

Bury Knowle Health Centre

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Bury Knowle Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bury Knowle Health Centre on 9 February 2016. Overall the practice is rated as good. However, there are improvements required in providing effective services.

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.
- Medicines were managed safely.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- National data suggested patients received their care in line with national guidance. However, there were high levels of exception reporting compared to national and local averages and this had not been fully explored by the practice.
- 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.
- Patients said they found it easy to make an appointment with a GP and that 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.

Summary of findings

- Governance arrangements were in place for non-clinical aspects of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice led on a pilot project to improve holistic care for patients with complex conditions. A 'social prescriber' was employed by the practice as part of a practice initiative, supported by the local clinical commissioning group, to target high need and vulnerable populations in two deprived wards within the practice catchment area. This role supported patients who may need various support from the community. For example, staff were concerned about one elderly patient who had become insecure and disorientated in their own home. The social prescriber was able to speak with various support agencies and the patient had additional support which may not have been identified without the intervention, leading to greater independence and peace of mind for the patient. The practice provided nine case studies where the social prescriber had made an impact on patient care. A total of 62 patients had been identified and attended the service between July and December 2015.

The areas where the provider must make improvement are:

- Identify causes of exception reporting, ensure that patients are only exempted when appropriate and reduce exception reporting where possible.

The areas where the provider should make improvement are:

- Consider purchasing a hearing aid loop.
- Review the uptake of learning disability health checks to improve the low uptake.
- Ensure patients are made aware how they could access GP services during usual practice contracted hours when the practice is not open. Namely 8-8.30am and 6-6.30pm.
- Review and identify means of improving uptake of bowel cancer and breast screening, child immunisations and flu vaccination rates.

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 safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- National data showed patient outcomes were mostly similar to the average for the locality and higher than the national average. However, there was high exception reporting meaning more than the local and national average of patients were excluded from this data. There was the potential for patients to be excluded from regular reviews of their condition. The practice had not fully identified why these numbers were so high in order to reduce exception reporting where possible.
- Staff assessed patients' 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 training and guidance on consent including the Mental Capacity Act 2005 and obtaining consent from children.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice similarly to others in 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 confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and planned its services accordingly. For example, a local pilot was undertaking to help improve holistic care for patients through a scheme called 'social prescribing'.
- The practice led on a local pilot to enhance the planning of patient care and work with other services more effectively.
- Patients said they could make appointments, with urgent appointments available the same day.
- There was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no hearing loop available.
- 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.

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 this.
- There was a 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for acting on 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.

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.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- Access for patients with limited mobility was good including for those with mobility scooters.
- There were named GPs for this group of patients.
- The practice provided screening for conditions which patients in this population group may be at risk of, such as dementia.

People with long term conditions

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

Good



- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- The practice achieved 100% on its quality outcomes framework scores (QOF) in 2015. QOF is a quality system to measure the performance and quality of patient care and treatment. However, high numbers of patients were exempted from these figures. The practice could not account for whether exempted patients received care they required and whether those exemptions were appropriate.
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a periodic structured review to check patients' health.
- There was monitoring of patients on long term medicines.
- 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



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for vaccinations given to under two year olds were 86% (regional average 90%) and for five year olds they were 91% (regional average 95%).
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Baby changing facilities were available.
- GPs worked with midwives and health visitors in the provision of care.

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 of this age group.
- There were extended hours appointments available.
- Patient feedback on the availability of appointments from the national survey and on the day of inspection was positive.
- Phone consultations were offered to patients.
- Online appointment booking was available.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- Learning disability health check figures were low.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams in the case management of vulnerable patients. This was supported by the work of a social prescriber whose role was to improve joint working with external services to provide a more holistic package of care to patients.

Good



Summary of findings

- 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).

- Performance for mental health related indicators was 100% compared to the CCG average of 95% and national average of 93%. Exception reporting on national data for mental health indicators was 20% compared to the national average of 11%.
- In 2014/15 91% of patients eligible for a care plan had one completed.
- Patients on high risk medicines for mental health conditions received blood tests to ensure they were safe to continue taking these medicines. During 2014/2015, there were 77 patients assessed for dementia. The overall practice diagnosis rate was 84% of the predicted prevalence, based on the national averages and the patient list's characteristics such as age profiles .
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 368 survey forms were distributed and 86 were returned. This represented 0.54% of the practice's patient list.

