

North Bicester 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

Requires improvement



Are services effective?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 North Bicester Surgery in August 2015. Breaches of the legal requirements were found relating to good governance. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to these breaches.

We undertook this focussed inspection on 5 May 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for North Bicester Surgery on our website at www.cqc.org.uk.

We carried out a focussed follow up inspection of North Bicester Surgery on 5 May 2016 to ensure these changes had been implemented and that the service was meeting regulations. The ratings for the practice have been reviewed in relation to our findings.

At the inspection in May 2016, we found the practice had not made many improvements since our last inspection on August 2015 and were still in breach of the regulation relating to good governance.

Specifically the practice:

- Carried out clinical audits in April and May 2016, but did not have an ongoing programme of audit.
- Had not made sufficient changes to improve the feedback received from patients relating to appointments and waiting times.
- Policies had been updated in April 2016 to reflect current legislation and guidance.
- Were not effectively monitoring cleaning standards and were missing risk assessment information for cleaning products.
- Had reviewed the complaints process to encourage development and learning, but did not share learning or outcomes with the whole practice or the PPG.
- Did not hold regular PPG meetings to gather feedback or discuss current trends, despite this being a concern raised in August 2015.

We have considered and reviewed the ratings for this practice to reflect these findings. The practice is rated as requires improvement for the provision of effective and responsive care and inadequate for well led services.

Summary of findings

The areas where the provider must make improvements are:

- Ensure policies and procedures relating to the management of the service and health and safety are reviewed at intervals determined by a risk assessment of their relevance to the day to day running of the practice.
- Ensure general cleaning standards are monitored effectively to confirm that appropriate cleaning standards are achieved.
- Introduce a quality improvement plan, which includes the implementation of an audit plan and carry out completed audits that identify, assess and manage improvements in patient care in a timely manner. Implement and improve a system of operational audit cycles to ensure effective monitoring and assessment of the quality of the service.

- Ensure effective and sustainable actions are taken to respond to patient feedback in regard to waiting times for appointments and accessibility to appointments.
- Ensure learning from complaints are communicated consistently and effectively to all staff to reduce the risk of recurrence of similar events.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

When we inspected in August 2015, we found the practice did not have a quality improvement plan, which includes clinical audits. The clinical audits we reviewed were not completed cycles which demonstrated change and improvement. In May 2016, there had been four clinical audits undertaken since the last inspection in August 2015. Two of these were completed audits where improvements had been implemented and the outcome reviewed. A clinical audit protocol was established in January 2016 which recognised the importance of audit for improving quality and set out a standardised format for carrying out a clinical audit. However, there was no ongoing established plan for audit despite nurses and GPs both having an interest in clinical outcomes.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

When we inspected in August 2015 we found patient feedback regarding access to appointments was worse than other practices in the local area. Patients who responded to the GP national survey and comments on NHS choices were negative about the length of time they waited past their appointment time. In May 2016 the practice showed us how they had reviewed the appointments system for one GP to offer 15 minute appointments and had embargoed two other GPs appointments for release within 24 to 48 hours before the day. However, patient feedback remained negative with difficulty getting an appointment and waiting times of up to one hour. Results from the national patient GP survey in January 2016 showed the practice remained poor for opening hours, GP appointments and waiting times.

Requires improvement



Are services well-led?

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

When we inspected in August 2015 we found there was no evidence of a vision and a strategy for the practice. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. The practice did not act or have plans in place to act on patient feedback. Audits did not demonstrate quality improvement and there was no documented on-going programme of clinical audit. Risks to health and safety of patients and others were not regularly assessed and risk assessments that were in place were not updated.

In May 2016 there was a mission statement in place which was accessible to all staff. The practice had implemented some changes in response to patient

Inadequate



Summary of findings

feedback, but there was minimal improvement. They had not engaged with the patient participation group to discuss findings or collate ideas for improvements. Policies and procedures had been reviewed and updated but risk assessments remained inconsistent. For example, the control of substances hazardous to health had three data sheets missing for frequently used cleaning products.

The delivery of high quality care is not assured by the leadership, governance and management in place. There had been a number of challenges in the practice since the CQC inspection in August 2015 and long term plans were in jeopardy after two GPs announced they were considering retirement in June 2016. This has resulted in a weakened leadership and management team, which has led to an uncertainty over the future of the practice. Most staff told us they felt supported and valued by the GPs and management in the practice.

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 below local and national averages for many aspects of care. 359 survey forms were distributed and 109 were returned. This represented 38% response rate which represented 2.5% of the practice's patient list.

