

Dr Robertson and Partners

Quality Report

Marcham Road Health Centre

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Robertson and Partners, also known as Marcham Road Family Health Centre, on March 30, 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to patient safety alerts encompassing all clinical areas, cleanliness in clinical areas, and some aspects of medicine management in the dispensary.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The practice had proactively sought feedback from patients and had an active patient participation group.
- Governance procedures were found to require improvement to ensure that procedures were effectively implemented and monitored, and to allow partners to have appropriate time to focus on non-clinical duties, such as complying with CQC registration requirements.

The areas where the provider must make improvements are

- Review governance procedures to ensure that risk assessments are undertaken and policies put in place to include Legionella.
- Review cleaning procedures to ensure appropriate cleaning is undertaken in all clinical areas.
- Ensure all patient safety alerts are circulated in the practice and actions taken recorded.
- Undertake a review of dispensing systems and processes to minimise risk to patients.

- Risk assess the home delivery of medicines to ensure safe storage, transport and dispensing of medicines.
- Review training for all staff working in the dispensary.
- Review regular and robust checks on controlled drugs.

In addition the provider should:

- Review the process for identifying carers in order to increase the number of patients identified as carers and provide additional support.
- Work to increase the number of patients with a diagnosed mental health condition attending for annual review.
- Review access to appointment for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events, and lessons were shared to make sure action was taken to improve safety in the practice.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong we saw evidence that these were discussed, however lessons learned were not communicated widely enough to support improvement
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe
- The cleaning of clinical areas was not monitored effectively. Dust was found in treatment rooms, including the room where minor operations were undertaken.
- The practice was not signed up to receive appropriate patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), meaning that it was not taking appropriate actions for safety alerts relating to medical equipment and medicines.
- In the dispensary, we found that the controlled drug stock was not checked monthly[LR1], there was no risk assessment or documented procedure in place for the delivery of medicines to patients' homes to ensure the safe movement of medicines. Reception and administration staff working in the dispensary were not receiving competency assessments.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. One GP partner was the diabetes lead for Oxford CCG, and the practice had been an early implementer of a care planning approach to patients with diabetes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 held regular governance meetings.
- There were a number of policies and procedures to govern activity, but some of these needed reviewing. A number of policies were newly created and needed further time to be embedded within the practice. For example, those related to medicines management, risk assessments and cleaning schedules.
- There was an overarching governance framework which supported the delivery of the strategy and care. However, this required improvement, including arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a focus on learning and improvement at all levels.

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 was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The dispensary ran a home delivery service for prescriptions, although this was not risk assessed regarding the movement of medicines.
- There was a dedicated telephone line for care homes to contact the practice with concerns about residents at risk of hospital admission.
- The PPG was working to set up a virtual group to seek views of housebound patients.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetic patients were empowered in decision making through the use of care plans. The in-house expertise of a GP who was the Oxfordshire CCG lead for diabetes. This meant that patients with Type 2 diabetes, where the pancreas doesn't produce enough insulin, could have insulin added to their treatment without a referral to secondary care. The practice's results for management of patients with diabetes were above the national average, in particular for the management of blood pressure, where the practice achieved 91% for patients with a reading below 140/80 compared to a national average of 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Equipment was available for loan to patients to assist in monitoring and managing long-term conditions at home, including blood pressure monitors, nebulisers and glucose monitors.

Families, children and young people

The provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 patients who had a high number of accident and emergency attendances. The practice held quarterly multi-disciplinary meetings to review children identified as at risk, and regularly liaised with health visitors to share information.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 79% of patients diagnosed with asthma had a review of their condition in the last 12 months, compared to the national average of 75%
- 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.
- 97% of female patients aged 25 to 64 had attended for cervical screening within the target period, compared to a national average of 82%.
- Appointments were available outside of school hours, and lunchtime and evening appointments were available for child immunisations.
- The premises were suitable for children and babies, with a child-friendly play area in the waiting room.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including appointment booking, prescription ordering and an update form for contact details and basic medical information, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to book telephone consultations with their own GP for some medicine reviews, results and advice.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers, those with a learning disability and vulnerable families.
- The practice offered longer appointments for patients with a learning disability and annual reviews with their own GP. It also offered longer and flexible appointments to other vulnerable patients when beneficial
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed 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.
- Patients identified as at risk of misusing medicines were provided with prescribed medicines weekly.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 88% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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, counselling services and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages, 238 survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 69% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 79% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 76%.
- 81% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.

- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 82% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received, describing staff as helpful, friendly and professional, and providing a supportive, caring and accommodating service.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test results showed that 72% of patients would recommend this surgery to someone new to the area.

