

Banbury Health Centre

Quality Report

58 Bridge Street
Banbury
Oxfordshire
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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 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 Banbury Health Centre on 11 November 2016. The overall rating for the practice was requires improvement. Specifically we rated the practice requires improvement in safe, effective and well-led. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Banbury Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Improvements to governance systems enabled the practice to manage and mitigate risks effectively.

- The system of governance was proactive in identifying where improvements could be made to enhance the experience and care for patients.
- The practice had implemented risk assessments where required and had acted on any risks identified to ensure that fire, legionella, prescription form tracking and electrical safety risks were managed.
- There had been improvements to the level of exception reporting in 2017.
- There was a system for monitoring staff training and identifying the training needs of staff.
- Work had been undertaken to increase the awareness and uptake of various cancer screening programmes
- The practice had undertaken a programme to raise the profile of their carers and increase the number of carers recorded. There had been carers referral box placed at reception and posters placed at reception to encourage carers to identify themselves. The number of registered carers had increased from 32 in 2016 to 51 in October 2017. Information on local support organisations was available for patients.

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?

Improvements had been made since our last inspection. The practice is now rated as good for providing safe services.

- The practice had implemented risk assessments where required and had acted on any risks identified to ensure that fire, legionella and electrical safety risks were managed.
- There were improvements to the communication with the premises management team and landlord to ensure more effective monitoring of risks and maintenance checks.
- Prescriptions forms were managed and tracked throughout the process of prescribing.
- The chaperone policy had been updated to ensure staff were safe and skilled to perform the role.

Good



Are services effective?

Improvements had been made since our last inspection. The practice is now rated as good for providing effective services.

- There had been improvements to the level of exception reporting in 2017.
- There was a system for monitoring staff training and identifying the training needs of staff.
- Work had been undertaken to increase the awareness and uptake of various cancer screening programmes.

Good



Are services well-led?

Improvements had been made since our last inspection. The practice is now rated as good for providing well-led services.

- Improvements to governance systems enabled the practice to manage and mitigate risks effectively.
- The system of governance was proactive in identifying where improvements could be made to enhance the experience of patients.
- The monitoring and identification of training was driven via the governance systems within the practice.

Good



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 provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns we identified in November 2016 regarding safety, effectiveness and leadership which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Banbury Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a lead inspector.

Background to Banbury Health Centre

Banbury Health Centre is located in Banbury and is part of NHS Oxfordshire Clinical Commissioning Group. The services are provided by Principal Medical Limited. The practice resides on the first and second floors of converted premises that are accessible by stairs and a lift. There are seven

consulting rooms and one treatment room. The practice has approximately 6,000 registered patients

and also sees unregistered patients. The practice has patients from varying age groups with a high proportion of patients aged 0 to 5 years and 15 to 44 years. Public health data shows that the practice provides services to patients living in wards that are within the 20% most deprived nationally. Banbury Health Centre is reported as having the sixth most deprived population within Oxfordshire. In general, people living in more deprived areas tend to have a greater need for health services. The practice told us that there are large numbers of patients registered at the practice particularly from Poland, but also Romania, Hungary, and Asian countries. The practice stated that for approximately 40% of patients, English is not their first language.

There are three female salaried GPs and five long term locum GPs. Salaried GPs provide 38 hours per week in total and longstanding locum GPs provide additional variable

hours in line with clinical need. The practice employs four female practice nurses (one of which is an advanced nurse practitioner), one advanced nurse practitioner locum, and three health care assistants. The practice manager is supported by two deputy practice managers, and a team of administrative and reception staff. The practice is not a teaching or training practice for GPs. The practice is open and appointments are available between 8am and 8pm seven days a week. When the practice is closed patients can access the Out of Hours Service via NHS 111 service.

Services are provided via an Alternative Provider Medical Services (APMS) contract (APMS contracts are a contract between NHS England or delegated CCGs and primary care providers).

Services are provided from the following location:

Banbury Health Centre

58 Bridge Street

Banbury

Oxfordshire

OX16 5QD

Why we carried out this inspection

We undertook a comprehensive inspection of Banbury Health Centre on 11 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Banbury Health Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Banbury Health Centre on 10 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused follow-up inspection of Banbury Health Centre on 10 October 2017. This involved reviewing evidence that the practice had undertaken action to meet the requirements of regulations that were breached in November 2016.

During our visit we:

- Spoke with management staff.
- Reviewed care and treatment data.
- Looked at documents related to the management of the practice.

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

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing safe services as all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, and prescription tracking.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

We looked at the process for issuing prescription forms to staff within the practice. We saw this process ensured the forms were recorded by serial number so they could be tracked and if they went missing, the missing forms could be identified. The prescription forms were stored securely and where any unused forms were returned to storage they were recorded appropriately to ensure they could be tracked when re-issued. There was a process for recording of any forms which needed to be disposed of to ensure they were accounted for and not used inappropriately.

