Windrush Medical Practice, Windrush Health Centre

Quality Report

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

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Overall summary

Windrush Medical Practice is a GP practice with approximately 14,000 registered patients situated in Witney in Oxfordshire. The practice provides a range of services for patients, which include clinics to manage long term conditions, minor surgery, family planning, child health, nurse led minor illness clinics and a dispensary.

Patients we spoke with gave us positive comments about the practice and the staff. We also spoke with four GPs, three practice nurses, the practice manager, dispensary staff, administrative staff and representatives of the patient participation group (PPG). Procedures are in place to protect vulnerable patients and to monitor cleanliness and reduce the risk of infection in the practice environment. The practice provides an effective service to patients, carrying out a range of audits and supporting the professional development of staff. We received positive feedback from patients about the caring nature of practice staff. The practice responds to the needs of patients. Particular care had been taken to anticipate the needs of patients when the practice was built. The five year business plan demonstrates the commitment of the practice management to provide high quality care and promote good outcomes for patients going forward.

During our inspection we looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups we reviewed were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

The practice provided for the needs of older patients through always allocating named GPs for patients over 75 years of age. Patients with long term conditions were provided for by a number of clinics aimed specifically at their needs. Mothers, babies and young children receive services including child development checks and immunisation. The needs of working age patients are recognised. A range of suitable appointments are available and telephone advice could be offered. The practice met the needs of patients in vulnerable circumstances by taking consideration of the needs of people in traveling communities. Counselling was provided at the practice for patients with poor mental health.

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 Care Quality Commission at that time.

For this inspection we visited Windrush Medical Practice, Windrush Health Centre, Welch Way, Witney Oxfordshire, OX28 6JS.

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 was safe with effective infection control and medicines management policies and procedures. The practice ensured that significant events were documented and analysed with an aim to identify any lessons to be learned. Systems were in place for sharing relevant safety information with the staff team. Staff had an awareness of procedures to safeguard patients. There were clear guidelines and other arrangements in place to deal with any medical emergencies at the practice. There were robust plans in place to learn from incidents and respond to emergencies. However we found recruitment checks were not always consistently completed.

Are services effective?

The practice was effective. Best practice was promoted with staff through availability of current clinical practice information. Staff received support with their professional development. There was a rolling programme of training and a comprehensive induction programme for new staff. Clinical audits were completed by GPs and nurses and recommendations made based on findings. Staff were actively involved with promoting patient's health. The practice made its facilities available to patient support groups such as a stroke club.

Are services caring?

The practice was caring. Patients told us staff were kind and caring with a compassionate attitude and commented on how they had been treated with kindness, dignity and respect. The national GP survey results for the practice for 2014 showed a high percentage of patients stated that GPs and nurses were good at involving them in decisions about their care. The practice had a system in place to guide staff with any issues around patients consent for treatment. Patients told us how they had been involved in decisions about their care and treatment. Practice nurses had an awareness of the principles of the Mental Capacity Act (2005) and how this could be applied to protect patients who may have lacked capacity with some decisions about care and treatment.

Are services responsive to people's needs?

The practice was responsive to patients' needs. We found some examples of how the practice responded to the specific needs of patient groups such as traveling communities. The practice environment had been designed to help maintain the independence of patients with mobility problems. The practice also provided some

Summary of findings

appointments suitable for patients who needed to fit in an appointment around work commitments. We also found examples of how the practice arranged appointments for patients with urgent needs. There was a clear complaints policy in place and the practice benefitted from the involvement of an active patient participation group.

Are services well-led?

The practice was well-led. The future of the practice was outlined in a comprehensive five year business plan. There was an open culture where staff felt supported and valued. Learning from incidents, audits and complaints had been built in to the processes of the practice through regular meetings. The practice and its patients benefitted from an active and influential patient participation group (PPG). The leadership of the practice worked with the PPG to improve the service provided where appropriate. Staff received relevant training and professional development. The practice had systems in place to identify and manage risk.

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 percentage of registered patients aged over 65 years was higher than the average for Oxfordshire CCG and the average for England. Home visits could be arranged which would be suitable for frail older patients who had difficulty travelling to the practice. The practice held three influenza vaccine clinics a year. The practice website contained information explaining how patients over 65 years of age were given priority and were eligible for influenza vaccinations.