Areas for improvement

Action the service **MUST** take to improve

- Review governance procedures to ensure that risk assessments are undertaken and policies put in place to include Legionella.
- Review cleaning procedures to ensure appropriate cleaning is undertaken in all clinical areas.
- Ensure all patient safety alerts are circulated in the practice and actions taken recorded.
- Undertake a review of dispensing systems and processes to minimise risk to patients.
- Risk assess the home delivery of medicines to ensure safe storage, transport and dispensing of medicines.

- Review training for all staff working in the dispensary.
- Review regular and robust checks on controlled drugs.

Action the service **SHOULD** take to improve

- Review the process for identifying carers in order to increase the number of patients identified as carers and provide additional support.
- Work to increase the number of patients with a diagnosed mental health condition attending for annual review.
- Review access to appointment for patients.

Dr Robertson and Partners

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, two additional CQC inspectors, a practice nurse specialist adviser, a practice manager specialist adviser and a pharmacist inspector.

Background to Dr Robertson and Partners

Dr Robertson and Partners, more commonly known as Marcham Road Family Health Centre, provides GP services to more than 12,200 patients in the south Oxfordshire town of Abingdon and local villages. The area has an estimated low level of socio-economic deprivation and the population is considered to have a slightly above average life expectancy and a very low level of unemployment. Local ethnicity data shows a lower than average white British population with 6% of patients whose first language was not English. The practice has higher numbers of patients aged 40 to 69 than the national average, and fewer aged 20 to 39. It has slightly more patients with long-standing conditions than the CCG average.

The practice has six partners and two salaried GPs, five are female and three male, with two GPs in training, three nurses, two health care assistants and a dispenser. The practice is also a training practice for new GPs. It has a practice manager and deputy, nine administration and reception staff, two secretaries and a person employed to scan letters

Marcham Road Family Health Centre is a purpose-built two storey building It has flat access to the entrance and an

automatic entrance door leading to a reception area and waiting room. There are 11 consulting rooms, four treatment rooms and an additional treatment room dedicated for minor surgical procedures. They are all accessible from the waiting area. There are patient toilet facilities including a toilet for patients with a disability and baby change facilities. The reception area has a high desk front to assist with patient record privacy, and a nearby private booth for confidential conversations.

The surgery is open from 8.30am to 6.30pm Monday to Friday, with appointments available from 8.50am to 11.30am and 2pm to 5.50pm. It has not opted to be funded by NHS England to provide an extended hours enhanced service owing to its location next to Abingdon Community Hospital, where the local out of hours GP service is based. This service is provided by Primary Medical Ltd, and is accessed by calling the NHS 111 telephone number.

Dr Robertson & Partners was initially inspected by the CQC for rating in February 2015, and rated as Requires Improvement in the domains of Safe and Well Led, resulting in an overall rating of Requires Improvement. It was found to be Good in the other domains of Caring, Effective and Responsive[PT1] . The report for this inspection can be found at www.cqc.org.uk/sites/default/files/new_reports/AAAC3297.pdf

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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 26 February 2015 and was rated as requires improvement for the safe and well-led domains. It was rated as good for the provision of effective, caring and responsive services.

Following the February 2015 inspection, the practice was found to be in breach of two regulations of the Health and Social Care Act 2008. Requirement notices were set for the regulations relating to the unsafe use and management of medicines and good governance. There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on March 30, 2016. During our visit we:

- Spoke with a range of staff including four GPs, two nurses, a healthcare assistant, the practice manager and deputy practice manager, the dispenser, receptionists and administration staff.
- Spoke with patients who used the service and a member of the Patient Participation Group.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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).

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

When we inspected the practice in February 2015 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, some actions relating to fire safety and medicines management did not reflect national guidelines in relation to safe practice. Expired medicines were not disposed of in line with national guidance, Patient Group Directives were not authorised for use in the practice, blank prescriptions were not stored securely and controlled drugs (CD) checks were not accurate and did not match the CD records. The practice was unable to provide an up to date fire risk assessment, some staff did not have accurate records of their basic life support training.

The practice submitted an action plan that outlined the improvements they were planning to make, which ensured the requirements relating to the regulations were being met. At this inspection, we found improvements had been made but further improvements were required.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. The practice gave an example of when a pregnant patient had not received an appropriate blood test. As a result, the practice produced a checklist of ante-natal tests required, and after sharing this with the clinical commissioning group (CCG), it was incorporated in local guidance.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

During the inspection, we discovered that the practice had not signed up to receive relevant patient safety alerts, which meant that some patients may have been at risk of unsafe prescribing. The practice registered for these alerts during the inspection.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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. All GPs and nursing staff were trained in Child Safeguarding level three, non-clinical staff to level one, and all staff had received adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. Only nursing staff acted as chaperones. They were trained for the role and had received a Disclosure and Barring Service check (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.
- 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 practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions, which are documents permitting the supply of prescription-only medicines to groups of patients without individual prescriptions, had been adopted by the practice to allow nurses to administer medicines in line with

Are services safe?

legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse was on the premises.

