Dr C P Hughes and Partners

Inspection 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 location	Good
Are services safe?	**Good**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous inspection January 2015 rating – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr CP Hughes and Partners on 9 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risks to patients and staff. When incidents occurred, the practice learned from them and improved their processes.
- The practice did not consistently monitor the effectiveness and appropriateness of the care it provided to ensure treatment was always appropriate. National data indicators showed there was high performance but there was also high exempting of patients from national data submissions.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was an improved focus on learning and improvement since 2017.
- The practice continuously reviewed the needs of its patient population and adapted processes to improve services for its population.

The areas where the provider must make improvements are:

- Identify, assess and mitigate risks to patient care where this is required to ensure safe and effective care is always delivered.

Additionally the provider should:

- Review the processes for monitoring high risk medicines.
- Identify whether staff and monitoring processes in the dispensary require additional support and oversight.
- Ensure learning from dispensing errors is always identified and acted on and that the monitoring of medicine's fridges follows relevant guidance.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

The inspection team consisted of a lead inspector, a second inspector, a pharmacy inspector and a GP specialist adviser.

Background to Dr C P Hughes and Partners

Dr CP Hughes and Partners, Reading Road, Wallingford, Oxfordshire, OX10 9DU.

www.wallingfordmedicalpractice.co.uk

- Wallingford Medical Practice (Dr CP Hughes and Partners) is located in the centre of Wallingford. The practice has approximately 17,000 registered patients. The practice cares for patients in five care homes. There is minimal economic deprivation amongst the local population. The population has a higher proportion of people from a white British ethnic background than nationally. The number of patients with a long-standing health condition is similar to the national average.
- The practice is located within a large multi-purpose building. There were plans to extend the practice in preparation for an expansion of Wallingford. The building hosts a dispensary and dispenses to around one fifth of its patients.
- The practice has six GP partners and 10 fully qualitified GPs working in the practice overall, with both male and female GPs available for patients to see. This is a training practice and GPs in training also worked alongside clinical staff. The nursing team consists of five practice nurses and four health care assistants who are trained to provde phlebotomy services as well as trained reception staff. The clinical staff are supported by an administrative team led by the practice manager.
- The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are available Saturday mornings by pre-booking or walk-in appointments from 8am to 12.15pm and evening surgeries from 6.30pm until 8pm. In addition Sunday morning surgeries are provided on a rota basis with neighbouring practices
- The practice does not offer out of hours treatment for their patients instead referring patients to the NHS 111 service.
- The provider is registered to provide the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease disorder and injury.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Audit outcomes were acted on to ensure compliance with required standards of infection control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Equipment was well maintained and tested to ensure it worked appropriately.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- There was an effective approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. However, the managing of high risk medicines was not always systematic.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The arrangements for reviewing patients taking high risk medicines (including any tests which were required) was not always monitored to ensure they took place within timescales required. However, on reviewing a sample of patient records for patients prescribed these medicines, we did not find any overdue medicine reviews in line with local guidance.
- The practice dispensed medicines safely. The medicines' fridges in the dispensary were not monitored appropriately as staff were unaware do the appropriate

temperature ranges. Staff were aware of what action to take in the event of a high temperature reading. We did not identify readings from records of temperatures which posed a risk to patients.

Track record on safety

The practice had a good track record on safety.

- There were processes for assessing and managing risk related to the provision of services.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The process for learning from near misses or dispensing errors was not always clear or revisited to ensure themes were identified.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Online services were promoted and used by patients to enhance their access to ongoing care. This included access to test results and seeking advice from clinicians.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical and mental health needs.
- Patients aged over 75 were referred to other services such as voluntary services and supported by an appropriate care plan where deemed appropriate.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions were offered structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Performance on management of long term conditions was positive when compared to national data outcomes. There were instances of high exception reporting (where patients are not included in data submissions indicating clinical performance). This posed the risk that some patients may not be receiving the care they need.
- Local diabetes improvement scheme involved multidisciplinary meetings with consultant and specialist nurse to discuss difficult patients.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice provided care plans for patients with newly diagnosed conditions.
- There was appropriate equipment for the diagnosis and monitoring of patients with long term conditions.
- There was a practice based pharmacist who assisted in reviewing patients taking more than eight medications for long term conditions.

Families, children and young people:

- GPs used an email advice service from paediatricians, to reduce the need for hospital appointments**.**
- Combined postnatal and first vaccination appointments were available to reduce the number of visits for mother and baby to the practice.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90%.
- Every child who did not attend an appointment within the practice or externally who was on the at-risk register was followed up by a GP to determine if any risks were posed to the child.

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

- The practice's uptake for cervical screening was above national average.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Requires improvement

Are services effective?

