

# The Key Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Key Medical Practice on 3 February 2015. Overall the practice is rated as good. It requires improvement for providing safe services. The Key Medical Practice was formed when two practices merged in October 2015. As such national data used in this report from 2015 is relevant to the Kidlington Health Centre and does not relate to all patients' care. Where possible we have used more recent data and experiences of patients in this report.

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.
- Most risks to patients were assessed and well managed.

- Systems to ensure the control of infection and standards of hygiene and cleanliness were not always effective.
- Medicines were managed safely.
- 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.
- There was a system for monitoring patient care and treatment. Some national data indicators suggested improvements were needed in patient care but the practice had identified where and how to make improvements.
- 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 could make an appointment with a GP but that the phone system had been difficult to use in recent months. The practice had identified this and implemented measures to improve phone access.

# Summary of findings

- The practice had facilities 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.
- Governance arrangements were in place for non-clinical aspects of the service.
- Training delivery for staff was in the process of being improved. Staff had the skills they needed to deliver care.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Implement infection control auditing and greater monitoring of hygiene and cleanliness. Implement any infection control guidance not being followed.

The areas where the provider should make improvement are:

- continue to deliver staff training to those members of staff who have not received training in line with the practice's own programme.
- Implement care plans for mental health 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**



- The system for monitoring and following guidance related to infection control and hygiene and cleanliness was not implemented consistently.
- 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 safety incidents occurred, investigations took place and any action to improve processes was undertaken 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.
- Medicines were managed in a way that kept patients safe.
- Risks to patients were assessed and well managed.

### 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 mostly similar to the average for the locality and higher than the national average. Where performance was below average action was taken to identify improvements. Exception reporting was low.
- Medicine reviews were usually undertaken in a timely way and monitored.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and there was planning to complete audit cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had identified that not all non-clinical training had been provided to staff and there was training planned to deliver all staff training needs.
- 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.

# Summary of findings

## 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 similarly to others for several aspects of care prior to the practice merger.
- 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 confidentiality.

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 planned its services accordingly.
- Patients said they did not always find it easy to make an appointment due to the phone system but improvements had been made and additional receptionists were being employed.
- The practice had facilities and equipment 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 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 this.
- There was a 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.
- 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 acting on notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The governance framework ensured changes to patient care and services were made when necessary. There was appropriate monitoring of the service.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Care plans were available for patients deemed at high risk of unplanned admissions.
- There was access for patients with limited mobility.
- There were named GPs for this group of patients.
- Screening for conditions which patients in this population group may be at risk of was provided, such as dementia.

Good



### People with long term conditions

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

- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- The practice achieved 94% on its quality outcomes framework scores in 2015 (QOF is a voluntary monitoring tool which provides indicators for patients care, treatment and outcomes. Exception reporting was low at 3.7%.
- The care of long term conditions was audited to identify where improvements in the management of a specific condition could be made.
- Longer appointments and home visits were available when needed.
- There was a process to offer a structured review to check patients' health
- 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.

Good



### Families, children and young people

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.

Good



# Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Childhood immunisation rates for the vaccinations given to under two year olds were 94% and for three to five year olds they were 84%. This was compared to the overall CCG average of 89%.
- Staff were aware of the circumstances and rights when gaining consent from patients under 16.
- Baby changing facilities were available but these were located away from patient accessible areas. They were not clearly signed.
- GPs worked with midwives and health visitors in the provision of care.

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

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

- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were extended hours appointments available which had been tailored to patient demand.
- Patient feedback on the availability of appointments from the national survey was positive but this was based on survey data prior to the merger of the two practices. Changes had been made to the telephone system and reception staff numbers in response to patient feedback on the appointment system.
- Phone consultations were offered to patients.
- Online appointment booking was available.

Good



## People whose circumstances may make them vulnerable

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 those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- GPs regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good





# Summary of findings

- 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.

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

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

- Performance for mental health related indicators was lower than national averages. This had been identified and there was a plan to improve processes for delivering care to patients with mental health difficulties.
- Out of 81 patients eligible for a mental health care plan 40 had been provided with one. There was a new care plan template being implemented.
- During 2014/2015, there were 204 patients offered assessments for dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 276 survey forms were distributed and 100 were returned. This represented 1.2% of the practice's patient list before the merger took place.

