Chipping Norton Health Centre

Quality Report

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Date of inspection visit: 4 May 2016
Date of publication: 06/07/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 Chipping Norton Health Centre on 4 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

We saw several areas of outstanding practice, including:

- The practice ran clinics and group sessions for patients with addictions which was open to patients from a number of local practices. The sessions were run by the practice alongside support workers from a local

Summary of findings

drug and alcohol agency, and the GPs had access to an expert substance misuse clinician who could be contacted when required. The practice was in discussion with the CCG to expand this service and allow patients from practices in the wider area to attend.

- Patients in the Chipping Norton area received enhanced support for their end of life care needs. This was provided by a charity which the partners of the practice had created and continued to support. Since April 2015, 30 patients had been supported by the charity, for a total of 1,425 nursing hours.

The areas where the provider should improve are:

- Review the long term conditions recall systems and procedures to ensure that patients who are not attending health review appointments to manage their long term conditions are given wider opportunities to engage with health care provision.
- Ensure all staff appraisals are completed by October 2016 and annual appraisals take place thereafter.
- Ensure that employee records are updated to reflect training and DBS checks undertaken at the two previous practices prior to the merger in April 2015.
- Ensure repeat prescription reviews are undertaken within the defined timescales to ensure medicines for patients are still appropriate for their care and treatment.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The latest published QOF data for the practice relates to one of the previous practice's results for 2014/15. However, the practice was able to provide the inspection team with its collated data for 2015/16, and this was used as an indicator of the quality outcomes for patients at this inspection.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was evidence of personal development plans for all staff. However, non-clinical staff had not received appraisals since the practice merger in April 2015. A new structure of staff management has been implemented with a schedule of appraisals due in April/May 2017.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- 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.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. This included piloting a CCG project to integrate community nursing care for patients with long-term conditions. The practice ran addictions clinics and groups which were attended by patients from other local practices. It also supported a local charity which provided free end of life care in the Chipping Norton area.
- There were innovative approaches to providing integrated patient-centred care. This included running a daily walk-in clinic for patients requiring urgent GP consultations or to see a nurse prescriber for minor illnesses.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. This included part-funding a volunteer shuttle bus scheme to improve access from the town centre to the health centre.
- The practice had also launched a diabetes community outreach programme, and had involved an expert patient in steering this project.
- Patients could access appointments and services in a way and at a time that suits them. The practice offered protected GP consultation slots for patients with long-term conditions so that they could see their usual GP about acute issues within 24 or 48 hours rather than the duty GP in the walk-in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included 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 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 was active.
- There was a strong focus on continuous 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

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, including blood tests and reviews of long-term conditions, and urgent appointments for those with enhanced needs.
- The practice provided support to a number of local care and nursing homes, with an allocated GP who visited for weekly ward rounds.
- Patients in the Chipping Norton area received enhanced support for their end of life care needs. This was provided by a charity which the partners of the practice had help to create and continued to support. Since April 2015, 30 patients had been supported by the charity, for a total of 1,425 nursing hours. The practice had 50% funded a community volunteer bus service to help less mobile patients access the health centre and adjacent community hospital.

The practice had identified 4% of its patients as carers for other family members, and had links with the local carers' association, as well as with the Citizens' Advice Bureau which held sessions on site.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes management indicators were comparable to national averages, with 96% of patients newly diagnosed with diabetes in the last 12 months being referred to a structured education programme within nine months of diagnosis, compared to a CCG average of 95% and a national average of 90%.
- The practice had launched a diabetes community outreach programme, and recently held its first education event, with a view to getting more patients with diabetes involved in clinical research and improving their management of the condition.

Summary of findings

- The practice offered protected GP consultation slots for patients with long-term conditions so that they could see their usual GP about acute issues within 24 or 48 hours rather than the duty GP in the walk-in clinic.
- The practice was piloting a CCG project to integrate community nursing care for patients with long-term conditions by co-ordinating the work of the practice team with district nurses.
- Longer appointments and home visits were available when needed.

All these patients 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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Eighty five per cent of female patients aged between 25 and 65 had a cervical screening test in the past five years, compared to a CCG average of 83% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children attending the walk-in clinic for urgent appointments were prioritised.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

Summary of findings

- 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 offered a total of seven hours of evening consultations midweek, with the hours varying on a rotating basis to offer more patient choice. Telephone consultations were available for those who could not easily attend in person.
- The practice was proactive in offering online services including appointment booking and repeat prescription ordering, as well as a full range of health promotion and screening that reflects the needs for this age group.
- It ran a number of clinics including for smoking cessation, counselling, addictions and well person health.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals 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.
- The practice ran addictions clinics and group sessions which were attended by patients from a number of local practices. The practice was in discussion with the CCG to expand this service.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Ninety one per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.