- Eligible patients were offered NHS Health Checks.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Health checks were offered to patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, care planning and medication reviews.
- Patients with dementia had their care reviewed in accordance with the quality and outcomes framework in the previous 12 months. The practice achievement for this indicator was similar to the national and local averages.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses were offered a comprehensive, agreed care plan documented in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia.

Monitoring care and treatment

There were some processes to drive quality improvement.

- The practice had an audit programme in place to identify where performance may be improved. However, these were not always repeated to complete cycles of improvement. We saw some audits were related but there was minimal reflection of whether the audit process had identified that improvements were made.
- There were also examples of audits which demonstrated improvements.
- The practice's Quality and Outcomes Framework results were positive when compared to clinical commissioning group averages and national averages.
- There were areas where exception reporting was higher than the national average. There was not a clear rationale for why these areas of exception reporting were higher than average.

Effective staffing

The practice did not monitor the uptake of training to ensure staff had the skills, knowledge and experience to carry out their roles.

- When we spoke to clinical staff they had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date with any changes to guidance.
- The practice provided protected time for staff to undertake training.
- However, the system used to deliver training was not monitored to ensure staff undertook training. We saw significant gaps in staff training uptake.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Staff shared information with community services, social services and carers where this may have supported patients' needs.

Requires improvement

Are services effective?

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients nearing the end of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through individualised care planning.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they had had access to guidance on the mental capacity act to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback to the GP national survey was very positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients' various potential communication needs were reflected in sources of information and aids. This included language translation services.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers. An older peoples' charity was invited into the practice periodically.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff took measures to promote patients' privacy and dignity.
- Staff were provided with training which included how to protect patients' personal information.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice as good for providing responsive services and in all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' diverse characteristics. It took account of needs and preferences and showed flexibility in responding to patient.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- A text message service was available for patients to remind them of appointment times and test results.

Older people:

- Patients had access to volunteer drivers to access appointments and other services at the practice.
- Consultation and treatment rooms were accessible via wheelchair or mobility scooter.
- GPs visited care homes to provide regular reviews of care requirements for older patients residing in these homes.
- Advanced care planning was in place to avoid unnecessary admissions.
- A specific older person's charity was invited monthly to promote local services.
- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

People with long-term conditions:

- The practice promoted structured education and exercise on referral through written invitations, posters and during consultations.
- Patients with a diagnosis of asthma were offered management plans including child-friendly plans for younger patients.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- There was quick access to appointments for patients who had any exacerbations of their conditions.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- A room was available for breastfeeding mothers and they were made aware of a local charity offering practical and emotional support for breastfeeding.
- Reports were provided to safeguarding teams when required.
- Access to same day appointments meant acutely unwell children could be seen quickly.

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

- Extended hours appointments on Saturdays provided access to this group of patients out of normal working hours.
- Patients could email GPs to ask questions about their care and treatment.
- Telephone consultation appointments were available.
- Appointment access was a consistently positive in patient feedback.
- The practice had a high prevalence of students and was aware of their needs.

People whose circumstances make them vulnerable:

- Staff had received training on how to identify vulnerable patients.
- People in vulnerable circumstances were able to see a GP if necessary, including those with no fixed abode.
- There was a hearing loop.

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

- NHS counsellors attended the practice which provided a familiar location when patients were referred.
- The practice website gives details of mental health services which patients can self-refer, as well as details of mental health charities.
- Dementia advisors and a carers' group were run by the patient participation group.

Timely access to care and treatment

Good

Are services responsive to people's needs?

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times were minimal.
- Patients could book a routine appointment within 48 hours and same day appointments were available.
- Patients reported that the appointment system was easy to use.
- Patient feedback on access to appointments was similar to the GP national survey 2018 national averages.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- Patients received a complaint response including an investigation outcome.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood challenges faced by the practice and were implementing short and long term plans to ensure services improved and were maintained.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they provided inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had planned for the future demands on their services due to the expansion of Wallingford. They had planned an extension to their premises.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the support they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was consideration of staff well-being.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, governance of training and medicine reviews was not fully functional.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, training was not always monitored to ensure staff awareness was appropriate to provide care safely and effectively.
- There were established policies, procedures and activities to ensure safety.
- There was minimal quality improvement work through clinical audit.
- Staff training was not monitored effectively.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a culture of identifying, assessing and managing risks related to the provision of services. For example, risks related to infection control and storage of medicines.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings. Staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Good

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a patient participation group and they held health talks for patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- However, the audit programme covering clinical care did not consistently drive improvement.

Please refer to the Evidence Tables for further information...

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice was not effectively assessing and mitigating risks to patients. There was not an appropriate system to ensure staff had the competence, skills and experience to deliver care safely. Regulation 12 (1)