The practice had always operated a policy of having named GPs for all patients including older patients over 75 years of age. The practice website included a 'senior health' section that included links to information suitable for the health needs of older patients. Information was available at the practice about suitable support organisations such as a charity committed to the needs and aspirations of older people. A system was in place to indicate to practice staff those patients who were carers for other relatives. This information applied to older patients who had a caring role for a spouse for example. In addition the practice website contained a section with information for carers that included links to further information provided by other agencies.

The practice had a shared care agreement with the community hospital for older patients that were located close by. A wealth of information was available for patients in the waiting area; this included a folder with information useful to older patients. Two older patients we spoke with gave positive comments about the practice, particularly telephone consultations where the GP called them.

People with long-term conditions

The practice held clinics for patients with long term conditions such as a diabetic clinic and chronic kidney disease monitoring. One of the practice nurses had devised a 'recall database' to ensure that patients with diabetes received regular checks and did not miss appointments. Patients with diabetes were also referred to the community diabetic team where appropriate. Health promotion advice and information relating to specific long term health conditions was available at the practice. This also included information to signpost patients to support groups such as the Multiple Sclerosis Society. The practice website contained information and links specifically aimed at people with long term

conditions such as a link to information about the treatment and prevention of high blood pressure. The practice provided meeting rooms for the use of patient support organisations such as the local stroke club.

Mothers, babies, children and young people

The practice had a lower percentage of registered patients under 18 years of age than the average for England as well as the Oxfordshire CCG average. The practice had safeguarding policy and GP lead for children and young people and the majority of the staff team had completed training in safeguarding children. Pre-natal clinics are held at the practice by GPs and midwives. The practice also held clinics for child development checks arranged by appointment. A dedicated room was available for mothers with babies. This was situated adjacent to the waiting area and provided a facility for feeding, nappy changing and weighing babies. The practice website included a section with information for babies and children's services. This included links to information about maternity services and local baby and post natal groups. Links were also provided to information about children's health and immunisation. Information was also provided explaining the respective roles of GPs and health visitors in areas of post natal support. One patient we spoke with was a mother with a young child, they gave us positive comments about the practice and particularly the fact that they had plenty of time for discussion with the GP when they saw them.

The working-age population and those recently retired

The practice accommodated those patients with work commitments. This included offering early morning appointments on Fridays and patients could request a doctor or nurse to call them for a telephone appointment. Appointments could also be booked through the practice website. In addition the nurse led minor illness clinics that could be offered at times suitable for those who worked. The practice also offered a service where patients could have direct email access to GPs for advice which would have benefited patients with work commitments.

People in vulnerable circumstances who may have poor access to primary care

The practice had a safeguarding policy and GP lead for safeguarding vulnerable adults. The majority of the staff team had completed training in safeguarding adults. A practice nurse gave examples of how the practice helped patients in vulnerable circumstances. Examples were given by one of the practice nurses of how the practice helped patients from the travelling community access care in relation to prescriptions and the checks undertaken if children missed vaccine appointments.

Summary of findings

People experiencing poor mental health

The practice was able to provide a counsellor for patients who may be experiencing poor mental health. In addition the practice website provided links to information relevant to mental health such as information on depression. The website also signposted patients to a local mental health information service as well as a specialist regional mental health service for anyone who had served in the British armed forces.

Summary of findings

What people who use the service say

We spoke with 12 patients during the inspection. We also received 19 comment cards from patients who had visited the practice in the previous two weeks. The vast majority of the patients we spoke with were very satisfied with most things with the exception of the appointment booking system and the lead time to get an appointment with their 'own' GP. They all felt the practice building was of good design and layout and the care from the staff was also good.

Areas for improvement

Action the service SHOULD take to improve

- Include information in the whistleblowing policy about how staff may make referrals to outside agencies and increase the awareness of the whistleblowing policy among administrative staff.
- Recruitment checks should be completed to include employment histories and gaps in employment for all staff recruited.
- Ensure audit cycles are completed to ensure the effectiveness of actions and improvements.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

- The practice provided internet access to patients in the waiting room which allowed them access to health information.
- The practice had a comprehensive business plan incorporating plans to the year 2020.

Windrush Medical Practice, Windrush Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist practice manager advisor. The team included a second CQC inspector, a specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatments from similar services.

Background to Windrush Medical Practice, Windrush Health Centre

Windrush Medical Practice is a GP practice situated in Witney in west Oxfordshire. The building is purpose built with the practice occupying the first and second floor. There are lifts available for those with limited mobility or with young children or prams.