- 69% of patients described their overall experience of their practice as fairly good or very good compared to the CCG average of 88% and national average of 85%.
- 50% of patients were satisfied or very satisfied with their GP practice opening hours compared to the CCG average of 80% and national average of 78%.
- 49% of patients said they would definitely or probably recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

- 66% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, there was still dissatisfaction with the telephone appointments system and long waiting times. One patient expressed how they accepted the wait of up to one hour for one of the GPs as they felt listened to. They reported that when seeing another GP they felt rushed and not listened to, despite the appointment running to time.

Areas for improvement

Action the service MUST take to improve

- Ensure policies and procedures relating to the management of the service and health and safety are reviewed at intervals determined by a risk assessment of their relevance to the day to day running of the practice.
- Ensure general cleaning standards are monitored effectively to confirm that appropriate cleaning standards are achieved.
- Introduce a quality improvement plan, which includes the implementation of an audit plan and carry out completed audits that identify, assess and

manage improvements in patient care in a timely manner. Implement and improve a system of operational audit cycles to ensure effective monitoring and assessment of the quality of the service.

- Ensure effective and sustainable actions are taken to respond to patient feedback in regard to waiting times for appointments and accessibility to appointments.
- Ensure learning from complaints reviews are communicated consistently and effectively to reduce the risk of recurrence of similar events.

North Bicester Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The CQC inspector was joined by a practice manager specialist adviser.

Background to North Bicester Surgery

North Bicester Surgery is located in a purpose built medical centre within a modern housing estate. It serves a population of approximately 4,500 patients. There are a larger than average number of patients in the age groups 0 to 14 and 30 to 54 years. The practice is in an area of little or no income deprivation. There are two male GPs and one female GP. Two practice nurses and one health care assistant make up the nursing team.

The practice is open between 08:30 and 18:00 Monday to Friday. Appointments are from 08:30 to 11:00 every morning and 15:00 to 18:00 daily. Extended hours surgeries are offered at the following times on a Monday between 18:30 and 19:30 and Wednesday 18:30 to 19:15.

The practice had been inspected in January 2014, under regulations that have been superseded. At that time we found the practice had breached two regulations relating to staff support and quality monitoring. We issued the practice with compliance actions and they provided CQC with an action plan. The inspection in August 2015 was the first inspection under the new CQC comprehensive inspection approach and covered the full scope of regulations included in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were further breaches of regulation identified relating to governance

arrangements, quality monitoring, cleaning standards and appointments. The practice submitted another action plan to address these issues. During the focussed inspection in May 2016 we followed up on the issues identified from the inspection carried out in August 2015.

Services are provided from a single location at:

3 Barberry Place, Bure Park, Bicester, Oxfordshire, OX26 3HA

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Oxfordshire Foundation NHS Trust via NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

Why we carried out this inspection

We carried out a comprehensive inspection on 26 August 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We carried out a focussed follow up inspection of this service on 5 May 2016 to make sure the necessary changes had been made. 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.

This report should be read in conjunction with the full inspection report of North Bicester Surgery.

Detailed findings

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 focussed follow up visit on 5 May 2016. During our visit we:

- Spoke with a range of staff, including practice manager, practice nurse, healthcare assistant and receptionists.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

To review the impact of our previous findings and to get to the heart of patients' experiences of care and treatment, we asked the following three questions:

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

Please note that when referring to information throughout this report, for example any reference to the GP patient national survey, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected in August 2015, we found audit activity was driven by medicine alerts and local or national initiatives. The practice could not demonstrate commitment to quality improvement and clinical audits to identify, assess, manage and improve clinical outcomes. The provider submitted an action plan to Care Quality Commission in November 2015 which outlined their response to the audit issues identified.

Management, monitoring and improving outcomes for people

In May 2016, there was evidence of some clinical audits taking place and an audit protocol had been implemented in January 2016. However, there was no established or documented plan of future audit. The audits reviewed continued to be driven by local or national initiatives or to reflect changes in guidance.

