

# Donnington Medical Partnership

## 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Donnington Medical Partnership on 23 November 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the safe management of medicines, including blank prescription security, the adequate checking of medicines stored at the premises.
- Staff must follow the correct procedure regarding the administration of vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Ensure that all medical equipment is calibrated on an annual basis, including the practice's defibrillator.

# Summary of findings

- Ensure that all staff have child safeguarding training relevant to their role.

The areas where the provider should make improvement are:

- Ensure the appropriate provision of timely home assessments for housebound patients with a respiratory disease.

- Ensure the appropriate identification of patients with a learning disability and the provision of annual health checks and health action plans.
- Encourage the uptake of the cervical screening programme.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However these were not always effective. We found that the practice may need to improve with regards to the management of medicines.
- The assessment of risks were not always assessed and well managed. We found that not all staff had child safeguarding training relevant to their role and that the practice's defibrillator had not been calibrated to ensure it would work properly since April 2015.

### Are services effective?

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

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and the national average.
- Health checks for learning disabled patients were offered however, not all of these patients had a review in the last 12 months and three patients had none.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, extended hours service was offered on Saturday mornings. The practice provided access to daily phlebotomy clinics at the practice and also for housebound patients.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. There was a named GP and usual doctor system in place to provide continuity of care, including for most patients needing home visits.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs proactively visited a care home with twice weekly ward rounds. CCG data showed this had reduced inappropriate hospital admissions and was valued by the home.
- The practice's Care Navigator worked from the practice, attended the practice's multi-disciplinary meetings (MDT) and visited and supported elderly patients with care needs.
- Dementia Screening was offered to those in "at risks" groups and to any patient with concerns about their memory.
- The practice used digital Advanced Care Plans for all care home residents, and those in the community at risk of unplanned admission. Admission avoidance register were held of patients with care plans who were at risk of hospital admission. These plans were regularly reviewed and patients were contacted following their hospital discharge.
- The practice provided influenza vaccines to patients in nursing homes not covered by the District Nurse service.
- GPs liaised with the district nurses and specialist palliative care team when end of life care was provided. Patient receiving end of life care were discussed at the monthly MDT meeting. Regular palliative care meeting also took place with specialist nurses from the local hospice.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were designated practice nurse clinics for asthma, diabetes, cardiovascular disease with support from GPs.
- Performance for diabetes related indicators was similar to the local and national averages.

# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There was a call and recall system in place for chronic disease management which was supported by a designated practice administrator.
- GPs and practice nurses liaised regularly with other services such as the Community Specialist Diabetic nurses for patients needing more specialist input, without the need to go regularly to hospital outpatient appointments. There was also a daily liaison with the district nurses at meetings and via email.
- There was a lead GP for each clinical area for example diabetes, chronic pulmonary obstructive disease and established protocols for management.
- The practice provided access to daily phlebotomy clinics at the practice, including for patients wanting to have blood checks done on behalf of secondary care.

## Families, children and young people

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

- 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. Monthly multi-disciplinary meetings took place with the health visitor team. Midwives and school nurses were also invited and attended when they could.
- Immunisation rates were relatively high for all standard childhood immunisations. Designated baby immunisation clinics were provided which were staffed by two nurses to improve the patient experience.
- The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had baby changing facility and was breastfeeding friendly.
- Triple appointments were provided for mother and baby 6 to 8 week check to give enough time for questions and support. The practice provided new baby checks for those not done in hospital and there was an on-site midwife.

Good





# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments were pre-bookable on-line as well as ordering of medication and access to patient record for those who want it. The practice had a text message appointment reminder system and facility to cancel appointments.
- The practice provided Saturday morning extended hours surgeries for GP and practice nurse for those working during the week.
- The practice had a virtual Patient Participation Group to allow engagement with those who can't attend the face to face meetings.

## People whose circumstances may make them vulnerable

Good



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. Monthly multi-disciplinary meetings took place where families with safeguarding concerns, patients needing palliative care and clinical incidents were discussed.
- Continuity of care was provided by usual doctor system which aided those with complex needs or communication issues. Double appointments were offered where it was needed. Physical health checks were offered to those with learning disabilities.
- Health checks for learning disabled patients were offered however, not all of these patients had an annual review and three patients had none.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns

# Summary of findings

and how to contact relevant agencies in normal working hours and out of hours. Staff training had focussed on relevant areas such as Adult and Child Safeguarding, Domestic Violence, Mental Capacity Act, Female Genital Mutilation.

