging patients with caring responsibilities

to register their carer role. Two members of staff had been appointed as carers champions. These staff held a detailed knowledge of the services and resources available locally to support carers. One of them was always on duty to support colleagues in giving advice to carers and ensuring new carers were added to the carers register. 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 and a sympathy card was sent. 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. Additional information to support patients who had recently suffered bereavement was available in a practice specific leaflet. This had been produced by the patient participation group.

# 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 GPs used a portable computer to access the patient's health records when visiting a local care home. This enhanced safe care and treatment because the GPs had all information available to them when they saw the patient.
- The practice offered an extended hours clinic on one evening a week until 7.20pm and one Saturday clinic a month.
- There were longer appointments available for patients with a learning disability and for patients with a complex range of needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation and patients we spoke with confirmed this.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice used text messaging to remind patients of their appointments. Text messages were also used to inform patients of their test results.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 11.30am every morning and from 2.30pm until 5.40pm every afternoon. There was an extended hours surgery one evening every week between 6.30pm and 7.20pm. The practice also provides a Saturday morning extended clinic once a month between 8am and 10am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 87% 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 was very aware of the national patient survey results. They took action to address areas where feedback was below average. The appointment system had been revised in March 2016 to respond to patient feedback. A wider range of appointment options were added to the system. This included additional telephone consultations and giving the duty GP and staff the opportunity to convert reserved appointments designated for online booking to accommodate patients who called needing to be seen within the next two days. We noted that patient satisfaction reported in the 2016 survey had improved in general from the 2015 survey. We also noted that the practice had taken action to address opening hours. For example, they varied the evening of the extended hours clinic every week to give patients more options. These clinics were held on either Monday, Tuesday, Wednesday or Thursday. A once a month Saturday clinic had also been introduced to enhance access to routine appointments for patients who found it difficult to attend during working hours.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them and that access to appointments had improved in recent months.

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.

Requests for home visits were assessed by the duty GP and prioritised based on the clinical need of the patient. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. It was displayed in the waiting room and contained on both the patient leaflet and practice website.

The practice logged all verbal and written complaints. We noted that this had increased the number of complaints recorded annually. In 2015/16 there had been 32 recorded

complaints which included those made in person and resolved immediately with the patient. We looked at 12 of the complaints received in the last 12 months in detail and found all had been responded to in a timely and honest manner following investigation. The process of dealing with the complaint was transparent and patients received an apology along with an account of the action the practice had taken to resolve the complaint. The GPs reviewed complaints every quarter to ensure lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed related to a blood sample being sent in the wrong container. The hospital laboratory was unable to process the correct test as a result. Staff were reminded to be extra vigilant in confirming the blood sample was processed and labelled correctly to avoid a similar occurrence. The patient received a full apology for the error.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings. We looked at sample minutes from these meetings and saw that they took place on a scheduled basis and covered a wide range of topics. Staff told us they were able to contribute to the agenda's for team meetings and there was always an opportunity to raise matters even if they were not on the agenda.
- 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 were held occasionally. There had been an away day in 2014 and another was scheduled for later in 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had identified that information for patients receiving end of life care could be improved. They also identified a need to encourage patients to live healthier lifestyles. With the agreement of the practice the PPG prepared

# Are services well-led?

Good 

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

leaflets on both topics that were made available to patients who could benefit from the written advice. The PPG had recently recruited an additional member who was a carer. This assisted the PPG in representing the views of this group of patients. The PPG were involved in health promotion activities and had set up a 'Henley Health Fayre' at which healthy lifestyle advice was promoted. The event had been attended by approximately 50 people from the local community.

- The practice had gathered feedback from staff through an annual staff survey, through occasional staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had been involved in the reorganisation of the appointment system.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. They had increased nursing hours to provide a wider range of appointments. Practice nurses were expanding their skills to be better equipped to support patients with long term conditions
- The GPs used a portable computer to access the patient's health records when visiting a local care home. This enhanced safe care and treatment because the GPs had all information available to them when they saw the patient.
- Induction programmes for practice nurses had been updated to include spending time in the community with district nurses.
- The practice had enhanced the support for qualified doctors seeking to become GPs. There were three GPs approved as trainers