- Medicines were stored neatly and logically within a secure dispensary, there were processes in place to ensure that the medicines were safe to administer and supply to patients. There was an efficient stock ordering system and stock was date checked regularly so that expired medicines were removed from stock. Unwanted medicines were disposed of in pharmaceutical waste bins in line with regulations.
- Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the dispensary. However, we did not see evidence that all controlled drugs were stock checked monthly by two members of staff. This did not comply with the practice's controlled drug policy.
- The practice provided a medicine delivery service every Tuesday and Friday. There was no risk assessment or procedure in place for the home delivery of medicines to patients.
- The main dispenser had suitable training and qualifications to undertake their role. Other reception and administration staff worked as dispensing assistants. A dispenser told us that staff undertook training before working in the dispensary. However, there was no evidence of competency assessments undertaken for these staff, who often worked in the evening unsupervised.
- Blank prescriptions were stored in the administration office which was only accessible to practice staff. The provider had introduced a policy in March 2016 to monitor and track blank prescription stationery. However, it was too soon to assess if the process was safe and effective.
- A treatment room and adjacent minor operations room was found to be in poor repair with evidence of dust, which indicated that cleaning standards were not being effectively monitored or audited. The carpet in the waiting area was stained; however, the practice informed us that this was soon to be replaced, along with the flooring in consulting rooms. 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 infection control

protocol in place and staff had received up to date training. Annual infection control audits were undertaken; however we saw from the last one that no actions had been identified.

- We reviewed three personnel files and found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Most risks to patients were assessed and well managed. However, we viewed some risk assessments which were of limited detail.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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. The practice did not have a separate legionella risk assessment aside from a brief mention in the overall health and safety risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. However, there was only one trained dispenser. When they were not on duty, their role was covered by reception and administration staff.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 12% exception reporting, which was above the clinical commissioning group (CCG) average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators (99%) was better than the CCG (89%) and national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests (85%) was similar to the CCG (81%) and national average 80%.
- Performance for mental health related indicators (100%) was better than the CCG (95%) and national average (88%).

The QOF exception reporting rate for patients with diagnosed mental health conditions was 25%, which was considerably higher than the CCG average of 11%

and national average of 11%. The practice said that they sent three invitations for patients with mental health conditions to attend for review before they excepted them from the QOF review process.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the "stepping down" of dosage for a number of patients on high dose asthma medicine on the basis of the side effects of long-term steroid use. In the second audit cycle, it was found that 21% of patients on one type of inhaler had successfully had their dosage reduced following review.

Information about patients' outcomes was used to make improvements such as ensuring that all women having coils fitted were asked if they wanted to be recalled to have it changed after five years, and on agreement, a recall date entered into their notes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, reception staff working

Are services effective?

(for example, treatment is effective)

in the dispensary had limited training to undertake that role, and were not receiving competency assessments to ensure that they were working to the practice's standards of practice.

- 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 their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.
- The practice was a GP training practice, and had previously successfully supported learners who had struggled in other environments to become qualified GPs.

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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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

Staff sought patients' consent to care and treatment 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. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support.
- 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. Patients were then signposted to the relevant service.
- All new patients were given an initial consultation including lifestyle assessment and advice, blood pressure and weight checks, foot examination and blood test.
- The practice's uptake for the cervical screening programme was 97%, which was well above the local CCG average of 83% and the national average of 82%, but with an exception rate of 16%, which was considerably above CCG and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice also encouraged its patients to attend national screening programmes for

Are services effective? (for example, treatment is effective)

bowel and breast cancer screening, 75% of female patients aged 50 to 70 had been screened for breast cancer in the last three years compared to the CCG average of 75% and the national average of 72%. 60% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 59% and the national average of 58%.

Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates given to under two year olds ranged from 92% to 99% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 10 patient Care Quality Commission 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 spoke with one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 felt they were treated with compassion, dignity and respect. The practice was broadly above the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% 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 to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

However, feedback from patients regarding how helpful reception staff were was lower than the CCG and national averages.

- 79% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 79% 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 82%.

However, feedback from patients regarding the nurses involving them in decisions was lower than the CCG and national averages.

- 75% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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.

Are services caring?