The practice provides a range of primary medical services to approximately 14,000 patients. Patients are supported by a number of GPs, nurses, health care assistants, a practice management team and administration staff. The practice is a member of the local Oxfordshire Clinical Commissioning Group (CCG).

The practice had a lower percentage of registered patients under 18 years of age than the average for England as well as the Oxfordshire CCG. The percentage of registered patients aged over 65 years was higher than the average for Oxfordshire CCG and the average for England. The percentage of registered patients suffering deprivation was significantly lower than the average for England and lower than the Oxfordshire CCG average. The percentage of registered patients where income deprivation affected children was significantly lower than the average for England and lower than the Oxfordshire CCG average. The percentage of registered patients where income deprivation affected older people was significantly lower than the average for England and slightly lower than the Oxfordshire CCG average. Deprivation is a state of poverty which may be associated with low income, poor housing and unemployment.

The practice had opted out of providing out of hours primary medical services for its patients. Outside of surgery hours patients were able to access emergency care from an alternative out of hours provider.

Practice opening times for appointments are 8:30am to 6:30pm Monday to Thursday. On a Friday, practice opening times are 7:30am to 6:30pm.

In addition to seven GP partners, patients are supported by three salaried GPs, seven practice nurses and a healthcare team. The clinical team are supported by a practice management team, administration and dispensary staff. The practice is a member of the local Oxfordshire Clinical Commissioning Group (CCG).

All regulated activities are provided from Windrush Medical Practice, Windrush Medical Centre, Welch Way, Witney, Oxfordshire, OX28 6JS and therefore this was the only location visited for this inspection.

Detailed findings

Why we carried out this inspection

We inspected this GP practice as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Prior to the inspection we contacted the local clinical commissioning group, NHS England and Healthwatch to seek their feedback about the service provided by Windrush Medical Practice. We also spent time reviewing information that we hold about this practice.

On the day of inspection we spoke with 12 patients and 12 staff. We also reviewed 19 comment cards. All from patients that had visited the practice in the previous two weeks. The vast majority of the patients we spoke with were very satisfied with most things with the exception of the appointment booking system and the lead time to get an appointment with their 'own' GP. They all felt the building was of suitable design and layout and told us the care from the staff was also good.

We carried out an announced visit on 10 July 2014. As part of the inspection we looked at the management records, policies and procedures. We also observed how staff cared for patients and talked with them. We spoke with carers and family members. We interviewed a range of staff including the senior GPs, the practice manager, nurses and administration and dispensary staff.

Are services safe?

Our findings

Safe Track Record

Significant events were recorded, analysed and discussed at staff meetings with an aim to take account of any lessons to be learned. Health and safety was a standard agenda item at quarterly staff meetings. Safeguarding information was readily available for staff and the majority of the staff team had completed safeguarding training. Clear guidelines for reporting safeguarding concerns to the relevant agencies were in place. Staff were aware of the respective safeguarding leads for the practice.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events. A significant event monitoring and analysis template was available, this included prompts for notifying the Care Quality Commission where required. Lessons learned from analysis of incidents were shared with the relevant team or across teams and the patient participation group if necessary. The process included the implementation of an action plan and arrangements for follow-up. We saw how significant events were a standard agenda item for discussion at staff meetings. Recent staff meeting minutes we checked stated 'no significant events recorded'. However minutes from a dispensary staff meeting in January 2014 included a discussion about an error in the dispensary in December 2013. The circumstances of the error were raised with the dispensary team as part of the remedial action taken following the error.

Reliable safety systems and processes including safeguarding

Children and adults were protected from the risk of abuse, because the practice had taken reasonable steps to identify and prevent abuse from happening. Two GPs took the lead for safeguarding adults and children. We found that 60 of 63 staff had completed training in safeguarding children and adults. Some GPs had completed safeguarding children training at level two or level three. In addition 55 out of 63 staff had completed domestic abuse training. Updates for safeguarding training were planned to take place every three years. We saw minutes of staff meetings where safeguarding had been discussed. Staff had been reminded to familiarise themselves with policies and reminded about reporting procedures. The safeguarding policy for children and young people included a number of contact details to guide staff when making referrals including details for the relevant local authority teams. In addition the practice had an adults at risk policy and a quick reference guide for safeguarding adults that included relevant contact details. There were no safeguarding referrals in the 12 months prior to the inspection visit. The practice had a chaperone policy for intimate patient examinations and information about this service was made available to patients. Safety alerts relating to medication and equipment were received by the practice manager and circulated to the staff team. Checks were made if any applicable action needed to be taken to protect patients.