- 91% 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 national average of 85%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 83% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- 70% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.
- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 90% said the nurse gave them enough time compared to the local average of 94% and national average of 92%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 87% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Fourteen of the 17 Care Quality Commission comment cards we received from patients were positive about the service experienced. The three other cards contained some positive comments and some negative but there were no trends or themes. All of the patients we spoke with told us the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

The friends and family test was used at the practice and 15 out of 18 patients in February 2016 stated they were likely or extremely likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Identify causes of exception reporting, ensure that patients are only exempted when appropriate and reduce exception reporting where possible.

Action the service **SHOULD** take to improve

- Consider purchasing a hearing loop.

Summary of findings

- Review the uptake of learning disability health checks to improve the low uptake.
- Ensure patients are made aware how they could access GP services during usual practice contracted hours when the practice is not open. Namely 8-8.30am and 6-6.30pm.
- Review and identify means of improving uptake of bowel cancer and breast screening, child immunisations and flu vaccination rates.

Outstanding practice

- The practice led on a pilot project to improve holistic care for patients with complex conditions. A 'social prescriber' was employed by the practice as part of a practice initiative, supported by the local clinical commissioning group, to target high need and vulnerable populations in two deprived wards within the practice catchment area. This role supported patients who may need various support from the community. For example, staff were concerned about one elderly patient who had become insecure and disorientated in their own home. The social prescriber was able to speak with various support agencies and the patient had additional support which may not have been identified without the intervention, leading to greater independence and peace of mind for the patient. The practice provided nine case studies where the social prescriber had made an impact on patient care. A total of 62 patients had been identified and attended the service between July and December 2015.

Bury Knowle Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bury Knowle Health Centre

Bury Knowle Health Centre has a patient list of approximately 16,000 patients. It is located in Headington, Oxford with branch practices in Wood Farm and Barton. It serves an urban population with some areas of deprivation. There is a higher proportion of patients between 15 and 35 years old than the national average. The number of patients over 50 is significantly lower than the national average. Bury Knowle Health Centre is a purpose built practice with all services located on one floor. It is accessible for disabled patients and those with limited mobility. There was parking including designated disabled parking. There are good bus services enabling access between sites for patients.

The practice is registered to provide services from: Bury Knowle Health Centre, 207 London Road, Oxford, Oxfordshire, OX3 9JA. The practice also provides services from Barton Surgery Neighbourhood Centre, Underhill Circus, Headington, **Oxford** OX3 9LS and Leiden Road, Headington, Oxford, OX3 8RZ. We visited Bury Knowle Health centre only as part of this inspection.

There are three GP partners at the practice, eight salaried (non-ownership status) partners with an additional six salaried GPs. There are also two non-GP practice manager partners. There are four male and 15 female GPs. There are

seven female practice nurses and a female healthcare assistant and phlebotomist. A number of administrative staff, a practice manager and a business manager support the clinical team.

There are 10 whole time equivalent (WTE) GPs and 5 WTE nurses.

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during these times other than from 12.30 to 1.30pm on Wednesdays. From 8am to 8.30am and from 6pm to 6.30pm an external provider is available to take patient calls and provide assistance if necessary. There are extended hours appointments from 7.30am on Tuesdays and Fridays, 6.30pm to 8pm Wednesdays and from 8.15 to 11.15am on Saturday mornings. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

This is a training practice and there was one GP in training working at the practice.

Bury Knowle Health Centre was previously inspected in July 2014. We found that the practice needed to make some improvements and we issued requirement notices on two regulations. These regulations relate to our old regulated activity regulations 2010.

- Requirements related to workers
- Assessing and monitoring the quality of the service.

At this inspection we found that the provider had made the improvements in relation to the regulatory breaches.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 9 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, members of the nursing team, administrative staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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 incidents referred to as 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.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff. For example, the process for checking test results and other information was improved due to a significant event where a test result which required action was identified by staff in a timely way.
- The practice carried out a thorough analysis of the significant events.
- We found examples where significant events had led to changes in practice. For example, a risk assessment 'traffic light' system had been implemented following a significant event where an ill child had not been assessed by the practice in a timely way to ensure they were seen by the appropriate service in quickly. This enabled staff to quickly assess the clinical need of any child who required care or treatment.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on. These were emailed to the appropriate lead, such as the prescribing lead who decided on a suitable action.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 safeguarding vulnerable adults and child safeguarding training relevant to their role. GPs were trained to child safeguarding level three. Children at risk of abuse or harm were entered onto the computer record system and flagged to alert staff.