- 92% said the GP was good at listening to them compared to the CCG average of 91%
- 88% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% 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%.
- 92% 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 90%.
- 98% said the nurse gave them enough time compared to the local average and national average of 92%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% 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 81%

- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 92% 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%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 69% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%
- 78% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards of which all were positive about the standard of care received.

We spoke with 15 patients during the inspection. They all said they were happy with the care they received and thought staff were approachable, committed and caring. There were concerns raised about phone access.

The friends and family test was used at the practice and 83% of patients stated they were likely or extremely likely to recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Implement infection control auditing and greater monitoring of hygiene and cleanliness. Implement any infection control guidance not being followed.

### Action the service **SHOULD** take to improve

- continue to deliver staff training to those members of staff who have not received training in line with the practice's own programme.
- Implement care plans for mental health patients

# The Key Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, practice manager specialist adviser and a second CQC inspector.

## Background to The Key Medical Practice

The Key Medical Practice has a patient list of 12,700. It is located in Kidlington and the village of Yarnton.

It serves Kidlington and Yarnton as well as local villages and rural communities. The practice population is similar to the national average in terms of age. There are slightly higher than average patients aged 30-35 years. There is minimal economic deprivation among the local population. The Kidlington Health Centre was purpose built and provided good accessibility from the entrance to treatment and consultation rooms. The Yarnton branch practice is a purpose built premises and has good accessibility also. Car parking was available at both sites.

The practice is registered to provide services from: The Key Medical Practice, Kidlington Health Centre, Exeter Close, Kidlington Oxfordshire, OX5 1AP and Yarnton Medical Practice, Rutten Lane, Yarnton, Kidlington, Oxon, OX5 1LT.

There are six GP partners at the surgery and two salaried GPs. This included three male and five female GPs. There are four female practice nurses (including a senior nurse), two female healthcare assistants and a female phlebotomist. A number of administrative staff and a practice director and manager support the clinical team.

There are 6.7 whole time equivalent (WTE) GPs and 4.6 WTE nurses working at the practice. The practice provides placements for GPs in training and one trainee is working at the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available during these times. There are extended hours appointments with GPs and nurses between 7.30am and 8am Monday Wednesday and Fridays, (Tuesday mornings are GPs only).

When the practice was closed patients could access out of hours GP services by calling NHS 111.

The practice is registered for the correct regulated activities in relation to the services it provides and there is a registered manager in post.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

# Detailed findings

## 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 3 February 2016. During our visit we:

- Spoke with a range of staff including GPs, members of the nursing team, administrative staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Looked at records related to the management of the service.
- We spoke with the patient participation group.

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

### Safe track record and learning

There was an effective system in place for reporting and recording incidents referred to as 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.
- Significant events were discussed at meetings and any action required disseminated to the relevant staff. For example, we saw a significant event record of a referral which did not follow the correct process and this was addressed as a learning issue for all relevant staff.
- The practice carried out a thorough analysis of the significant events.

National patient safety alerts were shared with relevant staff and action taken to ensure any risks identified were acted on. They were emailed to all relevant staff in the practice. We saw an example where a medicine alert was passed onto a prescribing nurse to deal with any actions required.

When there were incidents which affected patient care patients received acknowledgement and an apology where necessary. They were also informed 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 from harm and safeguarded from abuse. However there not sufficient monitoring of infection control:

- 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 patients' 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 safeguarding vulnerable adults and child safeguarding training relevant to their role. GPs informed us they were trained to child safeguarding

level three, but the practice had not monitored GP training to ensure this had all been completed. Immediately following the inspection level three safeguarding certificates were located and shown to us.