Monitoring Safety & Responding to Risk

The practice had a system for taking action in response to safety alerts. This included an immediate audit to investigate how patients may have been affected. We saw how appropriate and timely action was taken following a safety alert about a type of medicine. In addition to an infection control audit, the practice completed monthly audits to monitor the cleanliness of the practice. Staff meeting minutes demonstrated that the practice management was working closely with the contract cleaners to achieve a required level of cleanliness for the practice environment. Up to date emergency equipment and medicines were available for medical emergencies and relevant staff trained in dealing with such emergencies.

Medicines Management

The practice provided a dispensary service to patients who lived more than a mile form a retail pharmacist. We spoke with the dispensary manager who explained the systems in place for dispensing medicines to patients. We saw how checks were made with the dispensing process to ensure patients received the correct medication in the right doses. Where any errors had occurred these had been rectified and recorded. In addition a system was in place to feedback any errors to staff individually and to the staff team. We saw minutes of a staff meeting where a dispensing error had been discussed with the team. Where appropriate, dispensary staff had received training and gained qualifications relevant to their role. We saw security arrangements in place that allowed only appropriate staff, access to the dispensary.

Are services safe?

Expiry date checks of medicines were undertaken on a regular basis and stock rotated accordingly. Fridge temperature checks were also undertaken on a daily basis to ensure they were stored at the correct temperatures.

Appropriate arrangements were in place for the safe storage, checking and handling of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. There were standard operating procedures (SOP) for the functions of the dispensary that set out the level of staff competency for each task. SOPs had been reviewed on an annual basis. This demonstrated that patients were protected against the risks associated with medication because the practice had appropriate medicines management arrangements in place. We also saw that security arrangements were in place for prescription pads to protect against any potential misuse.

Other medicines stored at the practice were kept safely and regular checks were in place for expiry dates.

Medicines kept in fridges had daily temperature monitoring and there were arrangements in place to maintain the cold storage of vaccines. All rooms where medication was stored were equipped with air conditioning and all room temperatures were monitored centrally and could be controlled in each room to achieve safe storage temperatures.

Medicines kept in GPs bags were regularly checked by a dispensing assistant with help of nursing staff, all medication was checked for expiry and we saw records to support this. The practice had well established prescribing policies using IT technology that included safeguards to avoid errors in prescribing.

Cleanliness & Infection Control

The practice had a nurse designated as the infection control lead. An annual infection control audit took place and we saw a copy of the 2014 audit. This included an audit of staff hand hygiene. The audit tool allowed for any learning points to be identified in addition to recording any actions to be taken in response to findings. Where issues had been identified for action staff had been made aware of these. Staff joining the practice were required to read all relevant policies relating to infection control to ensure their understanding. There were soap and hand towels at every sink throughout the practice. Staff had a good supply of gloves and other personal protective equipment The treatment and consulting rooms were tidy and had work surfaces and walls which were easy to clean. GP consulting rooms were equipped with carpet tiles which enabled an easy replacement in the event of any spillage. The type of floor covering in the consulting rooms had been selected through consultation with the patient participation group (PPG).

Patients were cared for in a clean and hygienic environment. We noted that all areas of the practice were visibly clean and tidy. Comments received from patients indicated that the cleanliness of the practice environment was always well maintained. The cleaning of the practice was carried out by contractors. A cleaning schedule was in place as a guide to the levels of cleaning for different areas of the practice. Colour coded cleaning equipment was in use to prevent any cross infection between areas. Monitoring of the standard of cleanliness was carried out through weekly meetings and a monthly audit. We saw examples of communication to and from the contractors where issues had been found between meetings such as a waste bin not being emptied.

A risk assessment had been carried out by a specialist consultant in relation to Legionella. The service had followed actions recommended in the risk assessment to minimise any risk. The practice had a contract for the collection of clinical waste and we observed that this was stored securely before collection.

Staffing & Recruitment

We looked at seven staff files to check recruitment practices. We found that the practice had undertaken a number of checks regarding the suitability of staff. Risk assessments had been completed in respect of the need for criminal records checks via the Disclosure and Barring Service (DBS). Identity and health checks had been completed and information about previous employment had been sought. However we found that for some staff, important information had not been gathered. We checked staff recruitment files and found some staff had given information about employment history where gaps in employment were evident. There was no written evidence that these gaps had been explained. Some employment histories gave dates of employment in years only. More detailed information such as months of employment dates would have enabled more thorough checking for gaps in

employment. A comprehensive induction programme was in place for all new staff. The induction process took around two weeks to complete, following this staff would receive a review after three months by their line manager.

