

# Temple Cowley Medical Group

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Temple Cowley Medical Group on 22 February 2017. The overall rating for the practice was requires improvement, with ratings of requires improvement in the safe, responsive and well-led domains. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Temple Cowley Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in February 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There had been reviews of the practices' systems and processes to improve governance and identify where improvements to service should be made.

- The practice had assessed and mitigated risks identified during the last CQC inspection.
- Medicines management and infection control processes had improved.
- Patient feedback regarding waiting times had improved.

The practice made changes to its services where we suggested it should consider improvements:

- The practice reviewed all patients who did not attend programmes for cancer screening where they were eligible to attend. The practice manager informed us that these patients were contacted to encourage them to attend screening. We reviewed data which indicated that within the Oxford locality of 25 practices the practice was ranked ninth for bowel cancer screening and fifth for cervical cancer screening for 25 to 49 year olds.
- The system for reviewing and acting on patient correspondence had improved and we saw that the workflow of clinical letters and correspondence was well managed. There were no significant backlogs of unreviewed patient correspondence on the day of inspection.

# Summary of findings

**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 good for providing safe services.

- Medicines management had improved and any risk previously identified by CQC had been mitigated.
- Infection control and safeguarding training was up to date for all staff.
- Cleaning checks had been implemented by the cleaning contractor to ensure they monitored the levels of cleanliness in the practice.

Good



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

The practice is rated good for providing responsive services.

- There was ongoing work to improve waiting times for patients. This was reflected in improved patient feedback.
- Overall feedback regarding the practice was very positive in the friends and family test.

Good



### Are services well-led?

The practice is rated good for providing well-led services.

- There had been reviews of the practices' systems and processes to improve governance and better identify where improvements to service should be made.
- The practice had assessed and mitigated risks identified during the last CQC inspection.

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 provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety, responsive and well-led identified at our inspection in February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## What people who use the service say

Friends and family test feedback up to August 2017 showed 94% of patients were likely or very likely to recommend the practice.

There had been improvements to the feedback on the GP national survey since July 2016, regarding appointment access and waiting times. The July 2017 results showed:

- 49% of patients reported usually waiting 15 minutes or less after their appointment time to be seen compared to the national average of 64% and local average of 62% (an improvement of 15%).

- 54% of patients reported they do not normally have to wait too long to be seen compared to the national average of 58% and local average of 57% (an increase of 23%).
- 74% of patients described their experience of making an appointment as good compared to the national average of 73% and local average of 80% (an improvement of 9%).

We received seven patient comment cards and they were all positive. Specifically patients reported on the caring nature of staff and the positive experiences of their treatment.

# Temple Cowley Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a Lead Inspector

## Background to Temple Cowley Medical Group

Temple Cowley Medical Group provides GP services to approximately 8,000 patients in the Cowley area of Oxford. The practice serves an area with a high level (25%) of minority ethnicities and residents who were born outside of the UK. The number of patients aged between 5 to 24

years old are lower than the national average and there are a higher number of patients aged between 25 to 39 years old compared to national average. Its level of income deprivation affecting children is above the national average.

The practice has more patients on its list with long-term health conditions than the clinical commissioning group and national average. The practice has a higher than average number of patients with diagnosed mental health issues on its list. There is a large mental health hospital in the practice area, and a large number of patients with

enduring mental health conditions live in supported housing in the locality. The practice also serves three care homes for patients with poor mental health.

The practice is based in part of the ground floor of a building owned by NHS Property Services, with residential flats on the upper floors. The building is ageing and while

the practice has been able to undertake some adaptations to meet patient needs, other plans to improve accessibility and provide a more pleasant patient environment have been limited by structural considerations.

The practice has core opening hours from 8.30am to 6pm Monday to Friday. However, one of the practice GPs is available on call from 8am to 8.30am and 6pm to 6.30pm Monday to Friday (this out of hours service is managed internally by the practice by using their internal on call mobile protocol). The practice has a range of different types of appointments for patients every weekday from 8.30am to 5.50pm including open access appointments with a duty GP. Extended hours appointments are available Monday to Friday from 6.30pm to 7pm at the premises.

There are five GP partners and three salaried GPs at the practice. Three GPs are male and five female. The 43 weekly sessions provided are equivalent to 5.4 working time equivalent (WTE) GPs. The practice employs a nurse team leader, a nurse practitioner, two practice nurses and two health care assistants. The practice manager is supported by a reception team leader and an administration team leader, a team of administrative and reception staff.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS). Services are provided from following main location and the branch practice, and patients can attend any of the two practice premises. We visited only the main premises during this inspection.

