

# Botley Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



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?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Botley Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Botley Medical Centre on 23 September 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to staff undertaking chaperone duties.
- Data showed patient outcomes were at or above average for the locality. Audits had been carried out, and were seen to be driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- Patients' consent to care and treatment was not always sought in line with legislation and guidance.
- The practice had not proactively sought feedback from staff.

The areas where the provider must make improvements are:

- Improve the engagement and communication with staff in the practice across different staff groups.

In addition the provider should:

- Ensure that the training matrices reflect the requirements of the different roles within the practice and are accurately maintained.

# Summary of findings

- Ensure consent is appropriately asked for and documented on all patient records.
- Ensure recruitment arrangements include all necessary employment checks for all staff. Where staff perform chaperone duties, the practice must risk assess whether a criminal record check through the Disclosure and Barring Service check is required.
- Ensure that training for the Mental Capacity Act 2005 is included in training at the practice.

**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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Systems and processes for assessing risks for those undertaking chaperone duties were not implemented to ensure patients were kept safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health by GPs however other staff had less understanding of the Mental Capacity Act 2005 and had not received specific training. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Most patients said they were treated with compassion, dignity and respect. However not all patients felt that they were involved in decisions about their care and treatment or were listened to. Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



# Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

The practice had acted on information from the patient participation group and made several changes within the practice as a result of this feedback.

Staff were responsive to individual patient needs, an example was on the day of inspection one patient was offered an additional consultation for a health problem that had only just occurred. This resulted in the patient not having to return for another appointment.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

There was a documented leadership structure and most staff felt supported by management but several different groups of staff did not feel that they were involved in changes within the practice or their specific roles.

The practice had a number of policies and procedures to govern activity but staff stated that some were long and cumbersome.

The practice proactively sought feedback from patients, they were in the process of reforming the patient participation group (PPG). Not all staff attended staff meetings and events.

Training records were not detailed enough to confirm that mandatory training had been attended by all staff.

**Requires improvement**



# 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 requires improvement for the care of older people. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice considered each patient and would make a decision on whether to e-mail letters to patients, or post them to the individual according to their individual needs and wishes.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for people with long-term conditions. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.

However, on the day of inspection a member of staff informed the inspection team that if they were unable to contact a patient for a follow up appointment after three attempts, they would decide that a follow up was no longer required without a clinical review of the patient's individual requirements or needs.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for families, children and young people. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



# Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as requires improvement for working age people. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

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.

Additional appointments were available outside of normal practice hours.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice had carried out annual health checks on 95% of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It had 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing variably too many of the local and national averages. There were 117 responses and a response rate of 41%.

- 72% find it easy to get through to this practice by phone compared with a CCG average of 83% and a national average of 73%.
- 88% find the receptionists at this practice helpful compared with a CCG average of 88% and a national average of 87%.
- 54% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 68% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 71% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 47% feel they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. One patient explained that a receptionist had recognised they were unwell whilst they were attending an appointment with their spouse, and had arranged for a GP consultation the same day.

## Areas for improvement

### Action the service **MUST** take to improve

- Improve the engagement and communication with staff in the practice across different staff groups.

### Action the service **SHOULD** take to improve

- Ensure that the training matrices reflect the requirements of the different roles within the practice and are accurately maintained.

- Ensure consent is appropriately asked for and documented on all patient records.
- Ensure recruitment arrangements include all necessary employment checks for all staff. Where staff perform chaperone duties, the practice must risk assess whether a criminal record check through the Disclosure and Barring Service check is required.
- Ensure that training for the Mental Capacity Act 2005 is included in training at the practice.

# Botley Medical Centre

## 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 advisor, a second and third CQC inspector, a practice nurse specialist adviser, and a practice manager specialist adviser.

## Background to Botley Medical Centre

Botley Medical Centre is situated in the Botley area of Oxford and serves the Botley area, from Farmoor (to the Toll Bridge at Eynsham) Cumnor, Appleton, Frilford Heath, Fyfield, Kingston Bagpuize, Wootton Village and Boars Hill (to Fox Lane). They also provide medical services to Oxford Brookes University Harcourt Hill campus.

The practice is located in a purpose built building on Elms Road, which they are looking to extend. At the time of the inspection there were 9,005 patients on the practice list.

The practice has three GP Partners, one salaried GP and two long term locum GPs. Of these six GPs there were two male and four female GPs. The team includes a practice manager, deputy practice manager, practice nurses, a phlebotomist, a Health Care Assistant, an office manager, receptionists and secretary. The practice is contracted to provide services in conjunction with NHS Oxfordshire Clinical Commissioning Group. The practice has a GMS (General Medical Services) contract and also offers

enhanced services for example; various immunisation and learning disabilities health check schemes.