Dealing with Emergencies

There were robust plans in place in the form of business continuity plans to deal with emergencies that might interrupt the running of the practice. An alternative site had been identified for potential use if the practice became unavailable for any reason. Plans were updated annually to ensure they were fit for purpose. Where a fire drill had been held this had been reviewed for effectiveness and the findings discussed as learning points at a staff meeting. There were clear guidelines in place for dealing with patients who presented at the practice with urgent conditions such as chest pain. Appropriate equipment, emergency medicines, a defibrillator and oxygen was available for use in a medical emergency. Training in basic life support had been completed by GPs, nurses, health care assistants and administrative staff.

Equipment

Patients were protected from the use of unsafe equipment in a medical emergency. The equipment was checked regularly to ensure it was in working condition and drugs were within expiry dates. We saw evidence of these checks. We found that portable electrical equipment had received annual electrical safety checks.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

The practice ensured they kept up to date with new guidance, legislation and regulations. GPs and nurses followed the relevant National Institute for Health and Care Excellence (NICE) guidelines for long term condition management. The practice had produced a comprehensive guide for staff on mental capacity assessments. This included the principles of the Mental Capacity Act 2005 (MCA) and also how to conduct an appropriate assessment.

The practice had an intranet system that enabled GPs, nursing and health care staff quick access to all local and national guidelines while consulting patients.

Management, monitoring and improving outcomes for people

The practice participated in national and local health management programmes which rewarded them for how well they care for patients. This included Quality and Outcomes Framework (QOF). The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The latest available Quality and Outcomes Framework (QOF) data showed that the practice was an outlier for insulin prescribing. We spoke with the senior GPs of the practice regarding the high prescribing rate. They told us two GPs at the practice had updated their knowledge of insulin prescribing. Due to following current clinical guidance they were more likely to switch prescribing between different types of insulin. A clinical audit for diabetes in pregnancy had been undertaken. This demonstrated that the practice was following National Institute for Clinical Excellence (NICE) guidelines. The audit resulted in a number of recommendations for the practice around communication with patients, recall systems and recording. The practice had planned a re-audit in twelve months. Clinical audits had also been carried out in relation to recent patient mortality.

Effective Staffing, equipment and facilities

We saw a comprehensive training matrix for all staff employed in the organisation which clearly identified when staff training was due. There was a rolling programme of training, including safeguarding, basic life support, fire safety and manual handling. The practice manager kept training records and prompted staff when they were due for refresher training. A comprehensive induction programme was in place for all new staff. An annual appraisal system was in place for all staff in the form of a personal development plan. The practice was able to demonstrate how staff had been supported with professional development. For example a healthcare assistant had been supported to become an assistant practitioner role and practice nurses became nurse prescribers. The revalidation of all GPs had been kept up to date and there were systems for annual checks on the registration status of nurses.

Working with other services

Patients benefitted from multi-disciplinary working and were signposted to relevant services and support networks. Practice nurses were able to give examples of multi-disciplinary working with other professionals such as palliative care nurses. Patients with diabetes were referred to the community diabetic team where appropriate. The practice provided meeting rooms for the use of patient support organisations such as a local stroke club. The practice had a shared care agreement with the community hospital for older patients, which was located close by.

Health Promotion & Prevention

There was a dedicated patient information area in reception with a range of leaflets on specific conditions and also information signposting patients to relevant organisations. There was also a set of six folders with specific information for particular patient groups such as parents with children or older people. We spoke with a health promotion officer from the local council. They were attending a meeting to promote healthy living activities managed by the council and felt the patient information area was comprehensive. In addition internet access was also available in the waiting area to enhance information available to patients for health promotion. There was also a variety of information about health promotion available on the practice website and GPs were able to print out information for patients at consultations. A practice nurse described how part of the service for patients with diabetes was to provide education and information relevant to the condition from first consultation. Information about diabetes was available for patients in leaflet form. Information for patients interested in registering with the

Are services effective?