Summary of findings

- 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 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.

The practice was in the process of working with a local green gym conservation group to support the physical and mental health of participants.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 25 comment cards all of which were positive about the standard of care received, particularly about the caring, friendly and professional nature of staff. Recent changes arising from the practice merger and move of location resulted in a mixed response regarding the health centre's edge of town location and the walk-in clinic for emergency GP appointments, which had recently replaced the previous booking system for on-the-day appointments.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Ninety three per cent of respondents to the practice's Friends & Family Test said that they would recommend the practice to someone new to the area.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should improve are:

- Review the long term conditions recall systems and procedures to ensure that patients who are not attending health review appointments to manage their long term conditions are given wider opportunities to engage with health care provision.
- Ensure all staff appraisals are completed by October 2016 and annual appraisals take place thereafter.
- Ensure that employee records are updated to reflect training and DBS checks undertaken at the two previous practices prior to the merger in April 2015.
- Ensure repeat prescription reviews are undertaken within the defined timescales to ensure medicines for patients are still appropriate for their care and treatment.

Outstanding practice

We saw several areas of outstanding practice, including:

- The practice ran clinics and group sessions for patients with addictions which was open to patients from a number of local practices. The sessions were run by the practice alongside support workers from a local drug and alcohol agency, and the GPs had access to an expert substance misuse clinician who could be contacted when required. The practice was in discussion with the CCG to expand this service and allow patients from practices in the wider area to attend.
- Patients in the Chipping Norton area received enhanced support for their end of life care needs. This was provided by a charity which the partners of the

practice had helped to create and continued to support. Since April 2015, 30 patients had been supported by the charity, for a total of 1,425 nursing hours.

Chipping Norton Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist advisor, a pharmacist specialist advisor, and an Expert by Experience.

Background to Chipping Norton Health Centre

Chipping Norton Health Centre provides GP services to nearly 15,000 patients in the Cotswolds market town of Chipping Norton. It was opened in April 2015 when the town's previous two GP practices merged to form the current practice. The practice has nine GP partners, six female and three male, along with three female salaried GPs and two locum GPs, equivalent to 7.3 whole time GPs. There are six practice nurses, equivalent to 4.5 whole time equivalent nurses, five healthcare assistants and six dispensary staff. There is also a business manager, medical secretaries, and administration, reception, finance and quality monitoring staff. The practice is a training and teaching practice for trainee GPs and medical students. There is a pharmacy attached to the surgery, and practice staff work within it to provide a dispensing service to patients.

The practice serves the town of Chipping Norton and surrounding villages in an area with a low level of deprivation and a mainly white British population, with life expectancy and prevalence of long-term health conditions in line with national averages. It also provides Local Enhanced Services to a number of care and nursing homes, including those supporting people with dementia, and to three schools, including one for children with social, emotional or behavioural difficulties.

The practice is based at Chipping Norton Health Centre, which is located on the outskirts of the town. The three story building, which is owned by the practice, provides rented space to a number of other health services. It has two lifts, designated disabled parking spaces and ramp access. There are 33 consulting rooms, some of which are rented to other health services, four treatment rooms and a minor operations room. There is also a large meeting room which is used for group sessions such as addiction support. The surgery has baby changing facilities, a confidential room which can be used for breastfeeding, a toilet for people with disabilities, and a lower reception desk area for wheelchair users. There is a 100 hour community pharmacy owned by the practice on site, which provides dispensing services to patients who live more than one mile from a pharmacy.

The practice is open from 8.30am to 6.30pm Monday to Friday, with GP appointments available between 8.30am and 11.10am, and between 2.30pm and 6pm. A total of seven hours' evening appointments are offered midweek, with the hours varying on a rotating basis to widen patient choice. An out of hours GP service is provided by Oxford Health, and is accessed by calling the NHS 111 telephone number. From 8am, when the out of hours service ends, until the surgery opens at 8.30am, urgent telephone calls received by the practice are directed to the emergency duty GP from the practice.

Detailed findings

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 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.

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 4 May 2016. During our visit we:

- Spoke with a range of staff, including six GPs, four members of the nursing team, dispensary staff, the business manager and non-clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Good

Are services safe?

Our findings

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a number of patients not receiving an appointment date within two weeks of a hospital referral, the practice introduced a log to monitor referral timescales. It also sourced a patient information leaflet which is now given to all referred patients with contact information and advice about what to do if they do not receive an appointment date within two weeks.

Medicine safety alerts were received by the dispensary manager and business manager, but the process of disseminating these to the GPs was unclear. The practice responded to the findings on inspection by immediately putting in place a protocol to ensure that all relevant alerts were shared with clinicians.