- One GP had worked with the council to provide extra-long initial appointments with an interpreter to help settle refugees into the practice.
- There was an on-site benefits advisor to help patients with financial and benefit related issues.
- There was also an on-site drugs and alcohol worker, supported by a lead GP for drugs and alcohol.

## 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).

- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was comparable to the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Care plans for patients with mental health problems were either developed with their GP or via the adult mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided physical health checks and blood monitoring for those on the mental health register via a call and recall system.
- There was an on-site practice counsellor available to patients via the Talking Space Improving Access to Psychological Therapies (IAPT) service.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 289 survey forms were distributed and 115 were returned. This represented 0.8% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 84% and to the national average of 73%.
- 90% 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 85% and to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive

about the standard of care received. One patient said they received excellent care and the GP telephone follow-up helped enormously when the patient was dealing with a mental illness. The other patient said they were welcome and that their experience with the practice was positive.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said they were treated with dignity and respect and felt involved in the decision making regarding their care and treatment. Patients said they had enough time during the consultation and felt the GPs listened to them. Two patients commented that they had to wait a long time for a routine appointment to see their preferred GP although same day appointments were also available if needed.

The practice had 833 Friend and Family Test responses in the last 12 months prior to our inspection. The comments were overwhelmingly positive as over 88% of the respondents would recommend the practice to their friends and family.

# Donnington Medical Partnership

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a nurse specialist adviser.

## Background to Donnington Medical Partnership

There has been a GP practice at Donnington Health Centre for approximately 50 years, which has been enlarged and developed over the years to cater for the changing needs of the local population. Donnington Medical Partnership is based at the centre and offer a wide range of primary care services including appointments with GPs and practice nurses, care from a range of allied professionals, and close links with district nurse and health visiting service. It is also a training practice for GP trainees and medical students. The practice had an ST3 registrar at the time of our inspection.

The practice has over 14000 patients and the practice area covers the east side of Oxford. The practice's population is ethnically diverse and its score of deprivation is six on a scale of one to ten where ten is the least deprived decile. There was a high proportion of patients with English as a second language and the practice covered areas with high rates of deprivation. The practice is able to accommodate the needs of people with disabilities and there is a disabled parking space available. The practice provides its services under a General Medical Services (GMS) contract.

At the time of our inspection the practice's staff included seven GP partners (three males and four females), six employed GPs, four practice nurses, two health care assistants and 24 non-clinical/admin/reception staff.

The practice is open from 8am to 6pm on Monday to Friday and urgent care is available between 8am to 8.30am and 6pm to 6.30pm. Extended hours service are offered on Saturday mornings. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. In addition to pre-bookable appointments, urgent appointments are also available for people that needed them.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# 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 visit on 23 November 2016. During our visit we:

- Spoke with a range of staff (seven GPs, a GP registrar, a practice nurse, a health care assistant, the practice manager and three non-clinical staff) and spoke with nine patients who used the service.
- Received written feedback from 12 staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a regular schedule of meetings to plan aspects of care, respond to incidents and to analyse significant events. We saw minutes of these meetings that were also distributed to staff to share the learning points.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was prescribed the wrong medication due to picking the wrong medication from the list on the electronic system. The mistake was picked up by another GP. The patient was informed and actions were taken to ensure the patient was getting the right treatment. It was highlighted to all GPs to take great care when choices of similar medication are available. Within another significant event we saw that there may have been a delay in diagnosing meningitis as a patient was admitted to hospital with suspected meningitis. The patient was seen three times prior to their hospital admission and potentially could have been referred sooner to secondary care. It was highlighted to GPs to re-consider diagnosis when situation changes and multiple presentations are apparent.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. All other staff had child safeguarding training relevant to their role except two of them. A practice nurse had not had formal safeguarding children training at the practice since they started and a health care assistant was only trained to level one.
- Notices in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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. Several hand hygiene audits had also been completed on nursing staff.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular

# Are services safe?

medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, systems in place to monitor their use were not effective. We found that the logs kept for prescriptions did not match the forms in use at the practice. This meant that the system to reduce the risk of fraud, theft and misuse was compromised. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. However, we found two examples of B12 injections given to patients without following the correct process for administration by a PSD or PGD.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) which were securely stored and had standard operating procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, the practice had up to date fire risk assessments and carried out regular fire alarm tests and fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager monitored the number of GP sessions provided on a monthly basis and there was an on-going audit of the appointment system and demand for GP appointments. The records showed the numbers were consistently around the target. The practice manager also sought feedback from staff regarding their workload through daily discussions and team meetings. The practice had identified the GP and nurse provision as key challenges as, for example, three partners had retired this year. We noted that a new nurse was about to start at the practice on the week after our inspection and the practice had plans to recruitment further staff to ensure adequate staffing.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the defibrillator had not been calibrated to ensure it would work properly since April 2015. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we found that the checking of the emergency drugs was inconsistent as these have not all been recorded as checked in the recent months and there were no hazard warning signs regarding the oxygen cylinders where these were stored.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Emergency contact numbers for staff were also available.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Safety alerts were disseminated promptly in accordance with their urgency and routinely discussed at team meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points. The combined overall total exception reporting for all clinical domains was 15% which was higher than the clinical commissioning group (CCG) 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). The practice had an established call and recall system for patients with long term conditions using searches of the clinical system and the detailed knowledge of the lead nurse and clinical administrator. A combination of text messages, generic letters and personalised letters from GPs were used to encourage patient attendance. A management system was in place for QOF to ensure that, where legitimate, the practice recorded as exceptions those patients who, despite appropriate requests, still did not attend for their care.

The practice had 58 patients on the register of learning disabled patients. Health checks for were offered them

however, not all of these patients had a review in the last 12 months and three patients had none. We noted that the practice had difficulties to access these patients and to make arrangements for them to be brought in to the practice. The practice continuously reviewed its ways to increase uptake.

We also found that the practice had a reduced capacity to carry out home assessments for housebound patients with a respiratory disease. We noted that the practice recruited a new nurse and expected a nurse to return from maternity leave in the beginning of 2017 which may enable the practice to address this service provision gap. We also noted that seriously unwell housebound patients were seen by specialist community respiratory nurses.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average.
- 91% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was similar to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 87% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months was 5 mmol/l or less, which was similar to the clinical commissioning group (CCG) average of 84% and the national average of 81%.
- Performance for mental health related indicators was comparable to the national average.
- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was comparable to the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.



# Are services effective?

## (for example, treatment is effective)

- There had been over 20 clinical audits completed in the last two years, 14 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice was involved in the Brain Imaging of Opioid Therapy in Individuals with Persistent Pain, a project regarding the self-management of blood pressure and the Valvular Heart Disease Population Cohort Study which was related to the screening echocardiograms for patients over the age of 65 for the detection of asymptomatic valvular heart disease for individual risk profiling, early intervention, reduction in mortality, and planning longer term resource allocation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of how the practice diagnosed and managed gastro-oesophageal reflux disease. The audit of the co-prescription of simvastatin with other medications helped ensure that the prescriptions of these medicines were in line with current guidance.

Information about patients' outcomes was used to make improvements such as taking action to ensure that to identify patients whose spleen had been removed and check that their immunisations were up to date according to current guidelines. Patients were invited in to get the required vaccines. The audit of the co-prescription of simvastatin with other medications helped ensure that the appropriate changes to the prescriptions of these medicines were made for the affected patients.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff also attended training regarding smoking cessation, cervical cytology, wound

management and ear syringing that were relevant to their roles. We also found that the reception supervisor was given the opportunity to complete a reception management course.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months. However, the practice manager's and the lead practice nurse's appraisal were overdue. However, they were planned shortly after inspection.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff said they felt confident about their roles and responsibilities and that they received the training they needed. Written feedback from non-clinical staff also indicated that they were given the opportunity to attend and complete training courses.
- Educational events were also arranged on relevant issues such as Female Genital Mutilation.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

# Are services effective?

## (for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Feedback from external health professionals indicated that the practice was accessible and welcoming and that they had worked together effectively.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. There was an on-site drugs and alcohol worker, supported by a lead GP for drugs and alcohol. Patients were signposted to the relevant service where it was needed.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 83% and the national average of 82%. We noted that the practice had a transient and diverse population which affected the uptake of the cervical screening tests. Reminder letters were sent for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 72% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 75% and the national average of 72%. 53% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 94% and five year olds from 87% to 97% compared to the CCG range from 90% to 97% and 92% to 98% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a note at the reception to let patient know that they could discuss sensitive issues privately if they wanted to.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

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

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### 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. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- The practice had a considerable number of patients with English as an additional language and there were high rates of deprivation within the practice area. Secretaries often assisted patients with poor language skills with the appointment booking process, and liaising with secondary care regarding follow ups. Staff frequently aided patients with booking hospital transport as well.
- Staff told us that translation services were available for patients who did not have English as a first language.