(for example, treatment is effective)

practice was available on the practice website. This included information about the practice boundaries from within which new patients could register. New patients were offered a health check when they joined the practice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at a number of sources of information where patients gave their views about the practice. These were our own comment cards, comments on the NHS choices website, the patient participation group survey results and the national GP survey. Before the inspection took place we asked patients who used the practice to complete comment cards regarding the care and treatment they had received. We received 19 completed cards. Positive relationships had been developed between GPs, nurses and patients. We received positive comments from patients about the caring attitude of GPs and nursing staff. Patients commented on how they had been treated with kindness, dignity and respect. Comments about the thoroughness and efficiency of how patients were treated emerged strongly from the feedback we received.

Patients' privacy, dignity and independence were respected. The patient participation group (PPG) had received comments about the potential lack of privacy at the reception desk. In response a room had been available for private discussions and signs in the waiting area informed patients of this facility. We noted that there was a discreet location for delivery of specimens away from main reception desk. We looked at the results of the 2014 national GP survey that collected the views of patients who used the practice, 139 responses were received. 86% of respondents stated the last nurse or GP they saw or spoke to was good at treating them with care and concern. These responses were higher than the average for Oxfordshire.

Involvement in decisions and consent

The practice consent policy gave clear guidelines to staff in obtaining consent prior to treatment. The policy also gave guidance about withdrawal of consent by a patient. A form was available to record consent where appropriate. A practice nurse described the training they had received in the Mental Capacity Act 2005. They were able to demonstrate an awareness of how a patient's mental capacity could impact on receiving treatment. The practice had produced a comprehensive guide for staff on mental capacity assessments. We received comments from patients that showed they felt they were listened to by GPs and nurses during consultations. Patients were involved in decisions about their care and treatment and these decisions were respected. Patients told us how they were offered treatment options or alternatives as well as information about any side effects. They also told us they felt they had time to consider any treatment proposals. The results of the 2014 national GP survey showed that out of 139 responses, 84% of respondents stated the last GP they saw or spoke to was good at involving them in decisions about their care. The results also showed 75% of respondents stated the last nurse they saw or spoke to was good at involving them in decisions about their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to people's needs

The practice had an active patient participation group (PPG). A patient participation group (PPG) is a group of patients registered with the practice who have an interest in the services provided. The aim of the patient participation group (PPG) is to represent patient views, to work in partnership with the practice and to improve the services patients receive. The group had members from various backgrounds. Members included patients over 60 years of age parents with young children who provided input through email communication. The patient participation group (PPG) produced a newsletter three times a year. This included a 'have your say form' for patients comments. Issues picked up from the forms were reported in the newsletter with any outcomes achieved. For example, we saw implemented a suggestion from patients to the patient participation group (PPG) the of 'living will' forms being made available in the information alcove of the waiting area.

The patient participation group (PPG) organised its first patient survey of the practice in 2013. Patients were asked to indicate their age group and were invited to provide responses to questions regarding opening hours, appointment booking, the practice environment, staff and aspects of the service such as the dispensary. Results were collected, analysed and an action plan produced for discussion with the practice. We saw an overview of the results which showed that the responses were generally positive. Only two questions had negative responses outweighing the positive. These were around the ease of contacting the practice by telephone and the chances of seeing a GP/nurse of your choice. Patient participation group (PPG) representatives told us that they were aware that the practice was trying to improve the issue of telephone contact although acknowledged that there can still be a long wait to see a specific GP.

The practice has a population of 90% English speaking patients though it could cater for other different languages through translation services.

Access to the service

The practice was situated on the first and second floors of the building with the majority of services for patients on the first floor. Lift access was provided to the first and second floors. The practice had provided turning circles in the wide corridors of the practice for the use of patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence. We noted the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Toilet facilities were available for all patients of the practice.

Appointments were available from 8:30 am to 6:30 pm on weekdays. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. A number of comments we received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. One patient told us how they needed an urgent appointment on return from holiday. They had called the practice on their return and were fitted in to see a GP within two hours. The practice operated extended opening hours on a Friday morning appointments that were particularly useful to patients with work commitments. During our inspection visit we witnessed a new patient arrive at the reception desk. They were not a resident of the area and not registered with the practice. Although they were advised that they should have gone to another practice, a temporary registration was arranged as well as an appointment. We found that the earlier opening times on a Friday were not advertised on the practice website.

Meeting people's needs

We found examples of how the practice had responded to specific needs of patients. A practice nurse demonstrated an awareness of how a patient's mental capacity could impact on receiving treatment. They had received training in the Mental Capacity Act 2005 and were able to describe the basic principles of the Act. They gave us an example of how an assessment had been carried out for a patient who may have lacked mental capacity. They were able to demonstrate an awareness of how a patient's mental capacity could impact on receiving treatment.