- 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 check (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 followed appropriate guidance. 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. For example, in December 2015 it was noted there was no system to ensure the practice wheelchair was being cleaned regularly and this was implemented as a result.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient specific directives (PSDs) had been drafted to ensure vaccines and other medicines were administered in line with legislation. The PSDs were for healthcare assistants to administer medicines.
- In July 2014 we found that not all checks regarding clinical staff had been undertaken. At this inspection we reviewed six personnel files and found appropriate

Are services safe?

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.

- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- At our last inspection in July 2014 we found that not all risks were fully assessed and acted on. Namely there was no full assessment of fire and risks related to the water systems. At this inspection we found there were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies available for staff. The practice had a variety of other risk assessments in place to monitor safety of the premises such as fire and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points. The fire risk assessment was compiled by the practice and did not contain some elements which may have been included in a more

comprehensive assessment. For example, notices to indicate where oxygen canisters were stored. The practice was in the process of reviewing the signage during the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This included managing the care provided by part time GPs to encourage one GP to provide a patient's care where possible.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarms and an instant messaging system on the computers in consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as flooding. The plan included emergency contact numbers for staff and external agencies. These contact details were available offsite also.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Nurses led on managing long term conditions. Patients with long term conditions were offered reviews of their health based on national guidelines, but high exception reporting on care outcomes data was high suggested not all patients were receiving check-ups.

GPs in the practice had specific areas of clinical expertise. This enabled them to refer patients with specific concerns to other GPs, often reducing the need for external referrals. This was particularly evident in dermatology. A&E attendances among patients from this practice were lower than the national average (49 patients per 1000 compared to the national average of 79 patients per 1000).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared to the CCG average of 97% and the national average of 94%.

Exception reporting was 15% compared to the local average of 10% and the national 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). However, the practice had not audited the areas of care where exception reporting was high. For example, it was suggested diabetes exception reporting could be attributed to patients receiving their diabetic care in the hospital and a lack of information being passed onto the practice, but no auditing to check this was the case had taken place. Without appropriate auditing of

the high exception reporting there was a risk that patients were not receiving the care they needed. Specifically, exception reporting for diabetes was 19% compared to the local average of 13% and national average of 11%. For mental health exception reporting was 20% compared to the local and national average of 11%.

It was suggested that high turnover of patients (13% of the patient list were replaced every year) could be part of the reason for high exception reporting. Secondly it was suggested that foreign nationals registered at the practice were difficult to reach and often did not fully understand the healthcare system, therefore they did not access GP services as they should for the management of long term conditions. Staff told us about a number of services which they believed would improve the uptake of long term condition reviews and would reduce exception reporting. The practice had allocated a nurse to provide care to young patients including those registered from a local education centre where the patients were foreign nationals. The practice provided an introductory talk at the education centre to help educate students how to access healthcare appropriately in the UK. However, it was too early to know whether these initiatives were having an impact on reducing exception reporting.

Practice nurses had been making home visits to housebound patients to perform chronic disease checks. Extended hours appointments included practice nurse appointments to facilitate access for working age people.

- Performance for diabetes related indicators was 97% compared to the CCG average of 94% and national average of 89%. The prevalence was 3.8% compared to the national average of 6.4%.
 - Performance for hypertension (high blood pressure) related indicators was 100% compared to the CCG average of 99% and national average of 98%.
 - Performance for mental health related indicators was 100% compared to the CCG average of 95% and national average of 93%. In 2014/15 91% of patients eligible for a care plan had one completed. Patients on high risk medicines for mental health conditions received blood tests to ensure they were safe to continue taking the medicine.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- A comprehensive programme of clinical audits was undertaken.
- They were undertaken for a variety of reasons across all clinical areas and we saw some examples were due to concerns identified in the monitoring of care.
- Staff told us audits were discussed at clinical team meetings to share learning and identify what action was needed to improve patient care. We saw examples of these discussions.
- Audits were repeated to identify if actions were being completed.
- There was an audit planner to determine when audits needed to be repeated and completed.
- We saw an audit on the use of inhalers for asthmatic patients and saw that action had been undertaken to review the patients' medicine. The practice provided figures to us for patients on four or more repeat prescriptions who had an up to date medicine review.
- 97% on four or more repeat medicines had an up to date review in 2015.
- 81% had an up to date medicine review if they were on less than four repeat medicines.