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. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. One of the partners was the current lead for the Abingdon Federation of GP practices, which is looking to develop areas of collaborative work such as care home support and the joint employment of a clinical pharmacist.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice held regular multi-disciplinary team meetings with other agencies for palliative care, mental health and vulnerable children.
- Other reasonable adjustments were made and action when patients found it hard to use or access services, such as the installation of barriers at the request of the Patient Participation Group to protect the practice's car park for use of its own patients, and a bell at the front entrance for patients who required assistance with access.
- However, we noted that there was no lower area at the reception desk for wheelchair users.

Access to the service

The practice was open between 8 am and 6.30pm Monday to Friday. Appointments were from 8.50am to 11.30am every morning and 2pm to 5.50pm every afternoon. The practice had not opted to offer Extended Hours as an NHS England-funded Enhanced Service as part of its General Medical Services Contract. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 69% of patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 61% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 67% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with forms available at reception and in the waiting room, and via a link on the practice website.

We looked at seven complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient missed an appointment booked on the website by the practice because they had been informed by automatic email rather than a telephone call. Staff were made aware to use the special booking option when booking a web slot on behalf of patients so that a confirmation email would not be generated, and to telephone patients instead to inform them of the appointment.

Are services well-led?

Requires improvement 

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

Our findings

When we inspected the practice in February 2015 we observed that the governance processes and systems to manage risk and patient safety required improvement.

The practice submitted an action plan that outlined the improvements they were planning to make, which ensured the requirements relating to the regulations were being met. At this inspection, we found improvements had been made but further updates and changes were required.

Vision and strategy

The practice 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, governance processes in relation to delivery of safe services and managing risk was inconsistent.

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always operated consistently. For example, the practice had not identified that it was not receiving MHRA drug alerts, thereby putting patients potentially at risk.
- A legionella risk assessment had been undertaken. However, regular water temperature testing had not been implemented.
- The cleanliness of the practice required improvement as we found clinical rooms which required repairs to flooring and dust and in some areas.
- Controlled Drug checks were not operated effectively and in line with the practice's own policy.

- Training for staff working in the dispensary was provided. However, this was limited and there was no evidence of competency based assessments having been undertaken.
- The home delivery of patients' medicines was not documented in a procedure or risk assessed to ensure the safe storage, transport and dispensing of medicines.
- The percentage of respondents to the GP Patient Survey who were satisfied with telephone access to the practice was 69%, compared to a national average of 73%

Some elements of the governance framework 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice prioritised quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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.

The practice management team and partners had identified appropriate lead and management roles for each of the partners. However, the GPs had not always allowed themselves protected time to undertake these roles effectively. Partners have particular responsibilities within the practice and needed to ensure that they have sufficient time for these. This includes the identified issues in Safe of this report concerning the clinical quality provided to patients.

At the last inspection the practice was asked to provide an action plan in relation to the concerns raised. The action plan covered the improvements highlighted in the report but a full review of compliance against the regulations had not taken place, and so further breaches of regulation were identified at this inspection.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and

through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had supported the installation of barriers and the use of fines to minimise the misuse of the car park by people who were not patients of the practice. It had also requested and approved the practice's purchase of 12 blood pressure monitors for home use, and a water cooler for the waiting room, and had proposed that an information screen be installed in the waiting area.

- The practice had gathered feedback from staff 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Several GPs had undertaken specialist training to enable them to provide additional services including dermoscopy for the early identification of types of skin cancer and benign lesions and urology for the management of obstructive lower urinary tract symptoms and erectile dysfunction.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It had been one of the first practices in Oxfordshire to start a formal care planning approach to diabetes, led by one of the GPs and a practice nurse. After an initial consultation patients received their test results in a leaflet with an explanation, before attending a care planning appointment to jointly identify priorities and follow-up requirements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• Cleaning of clinical areas was not monitored effectively, with dust found in treatment rooms, including the room where minor operations were undertaken.• National patient safety and medicines alerts were not systematically received and shared with the team.• A full legionella risk assessment had not been undertaken, and water temperature was not being tested• The controlled drug stock was not being checked on a regular basis and were not recorded accurately.• There was no risk assessment or procedure in place for the safe storage, transport or dispensing of medicines being home delivered to patients• There were no competency checks for reception staff working unsupervised in the dispensary. <p>This was in breach of Regulation 12(1) and (2)(a)(b)(c)(d)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <ul style="list-style-type: none">• Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.• The systems in place did not enable the registered person to assess, monitor and improve the quality and safety of services provided in carrying out the regulated activity.• The systems were not in place to allow the registered person to assess monitor and mitigate risks relating to the health, safety and welfare of services users and others who may be at risk which arise from carrying out the regulated activity. <p>This was in breach of regulation 17 (1) and (2)(b)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>