There had been four clinical audits undertaken since the last inspection in August 2015. One of these was a completed audit where the improvements recommended in 2014 had been reviewed in April 2016. Another had been undertaken in March 2016 and reviewed in April 2016. Both audits did not identify learning to improve patient outcomes;

- An audit of a medicine given to diabetic patients in March 2016 identified two patients who had blood test results reviewed to ensure compliance with the national institute of clinical excellence guidelines. The patients had been discussed in a clinical meeting and a re-audit in April 2016 showed no further patients had been identified. The practice concluded the findings were a useful reminder to GPs to ensure blood tests were requested and documented before prescribing this medicine.
- The second audit of a medicine used for treating nausea and vomiting had been carried out in June 2014, following a patient safety alert regarding newly identified contraindications. Of 17 patients identified, only two required follow up to ensure the medicine was being prescribed appropriately. When the audit was re-run in April 2016 no new patients were identified as being on the medicine and requiring a review.

Two audits had been undertaken between April and May 2016, where outcomes were found to be consistent with guidance. There were no identified learning actions or measure of the impact this had on patient outcomes. One GP had outlined details for a gestational diabetes (diabetes related to pregnancy) audit, and had only completed the first stage of information gathering.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our inspection in August 2015 we found several issues with the practice response to patient feedback;

- The patient survey information we reviewed showed patient satisfaction with access to the practice services did not compare well with others locally or nationally.
- We did not find evidence of the practice responding to patient feedback or having plans to reduce the time patients waited when attending for an appointment with one of the GPs.
- Patients reported long waiting times for one particular GP of up to one and a half hours.
- Appointments with a named GP was not always available quickly.
- The practice had encouraged patients to form a patient participation group (a group of patients registered with a practice who work with the practice to improve services and the quality of care). This was just over a year old and the group had yet to put forward any proposals for improvements and change.

The practice had sent the Care Quality Commission an action plan outlining their response to our findings in November 2015. These included;

- Collating and discussing the results from the practice's own patient questionnaire devised in May 2015.
- Extended appointments from 10 to 15 minutes for one GP whose waiting times were lengthy and an audit to demonstrate if improvements in waiting times had been made.

Access to the service

Results from the national GP patient survey in January 2016 showed that patient's satisfaction with how they could access care and treatment had remained below local and national averages. For example,

- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%. This had reduced from the previous figures from July 2014 to March 2015 of 52%.

- 27% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national averages of 65%. This had also reduced from the previous year's figures of 31%.
- 66% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%. This was above the previous year's figures of 58%, but remained below local and national averages.

People told us on the day of the inspection that there were still considerable waiting times for one particular GP, although one patient stated they accepted the long delay to see this particular GP as they felt listened to and treated with respect and dignity. The other GPs generally kept to their appointment times, but one patient told us their appointments with these GPs felt rushed and they did not feel listened to.

In an attempt to improve patient waiting times, the practice had extended the appointment slots for one GP to 15 minutes in November 2015. They had audited the waiting times for this GP between September 2015 and April 2016. The results showed waiting times of over 30 minutes had reduced from 54% in September 2015 to 12% in December 2015, but had increased again to 34% in April 2016. Whilst this was an improvement on the original figure, patients told us on the day it was frustrating to have such lengthy waits as it affected their own schedule and they were unable to plan anything around an appointment.

The practice had undertaken their own patient satisfaction survey in May 2015. The practice received 122 responses from patients attending the practice during the one week survey. The satisfaction with waiting times was poor with approximately 40% of patients saying it was poor or very poor. However, approximately 60% of patients said the doctors were excellent or very good at listening to them. The results were due to be discussed at the next patient participation group meeting but we noted no meetings had been held since October 2014. The practice told us they had attempted to engage with the PPG over the previous 12 months and were unable to find a date available to accommodate all parties involved. We saw a PPG meeting was planned for May 2016.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The CQC had received details of

Are services responsive to people's needs? (for example, to feedback?)

a complaint made in April 2016. We followed this up on inspection and found it had been dealt with in a timely way

and the staff involved had discussed learning outcomes. However, other members of staff were unable to describe the learning outcomes from this incident despite it being very recent.

Are services well-led?

Inadequate 

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

Our findings

When we inspected in August 2015 we found issues relating to vision and strategy, governance arrangements, and seeking and acting on patient feedback. For example,

- There was no evidence of a practice business plan, mission statement or patient charter.
- The practice was aware of future housing developments in the area and of the pending retirement of staff in 2016. However, they did not have a plan for how they would accommodate new patients to the area or for the replacement of staff upon their retirement.
- The practice could not demonstrate any record of policies being reviewed or updated since each one was first prepared in 2011.
- Health and safety policies and procedures were not kept under review and risk assessments were not updated. In particular, cleaning standards in the practice had not been monitored and the inappropriate standards of general cleanliness in some areas had not been identified.
- Test strips for glucose monitoring had not been checked to see if they were in date.
- Clinical audits we saw were opportunistic, responsive to national medicines alerts or driven by CCG initiatives.
- The practice had not taken action on the feedback from patients relating to the long waiting time experienced after their appointment was due. The practice had undertaken their own patient survey but the results had not been collated. We did not find an action plan arising from the results of the last national patient survey to address patient concerns regarding the access to appointments or their unease at the long wait for their appointment with one of the GPs.