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.
- There was training provided to all staff including topics such 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.
- Clinical staff had protected time for learning and training.
- The nursing team were encouraged and resourced to undertake training which improved services in the practice. For example, minor illness training meant that nurses could see patients who may otherwise need to see a GP.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.

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 plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available on the Oxfordshire summary care records. This enabled other services to access these when required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- There were policies for obtaining consent. Staff understood relevant consent and decision-making requirements.
- At our last inspection in July 2014 we found not all staff had an understanding of the Mental Capacity Act 2005 (MCA). At this inspection we found training had been provided to all clinical staff and there was an MCA policy.
- Staff understood the rights of children and young patients when obtaining consent to treatment.

Supporting patients to live healthier lives

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

- Patients at risk of hospital admissions were offered care plans and the practice had supported 229 care plans.

Are services effective?

(for example, treatment is effective)

- The practice provided support to smokers. Cessation advice was offered. Smoking cessation advice had been offered to 99% of recorded smokers with chronic disease.
- There were 27 patients on the palliative care register.

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme was 90%, which was higher than the national average of 82%.
- 49% of eligible patients were screened for bowel cancer compared to the CCG average of 59%. The practice informed us that patients advised to undertake screening who have not responded to central invitations for bowel or breast screening, are followed up by personal letter from their named GP.
- 69% of eligible patients had been screened for breast cancer compared to the CCG average of 75%. The practice informed us that public transport to hospital is a known barrier for patients living in Barton and a mobile breast screening unit was requested to visit the area by the practice. However, this service was not able to be provided in this area.

- During 2014/2015, there were 77 patients assessed for dementia. The overall practice diagnosis rate was 84% of the predicted prevalence.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Vaccinations given to under two year olds were 86% (regional average 90%) and for five year olds they were 91% (regional average 95%).

Flu vaccination rates for at risk groups in 2015/16 to date were as follows:

- For over 65s 68% had been vaccinated compared to national average of 73%.

The practice called patients or their carers for those identified as at risk of flu or requiring child immunisations to improve uptake.

The practice had a register of 50 patients with a learning disability and 15 had a health check to date. The practice was aware this figure was low and GPs told us they intended to work at improving this by the year end in March.

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 took phone calls away from the main reception desk to maintain privacy.

Nearly all of the 17 Care Quality Commission comment cards we received from patients were positive about the service experienced. All of the patients we spoke with told us the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt patients and the PPG were valued and respected by staff at the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or similar to average for satisfaction scores on many aspects of care and consultations with GPs but lower than average on consultations with nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 90% said the nurse gave them enough time compared to the local average of 94% and national average of 92%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and 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 on the comment cards we received was also positive and aligned with these views.

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 similar to local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 87% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 212 carers which

Are services caring?

was 1.3% of the practice list. Written information was available to direct carers to the various avenues of support available to them. NHS health checks were available for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. There was a counselling service available for patients.

Patients reaching the end of their life were supported by GPs providing their carers with direct contact details so they would not need to contact out of hours services.

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 planned delivery of its services based on the needs of this population. The patient list had a higher proportion of patients from the age range of 15 to 40 years old than average and high numbers of young people registered in full time education. According to national data the practice ranked as one of the least deprived populations nationally. However, the practice served some of the most deprived areas of Oxfordshire where national indicators suggested economic deprivation was a key concern. Staff were aware of the differing areas of their population in terms socio-economic factors. For example, due to two branch surgeries being in areas that are amongst the most deprived nationally the social prescribing project was initiated for, and is focussed on, these areas.

- Every year children on the safeguarding register were reviewed and if no contact had taken place other professionals and services (such as school nurses) were contacted to check on the patients' welfare.
- The practice encouraged patients to see their named GP where possible. Elderly patients were able to see their named GP 77% of the time which was an improvement of 38% compared to the previous appointment system..
- The practice led on a pilot which aimed at improving holistic care for patients with complex conditions. A 'social prescriber' pilot was initiated by the practice and this role supported patients who may need various support from the community. For example, staff were concerned about one elderly patient who had become insecure and disorientated in their own home. The social prescriber was able to speak with various support agencies and the patient had additional support which may not have been identified without the intervention, leading to greater independence and peace of mind for the patient. The practice provided nine case studies where social prescriber had an impact on patient care. A total of 62 patients had been identified and attended an appointment with a social prescriber between July and December 2015.
- There was a regular newsletter for patients including health information and changes to the practice made in response to patient feedback.