Concerns & Complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with

Are services responsive to people's needs?

(for example, to feedback?)

recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. Information about the practice complaints procedure was available in the practice leaflet and on the website. Complaints received were acknowledged and either resolved or investigated further. On occasions patients had been invited in to the practice to discuss complaints. The practice had GPs who acted as leads for clinical complaints. The practice complaints procedure allowed for multi-disciplinary reflection sessions following a complaint. Sessions led by the GPs and nurses allowed any learning points to be developed.

Are services well-led?

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

Our findings

Leadership & Culture

The practice had a clear vision to deliver high quality care and promote good outcomes for patients going forward in its business plan. The business plan had been reviewed in February 2014 and anticipated the needs of an expanding practice particularly in terms of staffing requirements for the future up to 2020. GPs told us they felt well supported and valued by senior GP partners and commented on the open culture of the practice. Practice nurses told us they felt supported by the practice and commented they felt they were well led. Staff were clear about their roles and knew who to report concerns to. For example they were able to identify the GPs who took lead roles for safeguarding concerns. Comprehensive information for staff was included in the practice staff handbook. This included a section on equality and harassment and bullying at work that explained the practice's commitments to staff in these areas. Regular staff meetings were held for the practice as a whole as well as for separate staff teams such as reception team meetings. Minutes of meetings held demonstrated the open and inclusive values of the practice where contributions were made from a variety of sources and staff members.

Governance Arrangements

The practice had an annual clinical governance process for all GPs. Each GP received one week study leave to comply with their mandatory training including preparation for annual appraisals, and a compulsory audit, irrespective of their appraisal requirement. The practice held fortnightly business meetings. These were based on contributions from departments at the practice such as GPs, nurses and reception. Minutes of these meetings demonstrated that there was ongoing and active consideration of the management of risks at the practice. We saw safeguarding and health and safety were agenda items in addition to the monitoring of mandatory training such as manual handling.

Systems to monitor and improve quality & improvement (leadership)

The practice operated clinical monitoring systems such as the Quality and Outcomes Framework (QOF) and clinical audits. Clinical audits and operational audits were undertaken to ensure the delivery of high quality care. We saw the results of a clinical audit for diabetes in pregnancy which had been undertaken. There were systems in the form of operational audits and meetings to monitor the standards of cleaning, completion of training, professional registration and the storage of medicines. We saw evidence of ongoing monitoring of quality through the minutes of the fortnightly business meetings. For example at a recent meeting the monitoring of cleaning standards was discussed as well as the problems with the heating system. We saw the most recent infection control audit. Each section covered recorded areas for improvement if identified such as procedures for labelling sharps bins.

Patient Experience & Involvement

The leadership of the practice encouraged patient involvement through engagement with the patient participation group (PPG) and its activities. We checked the NHS choices website for comments about the practice. A rating of five stars had been achieved (the highest) based on reviews of the service provided. The practice demonstrated awareness of all the reviews completed by responding to each review. Staff meeting minutes recorded how the generally positive results of the 2013/14 PPG survey were shared with staff.

Practice seeks and acts on feedback from users, public and staff

During our visit we were told by GPs about the input of the patient participation group (PPG) into the decoration and furnishing of consultation rooms. Although the patient participation group (PPG) had chosen carpet for floor covering this was in the form of tiles that could easily be removed and replaced in the event of any spillage. We spoke with representatives of the patient participation group (PPG) and examined an action plan document completed in response to the results of the 2013 patient survey. Over 100 returns were received from patients. The responses were analysed and considered by the practice management in conjunction with the patient participation group (PPG). The annual report available on the practice website outlined the proposals and responses to the issues raised in the patient participation group (PPG) survey. In the latest report the practice described how issues from the survey had already been highlighted in its own internal review. The patient participation group (PPG) also operated a 'have your say' system for receiving comments from patients. Forms and a box for collection were available in the waiting area. Issues picked up from the forms were

Are services well-led?

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

reported in the patient participation group (PPG) newsletter with any outcomes achieved. For example, there was a suggestion from patients to the patient participation group (PPG) about the availability of European health insurance forms. These had been made available in the information alcove of the waiting area. The practice had a whistleblowing policy included in the staff handbook. This explained to staff ways in which concerns about the practice could be raised with the practice management. However the whistleblowing policy in the staff handbook did not include information to guide staff in referring concerns to outside agencies. When we spoke with some administrative staff, we found they were not aware of the whistleblowing policy.