## Are services caring?

- There was a question on registration form to identify those with additional needs, for example a disability or language needs.
- There were automatic doors and lowered area for reception desk.
- There was a hearing loop available and adjustments were made to building to aid the visually impaired.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's Care Navigator visited and supported elderly patients with care needs and signposted them to other service where necessary. There was an on-site benefits advisor to help patients with financial and benefit related issues. There was also an on-site drugs and alcohol worker, supported by a lead GP for drugs and alcohol.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 218 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also supported carers of those with long term conditions and, signposted them for a carers assessment and offered flu jabs.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practices also had monthly meetings where those bereaved were discussed and decide whether further contact needed with the family in one month, six month and a year's time following a patients' death.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had been tackling specific population group needs. For example, female genital mutilation by developing an Oxfordshire primary care pathway which was awaiting final CCG ratification. The practice also supported asylum seekers through a local scheme for supporting newly arrived families from Syria. There was also a travellers' site which was outside of the practice area but, having had longstanding links with the travelling community, the practice maintained its commitment to having them registered with the practice.
- There was a named GP and usual doctor system in place to provide continuity of care, including for most patients needing home visits.
- Extended hours service was offered on Saturday mornings for those who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs and/or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided access to home phlebotomy service for housebound patients.
- A nail cutting service was accommodated in the practice once a week and was utilised by patients.
- The practice provided access to daily phlebotomy clinics at the practice, including for patients wanting to have blood checks done on behalf of secondary care.
- The practice had a text message appointment reminder system and facility to cancel appointments.

- One GP had worked with the council to provide extra-long initial appointments with an interpreter to help settle refugees into the practice.
- There was an on-site benefits advisor to help patients with financial and benefit related issues.

### Access to the service

The practice was open from 8am to 6pm on Monday to Friday and urgent care was available between 8am to 8.30am and 6pm to 6.30pm. Extended hours service was offered on Saturday mornings. Out of hours services were accessible via NHS 111. Information about how patients could access these services was available on the practice's website and at the practice's entrance. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, though they may have to wait longer if they wanted to see their preferred GP.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice's website and leaflets about the complaint procedure were available in the waiting area.

We found the practice had recorded 19 complaints in 2015/2016. We looked at two complaints in detail and found these were satisfactorily handled and dealt with in a timely

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

way. Openness and transparency with dealing with the complaints was demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, a patient expressed their dissatisfaction regarding their consultation with a GP as they felt the GP lacked of

empathy. This was fed back to the GP who reflected on the consultation and identified ways to do differently in future consultations. Another complaint was regarding the attitude of the GP who also reflected on the conversation with the patient and a written apology and explanation of the actions taken was sent to the patient.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all governance arrangements had ensured that improvements needed were identified such as in relation to medicines management, staff training and the calibration of the practice's defibrillator.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The feedback from staff also indicated that the practice had an open and transparent management.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings. There was a daily meeting at 11am with representatives from clinical, reception and administrative teams to meet for 10 to 20 minutes to discuss clinical and administrative issues. There were weekly meetings for the reception and admin staff and GPs had educational, clinical, significant events and administrative meeting. There was also a monthly multi-disciplinary meeting with a special focus on safeguarding, the bereaved and palliative care.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that there were annual away days for the whole team.
- Staff said they felt respected, valued and supported by the management of the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, streamlining reception processes and making structural changes to ensure confidentiality when staff answering phones. Staff was consulted with regards to the redecoration of the practice.

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, analysed patient feedback from the friends and family tests and submitted proposals for improvements to the practice management team. For example, to change the content that was displayed to patients on the screens in the waiting area and to make changes to the practice's website and phone system. The PPG had also been involved and consulted with regards to the redevelopment of Donnington Health Centre and regarding the closure of the practice's branch surgery.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working jointly with neighbouring practices and was part of Oxford Federation for General Practice and Primary Care (OXFED). All 21 Oxford City practices was taking part and were committed to work together to promote efficiency and to share resources provides a stronger voice for primary care in Oxford and hence for advancing provision for patients.

The practice also had links with the local CCG and a GP from the practice was attending commissioning meetings. 'Cluster' meetings were also attended by GPs from the practice which were informal conversations at locality meetings, aspiring to further work together to consider resource allocation for the more deprived areas of Oxford, including how this might be measured and used optimally.



## 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• A practice nurse and a health care assistant did not have child safeguarding training relevant to their role.</li><li>• Blank prescription forms and pads were securely stored and the systems to monitor their use was ineffective.</li><li>• We found two examples of B12 injections given to patients without following the correct process for administration by a PSD or PGD.</li><li>• We found that the checking of the emergency drugs were inconsistent as these have not been recorded as done in the recent months.</li><li>• The practice's defibrillator had not been calibrated to ensure it would work properly since April 2015.</li></ul> <p>This was in breach of regulation 12(1)</p>