The practice was open between 8.30am and 6pm Monday to Friday. Extended hours surgeries were offered at the

following times: 7am to 8am Monday and Thursday morning and 6.30pm to 8pm Monday for GP appointments. Nurse led clinics with extended hours were offered 7.30am to 8am Mondays and Tuesdays. In addition pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Patients requiring a GP outside of normal working hours are advised to contact NHS 111 who can manage the call and pass the patient to the Out of Hours GP Service when required.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

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?

## Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

A range of information was reviewed prior to the inspection including information shared from other organisations. We carried out an announced inspection on the 23 September 2015. During our visit we spoke with a range of staff including GPs, practice nurses, health care assistants, receptions and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system in the shared drive. The practice carried out an analysis of the significant events. The practice does not hold specific significant events meetings, but discusses them as and when they occurred.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, on discharge of a patient, the hospital informed the pharmacist of medicine changes without informing the practice. The practice and pharmacy have agreed a new protocol of confirming any medicine changes via e-mail, to ensure that changes to medicines are confirmed by the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs said they were unable to attend safeguarding meetings, but had provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role. On the day of

inspection the practice had only received one completed disclosure and barring check (DBS) for their nursing staff and chaperones, although they practice had applied for them (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). This meant that chaperones were undertaking their duties without a DBS check or a risk assessment in place.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular alarm checks were carried out.
- 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date e-learning training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Daily cleaning sheets had not been signed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The computer system presented warnings and remind staff of the best practice guidelines for prescribing. Patient Group Directives' were checked and up to date as appropriate.
- Recruitment checks were carried out and the three files we reviewed out of 22, proof of identification, references, qualifications, registration with the

## Are services safe?

appropriate professional body had been completed prior to staff commencing employment. A comprehensive induction pack was used by the practice for locum GPs.

- 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 that enough staff were on duty.
- Locum GPs did not sign repeat prescriptions; this was managed only by permanent GPs.
- The majority of patient records were stored electronically. Paper records were stored in a locked storage unit in the staff room and were held securely.

### **Arrangements to deal with 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. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a treatment room and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The majority of practice GPs carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90.6% of the total number of points available, with 6.6% exception reporting. This practice was not an outlier for any QOF clinical targets. Data from 2014 showed;

- Performance for diabetes related indicators was better when compared to the CCG and national average. The percentage of patients, on the register, who have a record of albumin:creatinine ratio test in the preceding 12 months is 92.5% compared to the national average of 85.94%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average, 85.95% compared to the national average of 83.11%.
- Performance for mental health related indicators was better when compared to the CCG and national average, 93.33% compared to the national average of 86.04%.
- The dementia diagnosis rate was above the CCG and national average 95.12% compared to the national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There is a programme of audit and five audits were completed in

the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of polypharmacy, 362 patients were identified as having 10 or more items on prescription in November 2014. A review in May 2015, this had been reduced by 38 to 324 patients.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, introduced this year, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between

# Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

The GP Specialist Advisor looked at a selection of patient records where patients' consent to care and treatment for minor operations was not always sought in line with legislation and guidance.

The majority of clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA 2005). Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. There was a lack of understanding of the MCA 2005 amongst reception staff that may assist them in speaking with patients. The training records for the practice did not include relevant training on MCA 2005.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and a high risk of admissions register. Patients were then signposted to the relevant service. The practice has recently instigated themed coffee mornings. The first was a Macmillan morning, followed by an Orchid cancer care awareness morning. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 81%.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 90% to 99%. Flu vaccination rates for the over 65s were 79.9%, and at risk groups 63%. These were also above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. There was a blood pressure machine and height measure available for patients to walk in and use in a quiet area.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection we overheard and observed good interactions between staff and patients. We observed consultations with GPs and nurses were carried out in the privacy of a consulting room. We noted the consultation/treatment room doors were closed during consultations and conversations taking place could not be overheard. All but one of the consultation and treatment rooms had curtains to ensure privacy and dignity were maintained and all the clinical areas were clean, tidy and dust free. This meant that this room was not being used for consultations.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (117 respondents), NHS Choices website (7 reviews) and the patient participation group (PPG) survey completed in March 2014 (295 respondents). The evidence from all these sources provided a mixed response to the service provided by the practice.

Data from the national patient survey showed the following:

- 98% of patients said they had confidence and trust in the last GP they saw or spoke to. This is comparable to both the CCG average 97% and the national average 95%.
- 83% of patients said that the last GP they saw or spoke with was good at giving them enough time. This is lower than both the CCG average of 89% and national average of 87%.

Further evidence from the PPG survey concluded a large proportion of patients felt the reception staff were professional and courteous in their dealings with patients both in person 85% and over the telephone 88%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received eight completed cards which were all highly positive about the service experienced.

We also spoke with seven patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards.

### Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed varied patient responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88% said the last GP they saw was good at explaining tests and treatments which was comparable to the CCG average of 89% and national average of 86%.
- 77% said the GP was good at involving them in decisions about their care which was lower than the CCG average of 85% and national average of 81%.
- 94% said the last nurse they saw was good at explaining tests and treatments which was comparable to the CCG average of 91% and national average of 90%.
- 82% said the last nurse they saw or spoke to was good at involving them in decisions about their care which was lower than the CCG average of 87% and comparable to the national average of 85%.

Four patients we spoke with on the day of our inspection told us health issues were not discussed with them and they did not feel involved in decision making about the care and treatment they received. They also told us they did not feel they were listened to, with two patients describing inconsistencies between GPs in relation to decision making and support. One patient described how the practice had been extremely supportive with regard to their recent spell of ill health following major surgery.

Many patients agreed that marked improvements in the practice had been made in the last year with changes in management and structure still on-going. This was confirmed by the PPG representatives we met on the day, who had been patients for a number of years and had witnessed a number of changes. Changes included improved access to appointments and having a library of books in the practice.

Patient feedback on the comment cards we received offered high acclaim, with all eight cards offering positive responses about the care, treatment and support they have received.

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



## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, nurses attended the local fresher's week and gave students a health information pack.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The reception staff showed us alerts that appear on a patient's record to highlight where additional support was required. For example, one patient with a disability required support to access the practice and this was managed by arranging for a specific consultation room to be utilised for that appointment.
- Another patient required the use of translation services and we witnessed the electronic booking system being used to organise a translator for a future appointment. The administration staff also ensured that a double appointment was always requested for this patient to allow for a longer consultation using translation services.
- There were disabled facilities and a hearing loop available for patients with hearing issues. There was no alarm in the disabled facilities for patients to notify staff that they required assistance.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries were offered at the following times: 7am to 8am Monday and Thursday morning and 6.30pm to 8pm Monday for GP appointments. Nurse led clinics with extended hours were offered 7.30am to 8am Mondays and Tuesdays. In addition pre-bookable appointments that could be booked up to six weeks in advance and 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 worse than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 71% patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 74%.
- 70% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%. Following this a review was undertaken by the practice and changes were made to the appointment booking process.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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 with leaflets available in the holders in the waiting rooms. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely, open and transparent way with dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example when a patient was due to undertake a procedure the practice had run out of the required equipment as a GP had used one and not advised the Health Care assistant (HCA) who orders them. GPs had been reminded to ensure that they advised the HCA when they have used equipment so that new stock can be ordered.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

At the inspection the practice has a philosophy to deliver high quality care and promote good outcomes for patients.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at four of these policies and procedures. All the policies and procedures we looked at were from a generic source and staff stated that the policies were long. The policies had been reviewed recently and were up to date.

The GP and practice manager took leadership roles for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line or better than with national standards.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, a review of two medicines had led to some medicine changes and prescription cost savings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example whistleblowing, induction policy, management of sickness; which were in place to support staff. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice. They also had reciprocal arrangements for whistleblowing with a neighbouring practice. This meant that if a member of staff was uncomfortable in raising a concern in the practice, they could discuss their issue with a neighbouring practice.

The staff training records lacked certification for completion of numerous subjects for example, the training matrix showed that all staff had completed Cardio Pulmonary Resuscitation training in February 2015 but were unable to provide evidence of this. The training matrices are generic and did not contain all mandatory requirements, for example nurses did not have moving and

handling training listed and Mental Capacity Act 2005 training was not on any staff matrix. Only the front page of all of the training matrices had been completed. The Health and Safety training and acknowledgement form showed staff completed their training on the 2 July 2015, but not one member of the team had signed to confirm this.

### Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Not all staff felt involved in discussions about how to run the practice and how to develop the practice or their roles. On the day of the inspection some staff stated that communication between the management and team was poor.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Some staff told us that regular team meetings were not always held. We saw notes of a full team meeting in January and August 2015, one nurses meeting in May. The partners held weekly meetings which were documented and available to staff on the shared drive. Reception staff also had weekly meetings. These were always held on the same day which prevented some staff from being able to attend as they worked part time this led to some staff feeling not involved in the changes in their area.

Staff said they felt respected, valued and supported, in the practice.

We looked at five staff files and saw that appraisals took place which included a personal development plan earlier in the year.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and

# Are services well-led?

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complaints received. For example, the last PPG survey showed difficulty in booking on the day appointments, the practice carried out an audit of the appointment system and made changes to the process.

The PPG was in the process of being re-established as the previous PPG disbanded six months ago. This was being proactively supported by the Practice Manager, no meetings had yet been held by the new PPG.

On the day of inspection several staff stated that changes to their own work areas were implemented without adequate consultation.

This section is primarily information for the provider

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not established effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service, know the results of reviews about the quality and safety of the service and any actions required following the review.</p> <p>How the regulation was not being met:</p> <p>There was a lack of engagement and communication with staff in the practice.</p> <p>This was a breach of Regulation 17 (2)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.</p>