

Langford Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of the Langford Medical Practice, 9 Nightingale Place, Bicester, Oxon, OX26 6xx on the 6 October 2015. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in February 2015 found breaches of regulations relating to the safe and effective delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in February 2015 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in October 2015, we found the practice had made significant improvements since our last inspection in February 2015 and that they were meeting all of the regulations which had previously been breached.

The ratings for the practice have been updated to reflect our findings.

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

- All the partners, staff and members of the Patient Participation Group worked hard to undertake a complete review of the service since the previous inspection and make sustainable improvements.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, and appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Governance systems and processes required further improvement to monitor and assess the whole service in relation to risk and improvements.

There were also areas where the provider could make improvements and they should:

- Embed and maintain a continuous clinical audit programme.
- Ensure all complaints are recorded and detailed actions of complaints are documented.
- Clearly document potential risks to the move of the dispensary from the branch practice.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 good for providing safe services. Staff understood and fulfilled 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. Risks to patients were assessed and well managed.

Following our previous inspection the practice had commissioned a review of its medicine management systems by an external consultant. This resulted in the medicines management and controlled drug procedures being updated.

Good



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. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all 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. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We 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

Good



Summary of findings

well equipped to treat patients and meet their 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.

Not all complaints were recorded and actions needed to be more clearly documented.

Are services well-led?

The practice is rated as good for being well-led. Since the previous inspection they carried out a complete review of the provision of services in addition to fixing the previously identified issues. It had a clear vision and strategy which was designed with input from all of the staff and the Patient Participation Group (PPG). Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. However, we noted that the planned move of the dispensary had not been clearly risk assessed, including an understanding of the risks and benefits.

The practice proactively sought feedback from staff and patients, which it acted on. The PPG was engaged in driving forward changes. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. 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 dispensary uses medical compartment boxes for a small number of patients and these were hand delivered by practice staff.

Good



People with long term conditions

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

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

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.

A diabetic clinic is run monthly on Saturday mornings, enabling patients that routinely commute to work away from Bicester, to be seen by the practice staff.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 92.31% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on June 2015 showed the practice was performing in line with local and national averages. There were 123 responses and a response rate of 41%.

- 83% find it easy to get through to this practice by phone compared with a CCG average of 83% and a national average of 73%.
- 85% find the receptionists at this practice helpful compared with a CCG average of 88% and a national average of 87%.
- 66% 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%.
- 94% 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%.

- 92% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 72% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 80% 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%.
- 66% 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 three comment cards which were all positive about the standard of care received. The practice Friends and Family Test responses for August 2015 show that 87% would recommend them.

Areas for improvement

Action the service **SHOULD** take to improve

- Embed and maintain a continuous clinical audit programme.
- Ensure all complaints are recorded and detailed actions of complaints are documented.
- Clearly document potential risks to the move of the dispensary from the branch practice.

Langford Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and a pharmacist inspector.

Background to Langford Medical Practice

Langford Medical centre is located in Bicester, Oxfordshire and has a branch practice at Ambrosden. It consists of a purpose built building, whereas the branch practice is located in Ministry of Defence buildings.

At the time of the inspection there were 9500 patients on the practice list. There were four partners, one salaried GP and four nurses. Patients had access to male and female GPs. There is a practice manager, receptionists, administration staff, health care assistants, phlebotomist, and a dispenser. It is a training practice and regularly takes students that require additional support. (Teaching practices take medical students and training practices have GP trainees and F2 doctors). They are currently contracted on a General Medical Services contract to Oxfordshire Clinical Commissioning Group.

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered at the following times on 7.30am to 8am on Tuesdays and Thursdays and 7am to 8am on Wednesdays.

If the practice is closed patients are directed to the NHS 111 service, who can pass the patient details to the GP Out Of Hours Service.

Langford Medical Practice

9 Nightingale Place

Bicester

Oxon OX26 6xx

Ambrosden Surgery

Ambrosden

Bicester

Oxon

OX25 2RH

Only the dispensary was inspected at the Ambrosden Surgery.

Why we carried out this inspection

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

The practice was previously inspected on the 10 February 2015 and was rated as inadequate for safe and well-led domains, and requires improvement in effective. The practice was rated as good for caring and being responsive to patients needs. The overall rating for the practice was inadequate and they were placed into special measures.

The practice was found to be in breach of three regulations of the Health and Care Social Act 2008. Requirement

Detailed findings

notices were set for the regulations relating to the unsafe use and management of medicines, that fit and proper persons were employed. Warning notices were issued for the regulations relating assess, monitor and improve the quality and safety of the service; to assess, monitor and mitigate the risks relating to the health, safety and wellbeing of service users; and seek and action feedback to continually evaluate and improve the service.