- There were longer appointments available for patients with a learning disability or complex health problems. The average length of face to face appointments had risen by 21% since 2012 to 15 minutes. For patients with more complex needs, 30 minute appointments were available.
- An arrangement was set up with Barton Community Association to provide free car transport for patients on request and this is publicised to local residents.
- Home visits were available for any patients who would benefit from these.
- The premises were accessible for patients with limited mobility.
- There was no hearing aid loop available.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- Text reminders were sent to patients regarding their appointments where possible.
- A phone translation service was available for any patients who had difficulty in using English.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during these times. During 8am to 8.30am and 6pm to 6.30pm an external provider covered the phones to provide patients with access to a clinician if required. However, this was not made clear on the practice website to inform patients of how they could access GP services during these times. Extended surgery hours were provided from 7.30am to 8am on Tuesday and Fridays, 6.30pm to 8pm Wednesdays and Saturday mornings between 8.15am and 11.15am.

During our inspection in July 2014 patients shared concerns about the call back system. This could be difficult for patients who could not easily access a phone when working. All appointments were booked (both pre-booked and same day appointments) through a phone consultation service where patients would request an appointment and be called back by a GP. At this inspection the call back system was still in place but changes had been made and ongoing monitoring to enhance the service. There were appointment slots which could be booked without a phone consultation, where patients requested a specific time for example. GPs also provided some appointments outside normal appointment

Are services responsive to people's needs?

(for example, to feedback?)

schedules, such as during lunch breaks, to provide more flexibility to patients, in addition to the extended hours. There was regular monitoring of the system to improve call response times for patients requesting an appointment.

At this inspection results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than national averages and mostly higher than local averages.

- 91% 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 national average of 85%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 83% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- 70% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

We noted there was only one complaint regarding appointments in 2015.

Online appointment booking was available and 1908 patients (20% of total population) had registered for the service.

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

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.
- We looked at complaints received in the last 12 months and complaints were acknowledged and responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system.
- However, there was no reference to the health ombudsman in complaints literature.

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 vision to deliver high quality care and promote good outcomes for patients. The aims of the practice were displayed on its website. The practice had several salaried (non-ownership partners) including both nurses and GPs. This was to ensure a broad leadership structure and ownership in the practice including its vision.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care.

- There was an understanding of the performance of the practice through monitoring such as clinical audit. When concerns were identified they were acted on. However, the practice had not effectively monitored exception reporting related to national care data, to ensure that high levels of exception reporting compared to the national and local averages were accounted for and appropriately reduced.
- 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 and these were kept up to date.
- There were arrangements for identifying, recording and managing risks.

Leadership and culture

The partners in the practice supported staff. They included the practice managers in the running of the service. This enabled the practice managers to be proactive in implementing changes to non-clinical processes where required. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.

- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- Daily meetings took place where any member of staff could discuss issues with the partners.
- 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 in doing so and felt supported if they did.
- 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 responded proactively to patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and focussed inspections. The PPG met regularly and we spoke with five members of the group. They told us they felt involved in the running of the practice. For example, the PPG had an action plan for 2016 which included reviewing the telephone system and organising health awareness days.
- There was a newsletter published quarterly. However, the last newsletter displayed on the website was April 2015. There were newsletters available in the practice.
- The friends and family test was used at the practice and 15 out of 18 patients stated they were likely or extremely likely to recommend the practice in February 2016.
- The practice had gathered feedback from staff through from appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Continuous improvement

Are services well-led?

Good 

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

The practice led on a local pilot to employ social prescribers, with the support of the CCG. This service was aimed at enhancing joint working across many services when planning and delivering patients' care and welfare needs. The practice provided nine case studies where the

social prescriber had an impact on patient care. A total of 62 patients had been identified and attended an appointment with a social prescriber between July and December 2015.

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 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There was not sufficient assessing, monitoring and improvement of exception reporting related to care date data used to assess whether patients received the care and treatment they required.
Treatment of disease, disorder or injury	This was in breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.