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. These arrangements reflected relevant legislation and local requirements. 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. GPs were trained to child protection or child safeguarding level three, and nurses and healthcare assistants were trained to level two. All clinical staff had received appropriate adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. On the day of the inspection, we were told that the practice only used nursing staff in chaperone roles, but we spoke with three members of non-clinical staff who had been trained and risk assessed prior to the practice merger and had acted as chaperones since the new practice had opened on a few occasions. Whilst they had received DBS checks at the old practice, these had not been entered on their employee records on practice merger. (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 practice responded to the findings of the inspection by ensuring the receptionists would not perform chaperone duties until their DBS checks had been confirmed and further training undertaken. The chaperone policy was reviewed and updated to clarify that if a nurse or healthcare assistant was not available to undertake chaperone duties, then a receptionist who had been trained, risk assessed and received a DBS check could only undertake the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received up to date training. A recent infection control audit had been completed.

Good

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We found two patient records which showed that repeat prescriptions had continued to be dispensed beyond the review date or above the maximum number indicated, without dispensary staff querying this with the prescribing GP. The practice responded to the findings of the inspection team and undertook an immediate review of the number of patients overdue their medicine review.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 and legionella (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 enough staff were on duty.
- Medicine safety alerts were received by the dispensary manager and business manager, but the process of disseminating these to the GPs was unclear. The practice has responded on the day of the inspection by putting in place a protocol to ensure that all relevant alerts are shared with clinicians.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.

Good

Are services safe?

- 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 stored securely.

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.

Good

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 latest published QOF data for the practice relates to one of the previous practice's results for 2014/15. However, the practice was able to provide the inspection team with its collated data for 2015/16, and this was used as an indicator of the quality outcomes for patients at this inspection.

The most recent published results were 99% of the total number of points available, which was above the CCG average of 97% and the national average of 95%. This practice was not an outlier for any QOF (or other national) clinical targets.

The most recent QOF data showed that 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 (100%) was better than the CCG (81%) and national average 80%).
- Performance for mental health related indicators (100%) was better than the CCG (95%) and national average (88%).

There was 6% exception reporting, which was below the clinical commission 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).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last year, two of these were completed audits 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, a recent audit was undertaken of patients receiving repeat prescriptions of co-proxamol, an analgesic used to treat pain and inflammation, as the practice had identified that this was against medicine safety guidelines. All affected patients had their medicines reviewed and were prescribed alternative medicines where appropriate. At re-audit, it was found that no patients were currently using the analgesic, and no prescriptions had been issued for it in the preceding four months.

Information about patients' outcomes was used to make improvements. An audit of the removal of contraceptive coils resulted in improved advice given to patients about what to expect after having a coil fitted. As a result, on re-audit, it was found that the number of coils requiring removal had reduced.

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. This 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, members of the nursing team had undertaken training and updates in leg ulceration management, venepuncture, immunisation and travel vaccinations, asthma and cervical cytology.
- 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.

- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Each member of the nursing team was partnered with a GP for clinical support and guidance.
- All clinical staff had received an appraisal within the last 12 months. The non-clinical staff had not received an appraisal since the new practice had opened in April 2015, but the business manager, who had joined the practice in late 2015, had set a programme of appraisals to take place in April/May 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included risk assessments, care plans, medical records and investigation and test results.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 people, 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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A number of clinics were run on site, including a minor ailments clinic run by the nurse prescriber, to reduce the likelihood of these patients requiring a GP appointment. Other clinics included those for addictions, asthma, counselling, smoking, diabetes and leg ulcer treatment. Patients were also signposted to other relevant services when appropriate.

The practice's uptake for the cervical screening programme in the last five years was 85%, which was comparable to the CCG average of 83% and the national average of 82%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening

Good

Are services effective?

(for example, treatment is effective)

programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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.

Good

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 25 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 two members of the patient participation group (PPG). 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.

Feedback from patients of the practice and those who cared for them was continually positive about the way staff treat them. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

  95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Care and services for patients were person centred and their personal, cultural and social needs were taken into account. For example, the practice had considered the needs of their patients to ensure cross sections of the practice population could receive safe care and treatment. This included those who were vulnerable, housebound or had difficulties in accessing the service with no transport.

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 from 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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language, and the practice had access to a telephone language line
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 551 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them, and the practice had links with the local carers' association as well as the Citizen's Advice Bureau, which held sessions on site

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.

Outstanding ☆

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. The practice was piloting a CCG project to integrate community nursing care for patients with long-term conditions, set up by its local federation of GP practice. The project involved the practice, district nurses and other healthcare teams including Hospital at Home, the Early Visiting Service, the Care Home Support Service and the local palliative care charity using a single care record and unified care plan, along with multi-agency meetings to discuss cases and education sessions for both teams of nurses to learn more about each other's work.