Temple Cowley Health Centre (the main practice)

Temple Road

Oxford

# Detailed findings

Oxfordshire

OX4 2HL

Horspath Village Hall (the branch practice, opens once a month)

Oxford Road

Horspath

Oxfordshire

OX33 1RT

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and

these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by Oxford Health Out of Hours Service or after 6.30pm, weekends and bank holidays by calling NHS 111.

## Why we carried out this inspection

We undertook a comprehensive inspection of Temple Cowley Medical Group in February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

improvement. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Temple Cowley Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Temple Cowley Medical Group on 19 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused follow-up inspection of Temple Cowley Medical Group on 19 October 2017. This involved reviewing evidence that the practice had undertaken action to meet the requirements of regulations that were breached in February 2017.

During our visit we:

- Spoke with management staff.
- Reviewed care and treatment data.
- Looked at documents related to the management of the practice.

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



# Are services safe?

## Our findings

At our previous inspection in February we observed that the management of blank prescription forms for use in printers was not always managed appropriately. Some staff had not received training safeguarding children, safeguarding adult and infection control training relevant to their role. The practice was not following their own policy regarding safe and secure recording of controlled drugs.

The practice had improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

We looked at the practices training log and saw that all staff were up to date with infection control and safeguarding children and adults. A section of a staff meeting had been used to provide additional infection control training on hand hygiene, since the last inspection.

We reviewed the process for distributing blank prescriptions around the practice. When a box of prescriptions was taken into a consultation room the

practice noted the start and end serial numbers within the box. This ensured that if any blank prescriptions went missing the practice could identify the boxes from which they went missing. Regular stock checks were undertaken to ensure that if any boxes went missing from the store they could be identified. There were automatic locks and door closers on doors on the consultation rooms and store which ensured that when doors were closed no one could enter without authorisation on their staff key fob.

The system for checking and recording the stock of controlled drugs was consistent and ensured double checking was recorded, including a check by a GP. There were six monthly stock checks of the controlled drugs. We saw the records matched the stock of controlled drugs stored.

Cleaning checks had been introduced by the cleaning contractor since the last inspection. These covered specific areas in the practice and we saw they were frequently used to assess cleaning levels in addition to the practice's own monitoring system. Blinds which previously required periodic washing to ensure they remained hygienic, had been replaced with easily cleaned vertical blinds.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection in February 2017, the practice had failed to improve waiting times which had been highlighted as a concern at our previous inspection at the practice in 2016. The patients and staff we spoke with on the day of inspection informed us they had not seen any significant improvement in the last six months. Access for disabled patients was limited in some areas of the practice owing to the age and structure of the building.

The practice had improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing responsive services.

### Access to services

There had been ongoing monitoring of appointment waiting times since our previous inspection. This resulted in proposed actions to improve waits for patients. These included:

- Reviewing which individual GPs ran late and actions to help them reduce their wait times.
- Improved signposting at reception to help receptionists allocate patients to the correct clinicians.

In July 2017 the GP national survey results showed improvement from the previous year on waiting times and appointment booking.

- 49% of patients reported usually waiting 15 minutes or less after their appointment time to be seen compared to the national average of 64% and local average of 62% (an improvement of 15%).
- 54% of patients reported they do not normally have to wait too long to be seen compared to the national average of 58% and local average of 57% (an increase of 23%).
- 74% of patients described their experience of making an appointment as good compared to the national average of 73% and local average of 80% (an improvement of 9%).

These improvements had been made at a time when the practice's patient list had seen an increase of approximately 200 registered patients due to another local practice needing to temporarily close their list to new patients.

To identify improvements which may assist patients with limited mobility the practice had undertaken an accessibility audit. There was ongoing planning with commissioners regarding the installation of automatic doors.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection in February 2017 we found governance monitoring of specific areas required improvement, such as monitoring of appointment booking system, long waiting times and management of blank prescription forms for use in printers.

The practice had improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

The practice responded to CQC findings to improve their systems and governance. For example:

- Feedback regarding staff who did not always feel communication about decisions or changes was good, led to discussion with the whole staff group about reporting concerns. The practice used their six monthly

whole practice team meeting to ask staff if they felt they could report concerns and reiterated that internal reporting of concerns was encouraged by the leadership. Alongside this a new system for reporting significant events had increased the number recorded.

- Risks identified at the last inspection regarding medicines' management, blank prescription forms and infection control had been mitigated by improved monitoring systems.
- The system for reviewing and acting on patient correspondence had improved and we saw that the workflow of clinical letters and correspondence was well managed.
- There was an ongoing review and actions planned to further improve the patient waiting times prior to appointments. This had already resulted in improvements to patient feedback regarding waiting times.