The practice informed us they had amended their chaperone policy since the last inspection. All staff who undertook chaperoning of patients had a disclosure and barring service (DBS) check in place and relevant training. Chaperone signs were in Polish and English due to high numbers of Polish patients being registered at the practice.

Monitoring risks to patients

There systems to identify, assess and mitigate risks associated with the premises and equipment. The practice had reviewed their fire risk assessment and undertaken a plan of actions. This included implementing appropriate fire escape signage. Regular checks of any equipment or lighting required in the event of a fire were undertaken.

A legionella risk assessment was in place and we saw related actions were undertaken. This included regular flushing of pipes and checks of temperatures at outlets to ensure any risk of legionella was minimised.

There was an action plan for all electrical equipment which required checks or servicing. This included portable appliance testing (PAT).

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing effective services as staff had not all undertaken training in line with practice policy for safeguarding, chaperoning, basic life support and other areas staff required training. There was evidence of appraisals and personal development plans for some staff, but four staff were overdue an appraisal according to practice guidelines. Low numbers of patients registered at the practice attended breast and bowel cancer screening appointments.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had identified that their exception reporting (where patients are not included in national data indicators as they have not been able to receive care in line with national guidance) was higher than local and national averages. In response an audit was undertaken to identify where exceptions could be reduced. The practice manager informed us this has led to a new system for recalling patients for their long term condition reviews to take place at one time for multiple conditions and around the time of patients' birthdays. The practice brought external expertise into the practice to assist them in reducing their exception reporting. The practice informed us that staff training on exception reporting was provided including updating clinical teams on the management of long term conditions, improving templates and improving coding and recall processes on the patient record system. There was a reduction in exception reporting in 2016/17 down to 12% from 16% the previous year.

Effective staffing

A system for monitoring staff training was in place. This indicated that all training requirements set by the provider

were being met by staff, except those staff who were unable to take training due to long term absences such as maternity leave. The provider identified additional training courses which enhanced staff's ability to meet patients' care and welfare needs. For example, training on the needs of patients with learning disabilities and autism was being provided to staff. Due to high levels of exception reporting in 2015/16 the practice manager informed us staff were due to receive training on long terms condition management including undertaking all care tasks where possible, in line with national guidance.

We looked at a staff appraisal planner and this indicated that staff had received appraisals within the last 12 months.

Supporting patients to live healthier lives

Since our last inspection the practice had undertaken a campaign to raise awareness of cancer screening. This included posters in Polish and English. An audit into non-attenders for cancer screening programmes was undertaken and these patients were contacted to encourage attendance. Patients approaching the age for eligibility for bowel cancer screening were written to in order to make them aware that they could access this service. The management team informed us that due to the high number of patients from Eastern Europe and other foreign nationals, it was difficult to meet the national average for cancer screening. The management team explained that these patients may have their screening for specific cancers undertaken during trips to their countries of origin, for example. The practice has had three meetings with the Thames Valley screening and immunisations team to identify what improvements can be made to the immunisations programme not just at the practice but in Banbury town. The figures for screening uptake in 2017 so far do not accurately represent the likely uptake for the projected 2017/18 totals due to delays in actual counting of patients who attend by the NHS programmes. Early figures show a projected increase in bowel and cervical screening uptake. The uptake for breast cancer screening is unlikely to be higher as this programme only invites women every three years.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing well-led services. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough. For example, all reasonable steps had not been undertaken to mitigate risks associated with fire safety, electrical safety, legionella, prescription tracking, and training and appraisals.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The lack of risk management we found at the last inspection had been rectified by implementing all the necessary premises and equipment assessment systems and taking resulting actions from those assessments. In addition, because the building was leased, the provider had worked with premises management staff to improve communication around the management and assessment

of such risks. This had improved communication and provided a better understanding within the practice of how to obtain information regarding the premises and equipment.

The practice was proactive in identifying areas for enhancing staff training. For example, to improve the ability of reception staff to refer patients to appropriate clinicians, signposting training was provided to reception staff. Training on the needs of patients with learning disabilities and autism was being provided to staff. Due to high levels of exception reporting in 2015/16 the practice manager informed us staff were due to receive training on long term conditions management including undertaking all care tasks where possible, in line with national guidance.

The provider's governance systems identified areas where improvements could be made which may enhance patients' experiences of accessing the services and improve care. For example, the provider had an action plan to improve services for learning disability patients, including implementing a patient with a learning disability as the lead for this group of patients to test ideas and means of communication. The practice had volunteered to register a family of refugees and provided the healthcare checks and reviews as required under a resettlement scheme.