- Six months after the new practice opened, the practice had evaluated its appointment system, and as a result, in January 2016, it had launched a daily walk-in clinic for urgent consultations. This is in addition to the bookable routine appointments. Patients did not have to phone ahead, and on attending the practice between 8.30am and 10.30am they would be seen by a healthcare assistant who would direct them to the duty GPs or nurse prescriber. Children attending the clinic were prioritised for consultation. The clinic was initially run as a pilot, and after evaluation of patient feedback, it was continued.
- The nurse prescriber was employed to deal with minor illnesses during the walk-in clinic, after it was found that 40% of patients attending met these criteria.
- The practice provided protected GP consultation slots for patients with long-term conditions suffering acute issues, so that rather than attending the walk-in clinic, they could have extended appointments with their usual GP at 24 or 48 hours' notice.
- The practice had launched a physiotherapy triage, treatment and advice clinic after identifying that 15% of patients requiring on the day appointments were presenting with musculoskeletal issues. The clinic was a private service subsidised by the practice, and it had found that 60% of patients attending were dealt with effectively in one consultation, reducing the number of hospital referrals.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Healthcare assistants carried out home visits to undertake blood tests on patients meeting these criteria.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, two patient access lifts, a hearing loop and translation services available.
- The practice had launched a diabetes community outreach programme, and recently held its first education event, with a view to getting more patients with diabetes involved in clinical research and improving their management of the condition. Fifteen patients had attended the launch event.

The involvement of other organisations and the local community was encouraged to how the services were planned and were able to meet patients' needs.

- The practice ran addictions clinics and group sessions which were attended by patients from a number of local practices. The practice ran the sessions in conjunction with support workers from a local drugs and alcohol agency, and had access to a specialist clinician for advice when required. The practice was in discussion with the CCG to expand this service.
- The practice provided support to a number of local care and nursing homes, with an allocated GP who visited for weekly ward rounds.
- Patients in the Chipping Norton area received enhanced support for their end of life care needs. This was provided by a charity which the partners of the practice had helped to create and continued to support. Since April 2015, 30 patients had been supported by the charity, for a total of 1,425 nursing hours. The practice was involved in the development of a local "green gym" project to support participants' physical fitness and mental wellbeing through carrying out conservation activities. It was also developing plans to employ an activities co-ordinator to provide support for elderly people living alone in the community.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had provided 50% of funding for a community volunteer bus service to help patients access the health centre and adjacent community hospital. It was in the process of supporting the recruitment of enough volunteers to ensure that the service could be run on a daily basis, and had amended the route to improve access for some patients with limited mobility who wished to use it.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday, with GP appointments available between 8.30am and 11.10am, and between 2.30pm and 6pm.In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them via the daily walk-in clinic which was held every morning.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%).

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 to ensure improvements were made as a result.

- 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

We looked at 22 complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a patient's complaint about a procedure, the practice apologised, reviewed training, and reminded staff to ensure that procedures were full explained before patient consent was sought. The practice had started to record all verbal complaints where the patient did not wish for any further action to be taken, in order to identify and respond to trends.

Are services well-led?

Good

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

Our findings

Vision and strategy

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.
- The practice was working to develop more of its GPs as trainers, and to host a wider range of learners, including practice nurses and managers. It was in discussions with a university about supporting the training of physician associates.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had responded to issues arising from problems in its hospital referral system by introducing a monitoring log and providing patients with improved information about the process.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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.
- 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 and supported in doing so.
- 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. Staff told us that they had felt involved in the practice merger, with a number of joint meetings held prior to the new practice for the teams to get to know each other, as well as being involved in the design and merged processes of the new practice. A staff member who had joined since the merger commented that the team had gelled so well that it was impossible to tell who used to work at which previous practice.

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

Are services well-led?

Good

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

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. In response to PPG requests and suggestions, the practice had launched the shuttle bus service, changed the walk-in blood test clinic back to booked appointments, and improved signage around the surgery.
- The practice had gathered feedback from staff through team meetings 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. Staff involved in the delivery of the walk-in clinic and other clinics said that management listened to their feedback about how these were run, and the health care assistants had recently been moved to rooms adjacent to the nurses to improve team communication.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been a hub for a recent Prime Ministers Challenge Fund pilot programme to offer eight hours of routine GP appointments at weekends.

The practice was also in discussions with other local practices about forming a cluster to improve services for patients with complex needs living in rural areas. It was also developing plans to provide support for elderly people living alone in the community.

The practice also contributed to the work of the Oxford Centre for Diabetes, Endocrinology and Metabolism, by identifying and supporting approaches to potential research participants on its patient list, and was working on an evolving role for the practice to carry out research in primary care on behalf of the centre.