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?

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)

For example:

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. During our visit we spoke with a range of staff, GPs, nurses, health care assistants, phlebotomist, management, receptionists 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

When we inspected the practice in February 2015 we observed that some safety concerns were not consistently monitored and not all necessary actions took place in response to longstanding recommendations in reports. For example, some actions relating to infection control, maintenance and checking of the building, recruitment, and procedures in the event of an emergency had not been followed up or undertaken.

At the inspection in October 2015, we noted there was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. All written complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

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, a concern was raised about a smear test that was cancelled at short notice. The practice had recognised that the Bank Holiday Monday meant the sample would be tested too late for the test to be effective. Procedures were changed to ensure the practice does not book patients in for smears just before a bank holiday. The practice had carried out a review and established a process to monitor trends of incidents.

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. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

When we inspected the practice in February 2015 some staff were not sure whether there were policies for safeguarding children and adults. We also saw from the

training records that there were no dates recorded for child and adult safeguarding training for some staff members. Records showed that six staff had not received an appropriate role specific level of safeguarding or updated their training since 2013.

At the inspection in October 2015, 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 adult safeguarding and for children's safeguarding. The GPs attended safeguarding meetings when possible and always 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, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 which required updating. The practice had up to date fire risk assessments and regular fire drills 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 found. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an

Are services safe?

infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Medicines Management

When we inspected the practice in February 2015 we did not see a clear policy for ensuring that medicines were kept at the required temperatures. We did not see a policy for what to do in the event of a power failure for the medicines requiring cold storage. The staff told us that all medicines would be discarded in the event of refrigerator failure but we did not see this documented and this would not be in line with advice from Public Health England regarding vaccines.

Following our previous inspection the practice had commissioned a review of its medicine management systems by an external consultant. Following the review the medicines management and controlled drug procedures had been updated.

At the inspection in October 2015 we found the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The refrigerators that were used to store medicines and vaccines were monitored and were within the required temperature range; they could not be turned off by accident. Blank prescription forms and pads were securely stored and there were systems in place to track them throughout the practice. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines; these were in date and had been produced in line with legal requirements and national guidance. The systems for requests for repeat prescriptions followed national guidance.

The practice dispensed medicines to some patients of the practice. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Controlled drugs were stored securely and managed in line with national guidance. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training.

The dispensary at Ambrosden provided medicines to a small number of patients in weekly medical compartment boxes (These boxes have separate compartments for days of the week and / or times of day such as morning, afternoon and evening). These were returned to the dispensary each week, therefore it was possible to see if patient was not taking their medicines as prescribed.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in February 2015 we saw that a test of fire fighting equipment was last undertaken in April 2014. The fire risk assessment recommended monthly checks of fire fighting equipment and then a full check and test annually, and we did not see evidence of monthly checks. Fire fighting equipment had not been checked in line with recommendations. There were no records of a fire drill being carried out. Staff told us that a drill had not been carried out, but they were planning to have one. Staff described the fire evacuation procedure and we saw a written copy of this procedure. The absence of fire evacuation drills was noted as a concern during the CQC inspection in July 2014.

At the inspection in October 2015 monthly checks were completed, the fire fighting equipment was checked and evidence of fire evacuation drills was seen. 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 nurse 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

Are services safe?

book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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

When we inspected the practice in February 2015 practice staff described a number of areas that were audited and we saw that a number of clinical audits had been completed but these were not completed two cycle audits.

At the inspection in October 2015 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 had been three clinical audits 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 of an audit included introducing a gout protocol and information leaflet which has been shared across the wider GP providers in Buckinghamshire. A more robust programme of clinical audits was required within the practice.

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 97.7% of the total number of points available, with 0.66% exception reporting. This practice was above average for any QOF (or other national) clinical targets except the

percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months, which was slightly below the national average. Data from 2014 showed;

- Performance for diabetes related indicators was above the Clinical Commissioning Group (CCG) and national averages. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March, 97.95% compared to the CCG average of 94.25% and the national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national averages, 88.13% compared to the CCG average of 85.53% and the national average of 83.11%.
- Performance for mental health related indicators that have an agreed care plan was above the CCG and national averages, 92.86% compared to the CCG average of 90.16% and the national average of 86.04%.
- The dementia diagnosis rate was above the CCG and national averages, 92.31% compared to the CCG average of 85.41% and the national average of 83.82%.

