

Dr Green and Partners

Quality Report

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Date of inspection visit: We have not revisited Dr Green and Partners as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.
Date of publication: 15/06/2017

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 effective?

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 Dr Green and Partners on 3 October 2016. The practice was rated requires improvement for effective services. The overall rating for the practice was good. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Green and Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 15 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing effective services.

Our key findings were as follows:

- Staff had received training pertinent to their role and responsibilities and the training policy had been updated to reflect suitable intervals for updates and further training. All GPs had received fire safety, equality and diversity and Mental Capacity Act (2005) training.
- All patients on the learning disability register had been offered an annual review.

- The practice had identified a programme of continuous clinical audit to improve services to patients.

In addition to the above we saw evidence of the practice taking action to reduce waiting times for patient appointments. The practice had added administration time to patient appointments so patients received a full 10 minutes and the GP had time to write up the patient record. This had been discussed and reviewed with the patient participation group and had commenced in May 2017. Patients who had multiple concerns or complex medical histories were automatically offered a double appointment to accommodate their enhanced needs. In addition, when a clinic was running over, the GPs would announce the delay to the waiting room over the tannoy. These initiatives had been implemented recently and were too early to measure the impact this was having on patient waiting times.

The practice had also reviewed the doorway access from the lobby and waiting room to the reception area. They had applied for funding to reconfigure the ground floor of the building to improve access for patients. The funding was secured in March 2017 and the practice was consulting with an architect, practice staff and the patient participation group to gain views on how this can be improved.

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 effective?

During this inspection we found improvements had been made to staff training, clinical audits and annual checks for patients on the learning disabilities register. Specifically the practice had;

- Updated the staff training matrix and reviewed the training policy to reflect recommended intervals between updates.
- All GPs had received equality and diversity, Mental Capacity Act (2005) and fire safety training.
- The practice showed us an ongoing programme of clinical audit including repeat cycles and CCG initiatives.
- All patients on the learning disability register had been offered an annual review.

Good



Dr Green and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review was carried out by a CQC inspector

Background to Dr Green and Partners

Dr Green and Partners is more commonly known as Cogges Surgery and is located in Witney, Oxfordshire. The practice was founded in 1991 as part of new housing development in Cogges neighbourhood. Dr Green and Partners is within Oxfordshire Clinical Commissioning Group (CCG) and provides personal medical services to approximately 7570 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Cogges Surgery, 12 Cogges Hill Road, Witney, Oxfordshire, OX28 3FS.

According to data from the Office for National Statistics, this area of Oxfordshire has a high level of affluence and minimal economic deprivation. The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly higher than average number of patients aged between 35 and 54 years of age and under 14 years of age.

Ethnicity based on demographics collected in the 2011 census shows the population of Witney and the

surrounding area is predominantly White British with less than 3% of the population from an ethnic minority background. The practice provides GP services to six local care homes.

Dr Green and Partners comprises of three GP Partners (two female and one male) and one salaried GP (female). The GPs cover a whole time equivalent (WTE) of 2.5 full time hours. The practice is currently recruiting for another GP and regular locum GPs cover an additional 1 WTE. The all-female nursing team consists of one nurse practitioner, one practice nurse, a health care assistant and a phlebotomist. The nursing team offers a WTE of 2.2 full time hours with the nurses covering 1.5 WTE. The practice manager is supported by a team of reception, administrative and secretarial staff who undertake the day to day management and running of Dr Green and Partners.

The practice has core opening hours between 8am and 6.30pm Monday to Friday. Extended hours are available for routine pre-bookable appointments every Monday between 6.30pm and 7.30pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Green and Partners on 3 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services. Overall the practice was

Detailed findings

rated as good. The full comprehensive report following the inspection on October 2016 can be found by selecting the 'all reports' link for Dr Green and Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Dr Green and Partners on 15 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Green and Partners on 15 May 2017. This involved reviewing evidence that:

- Relevant staff had now completed fire safety, equality and diversity and mental capacity act training.
- An ongoing plan of clinical audit had been implemented.
- Patients on the learning disability register had been offered an annual review.
- The practice had implemented new steps to reduce waiting times in the waiting room.
- Improvements had been made to accessibility for all patients.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing effective services as training for relevant staff, clinical audits and the uptake of annual health checks for patients with a learning disability needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 15 May 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had a programme of continuous clinical audit, including repeat cycles to be undertaken in the next 12

months and Clinical Commissioning Group initiated audits. The practice signed up to the research sites initiative in 2016 and was reviewing research programmes of interest to add to the audit schedule for 2017/18.

Effective staffing

GPs had received training in fire safety and equality and diversity and the training schedule had been updated to include recommended intervals between updates for relevant staff. Mental Capacity Act (2005) training for relevant staff had been included with safeguarding training and there was an ongoing programme to ensure all staff received update training at suitable intervals.

Supporting patients to live healthier lives

All patients on the learning disabilities register had been invited for an annual review. We saw evidence that the practice had completed 88% of these in the year ending 31 March 2017.