Management lead through learning & improvement

The practice continuously strived to learn and improve high standards of care. The practice leadership encouraged further training and research and one of the GP partners was actively involved in research with the Oxford Deanery. Practice nurses were also involved in research. This demonstrated an innovative approach to general practice. We saw how significant events were an agenda item for discussion at staff meetings. All staff received training that was relevant to their role. Staff were able to develop professionally through ongoing appraisal in the form of personal development plans.

Identification & Management of Risk

The practice had carried out a range of risk assessments including environmental and personal to ensure the health and safety of patients, visitors and staff members. There were regular checks to ensure that medicines stored at the practice including medicines and equipment for emergencies were stored at the correct temperature and were within expiry dates. The practice had carried out criminal records checks via the Disclosure and Barring Service (DBS) on staff where risk assessments indicated the appropriateness of this in relation to staff roles. Regular checks were also made by the practice manager into the registration status of nurses working at the practice.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

The percentage of registered patients aged over 65 years was higher than the average for Oxfordshire CCG and the average for England. Home visits could be arranged which would be suitable for frail older patients who had difficulty travelling to the practice. The practice held three influenza vaccine clinics a year. The practice website contained information explaining how patients over 65 years of age were given priority and were eligible for influenza vaccinations. The practice had always operated a policy of having named GPs for all patients including older patients over 75 years of age. The practice website included a 'senior health' section that included links to information suitable for the health needs of older patients. Information was available at the practice about suitable support organisations such as a charity committed to the needs and aspirations of older people. A system was in place to indicate to practice staff those patients who were carers for other relatives. This information applied to older patients who had a caring role for a spouse for example. In addition the practice website contained a section with information for carers that included links to further information provided by other agencies. The practice had a shared care agreement with the community hospital for older patients that were located close by. A wealth of information was available for patients in the waiting area. This included a folder with information useful to older patients. Two older patients we spoke with gave positive comments about the practice, particularly telephone consultations where the GP called them.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

Staff understood the needs of patients with long term conditions and were able to respond to these. The practice held clinics for patients with long term conditions such as a diabetic clinic and chronic kidney disease monitoring. One of the practice nurses had devised a 'recall database' to ensure that patients with diabetes received regular checks and did not miss appointments. Patients with diabetes were also referred to the community diabetic team where appropriate. Health promotion advice and information relating to specific long term health conditions was available at the practice. This also included information to signpost patients to support groups such as the Multiple Sclerosis Society. The practice website contained information and links specifically aimed at people with long term conditions such as a link to information about the treatment and prevention of high blood pressure. The practice provided meeting rooms for the use of patient support organisations such as the local stroke club.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

The practice had a lower percentage of registered patients under 18 years of age than the average for England as well as the Oxfordshire CCG average. The practice had safeguarding policy and GP lead for children and young people and the majority of the staff team had completed training in safeguarding children. Pre-natal clinics are held at the practice by GPs and midwives. The practice also held clinics for child development checks arranged by appointment. A dedicated room was available for mothers with babies. This was situated adjacent to the waiting area and provided a facility for feeding, nappy changing and weighing babies. The practice website included a section with information for babies and children's services. This included links to information about maternity services and local baby and post natal groups. Links were also provided to information about children's health and immunisation. Information was also provided explaining the respective roles of GPs and health visitors in areas of post natal support. One patient we spoke with was a mother with a young child, they gave us positive comments about the practice and particularly the fact that they had plenty of time for discussion with the GP when they saw them.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

The practice accommodated those patients with work commitments. This included offering early morning appointments on Fridays and patients could request a doctor or nurse to call them for a telephone appointment.

Appointments could also be booked through the practice website. In addition the nurse led minor illness clinics that could be offered at times suitable for those who worked. The practice also offered a service where patients could have direct email access to GPs for advice which would have benefited patients with work commitments.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

The practice had a safeguarding policy and GP lead for safeguarding vulnerable adults. The majority of the staff team had completed training in safeguarding adults. A practice nurse gave examples of how the practice helped patients in vulnerable circumstances. Examples were given by one of the practice nurses of how the practice helped patients from the travelling community access care in relation to written prescriptions and the checks undertaken if children missed vaccine appointments.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

The practice was able to provide a counsellor for patients who may be experiencing poor mental health. In addition the practice website provided links to information relevant to mental health such as information on depression. The website also signposted patients to a local mental health information service as well as a specialist regional mental health service for anyone who had served in the British armed forces.