Effective staffing

When we inspected the practice in February 2015 we saw that for some staff, no dates had been entered for mandatory training courses such as safeguarding children and adults, infection control, and emergency first aid. We saw from the records that some people had undertaken this training more than a year ago. For example, for emergency first aid there were no training dates recorded for seven people and for all other staff the records showed that training had not been completed since 2013.

At the inspection in October 2015 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, 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 and were given time at work to complete it. This included ongoing support during

Are services effective?

(for example, treatment is effective)

sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were 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

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. For example, when a teenager requested that her mother did not see her patient records. This was discussed with the multi-disciplinary team and it was agreed that the patient had the understanding under the Gillick competency.

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 patients needing support for weight loss. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.49%, which was above the CCG average of 83% and the national average of 81.88%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93.3% to 100% and five year olds from 94.0% to 98.7%. Flu vaccination rates for the over 65s were 78.87%, and at risk groups 60.27%. 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains or screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All three of the patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They attended both the practice presentation at the start of the inspection as well as the feedback session at the end of the day. Since the previous inspection they have been actively engaged in the changes made to the practice and even put the practice through a test inspection, prior to our visit. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 90% said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also information on the front windows in Polish for the local population.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice provides support to the PPG who assist with a befriending service for elderly patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a Diabetic Clinic monthly on a Saturday morning for working patients who could not attend during normal opening hours.
- 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.
- There were disabled facilities, hearing loop and translation services available.
- A rheumatology out-patients' service for the Clinical Commissioning Group (CCG) the patients come to see the doctor within his normal clinic and are given extended appointments – this offers better patient access than a fixed clinic in the practice

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered at the following times on 7.30am to 8am on Tuesdays and Thursdays and 7am to 8am on Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Patients could also access appointments at the Ambrosden branch surgery at the following times:

- Monday 11am - 1pm,
- Wednesday 10am to 12noon,
- Friday 11am – 1pm

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 83% patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.
- 72% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 80% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% 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 displayed on the wall of the waiting room and leaflets were available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Not all complaints made verbally were documented or when they were resolved at the first point of contact.

Lessons learnt from concerns and complaints and action was taken to as a result to improve the quality of care needs more documentation. For example there was a prescribing error for a member of the same family, This was documented and action taken (a pop up box was put on the patients records stating patient with the same name) by the management team. The inspector on the day saw this and made a comment that it would be a better use of time if the receptionist were trained to undertake the management of pop up boxes. This training has now taken place.

Are services well-led?

Good 

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

Our findings

Vision and strategy

When we inspected the practice in February 2015 the business plan did not contain details of the values that underpinned the strategy or what these meant for patient experience.

At the inspection in October 2015 the practice showed that they had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and had all been involved in their design. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was also linking up with neighbouring practices and considering the changing shape of the local community and how this may impact on medical services. A series of meetings had taken place with the practices sharing information on what the impact would be on the local health economy.

Governance arrangements

When we inspected the practice in February 2015 there were governance systems in place but these were not always sufficient or effective. In November 2014 the practice was issued with a Care Quality Commission report which highlighted regulatory breaches in medicines management and cleanliness and infection control. During the inspection in February 2015 we found there were further breaches within the regulation relating to medicines management. The full regulation had not been considered or reviewed following the previous inspection. The practice had failed to pay full heed to a report compiled by the commission, where action was required. The practice did not identify and respond promptly to ensure the safety of patients. For example, fire evacuation drills were not completed, fire equipment checks were not completed in a timely fashion. We noted one emergency exit route was not easily accessible. Required actions relating to a legionella risk assessment had not been completed. All necessary checks and actions relating to employment of staff had not been carried out. The practice had not taken steps to monitor and reduce risks to patient safety and wellbeing.

At the inspection in October 2015 the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These had all been reviewed since our previous inspection.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements had been implemented.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

When we inspected the practice in February 2015 failures and concerns highlighted on the day of inspection, in relation to governance systems and risk, suggested that recent changes to management responsibilities were not effective.

At the inspection in October 2015 the partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The practice held several meetings after the inspection in February 2015 with staff and the patient participation group (PPG) and used the experience as a learning tool. The amount of work undertaken to achieve this was clearly visible on this inspection.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every six months. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All

Are services well-led?

Good 

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

staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Whilst there is a clear understanding of the proposed dispensary move from Ambrosden, this needs to be clearly documented, so that all the risks can be assessed, balanced across the proposed benefits.

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 PPG and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

After the February 2015 inspection the practice had a meeting with the PPG, they engaged with the PPG in an open and transparent way, reviewing the issues at the practice. Further meetings were held as the practice proposed changes, and they jointly considered the impact on patients. Prior to the inspection in October 2015, the PPG carried out a pre-inspection review of the practice.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.