The practice submitted an action plan to the CQC which outlined the improvements they were making in relating to the areas of concern. These included:

- Ongoing review of policies will take place on an annual basis and will be shared with staff.
- Monitoring checks will be put in place to ensure cleaning tasks are completed to a satisfactory level.

- Following completion of significant events and complaints, events will be shared with identified staff to allow learning.
- The practice will identify audits to be undertaken at clinical meetings and identify necessary criteria chosen and staff involvement.

At the inspection in May 2016, limited improvements were identified and the delivery of high quality care was not assured by the leadership, governance or culture in the practice.

Vision and strategy

When we inspected in May 2016, the practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. It outlined commitments to internal and external working to ensure patient standards remained welcoming, caring and accessible for all.

However, the business strategy had not been improved and the practice were unable to offer any contingency for future planning.

Leadership and culture

On the day of inspection the practice were unable to demonstrate improvements in services and ensure high quality care. There was an unclear leadership structure in place and the management team were not always supported by leaders.

- Communication between leaders and practice manager was weak, leaving governance arrangements unclear and ineffective.
- Some staff told us there was a challenging culture within the practice and did not feel they had the opportunity to raise any issues or felt confident in doing so.
- Some staff said they did not feel valued and supported, particularly by the partners in the practice. Staff were not involved in discussions about improvements for patients or services.

We were advised that two of the three GP partners were planning to leave or retire in September 2016. There were no detailed or realistic plans to support the future of the practice and ensure adequate expansion of services to meet the continued population growth and housing development in Bicester.

Governance arrangements

Are services well-led?

Inadequate 

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

Practice specific policies were implemented and were available to all staff. The policies had been updated and a rolling programme for review had been established. Many policies had only been reviewed in April 2016, which meant they were not yet fully embedded in practice. For example, the safeguarding policies for children and adults were reviewed as part of an Oxfordshire clinical commissioning group audit of safeguarding practice in primary care in April 2016. It found the policies had not been updated within three years or changes shared with staff.

We saw limited evidence of a programme of continuous clinical improvement, such as clinical audit. Whilst some audits had been undertaken there was no learning identified and outcomes did not demonstrate quality improvements to patient care.

The monitoring systems of cleanliness in the practice were ineffective. At the inspection in May 2016, we found evidence of accumulated dust on high surface levels in some areas of the practice, such as patient toilets and the healthcare assistant assessment room.

Risk assessments for the control of substances hazardous to health (COSHH) were not completed. Three COSHH data sheets were missing for frequently used cleaning products. The practice told us they were attempting to obtain the data sheets directly from the manufacturers.

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

The practice had encouraged feedback from patients but had not reflected on or discussed the outcomes and improvements to patient care. It had carried out a patient satisfaction survey in May 2015, but the results had not been shared or discussed with the patient participation group (PPG) and limited improvements had been made. The last patient survey results from January 2016 recorded poor achievement in most areas. For example, patients continued to report long delays to waiting times and dissatisfaction with the appointment booking process.

The PPG was ineffective. They did not have regular meetings and communication from the practice was poor. No proposals for improvements to the practice management team had been submitted. The last recorded PPG meeting was in October 2014. The practice manager advised there were plans for the PPG to meet in May 2016.

Complaints we reviewed had been investigated and responded to in line with the practices' complaints policy. However, the learning from complaints was not shared with all staff in the practice or the PPG.

Enforcement actions

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	17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
Surgical procedures	(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—
Treatment of disease, disorder or injury	(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
	(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
	(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;
	(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).
	How the regulation was not being met:
	<ul style="list-style-type: none">Effective and sustainable action had not been taken in response to patient feedback relating to involvement in decisions about their care, difficulties obtaining appointments and the time spent waiting after their allotted appointment time.

Enforcement actions

- The patient participation group was not active and no feedback had been sought from the group. There were no established regular meetings taking place.
- Cleaning standards had not been effectively monitored to ensure compliance.
- Learning from complaints was recorded but communication was inconsistent.
- Effective clinical audit aimed at assessing and improving patient care and treatment was limited in quality and an ongoing programme had not been established.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014