Nurses were trained to safeguarding level two and we saw evidence for all but one nurse this had been completed. There was a training programme in place and infection control was being delivered as a part of this.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 practice did not ensure appropriate standards of hygiene and infection control were maintained. The practice had not undertaken an infection control audit. There was no identification where infection control risks required action or where guidance was not followed. For example, we saw wooden surfaces in nurse's rooms which were worn and not easily cleaned, but no mitigating action was taking place, such as a regular deep clean of these surfaces. Sealant from the edge of a hand wash sink had eroded causing a hygiene risk but no action to fix this had occurred. There were cleaning schedules for equipment and some clinical and consultation rooms, but not all. We found dust on high level surfaces in one treatment room and no schedule to ensure all areas of the room were cleaned. . Most treatment room surfaces used for procedures and preparing medicine and equipment were clean. Some clinical staff were not certain when they had last attended infection control training. The infection control lead had not undertaken specific training to fulfil this role.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine checks to ensure medicines were safely stored and within their expiry dates. Fridges used to store medicines were monitored appropriately. We saw records which showed that there had been fridge failures and the practice took

## Are services safe?

immediate action in line with national guidance to minimise wastage of vaccines and ensure the problems would not occur again. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were also patient specific directives (PSDs) in place for some medicines administered by nurses and healthcare assistants.

- We reviewed 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.
- Equipment was calibrated in line with manufacturers' instructions. There was a programme of portable appliance testing in place.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies available for staff. The practice had a variety of other risk assessments in place to monitor safety of the premises such as fire and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular checks on the water system were undertaken in line with the risk assessment. Checking of the water supply was undertaken in line with the risk assessment.

- The practice had not undertaken risk assessments on all premises, but had booked for this to take place in February 2016. They carried out regular fire drills. There were appropriate procedures for evacuation including signage and assembly points. Not all staff had undertaken fire safety training.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. There were medicines for the treatment of several medical emergencies including cardiac arrests and hyperglycaemia. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as flooding. The plan included emergency contact numbers for staff and external agencies.

# 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Any changes to national guidance were implemented.
- We saw templates were used in the reviewing of patients' long term conditions.

Patients with long term conditions were offered periodic reviews of their health based on national guidelines.

GPs in the practice had specific areas of clinical expertise. This enabled cross working between GPs in the delivery of patient care and treatment.

### 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 related to before the previous two practices merged in October 2015. Therefore, the QOF results we had access to do not relate to the whole practice population, only those patients registered at Kidlington and Yarnton Medical Practice. In 2015 the practice achieved 93% of the total number of percentage points available compared to the CCG average of 97% and the national average of 94%. Exception reporting was 3.7% compared to the local average of 10% and the 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 indicated that the practice was including as many patients as possible in its performance data.

- Performance for diabetes related indicators was 85% compared to the CCG average of 94% and national average of 89%. Exception reporting for diabetes was significantly below the national average. A nurse with

specialist expertise in diabetic care explained that diabetic care was tailored to patients' needs and particular circumstances. We saw that care plans were provided to patients to enable them to manage their condition. This was altered depending on each patient's needs. The nurse explained the practice would support patients to meet realistic targets in managing their diabetes, for blood sugar levels for example, when they were having difficulty in meeting targets in line with national guidance and work with the patients towards improving the management of their diabetes.

- Performance for respiratory indicators was 100% compared to the local average of 98% for asthma and 99% for chronic obstructive pulmonary disease (COPD).
  - Performance for hypertension (high blood pressure) related indicators was 100% compared to the CCG average of 99% and national average of 98%.

Performance for mental health related indicators was 81% compared to the CCG average of 95% and national average of 93%. The data indicated that the low performance was due to a lower uptake of health checks such as blood pressure tests and cervical screening for women with specific mental health conditions. The exception reporting was much lower than national averages for these indicators. This suggested that when the practice had difficulty with patients attending for these reviews there was a reluctance to exempt them from the data. Only 50% of the 80 patients on the mental health register had care plans in place. The practice recognised there were improvements needed in mental health care. Due to the recent merger the practice had undertaken work to ensure the recording of mental health care was appropriate on the record system, and that the process for asking patients to attend the practice was robust. In addition there was a 'did not attend' protocol to follow up on patients who needed a review of their mental and physical health.

There was a programme of clinical audit. As the practice had recently merged a new programme of audit had been implemented to ensure that all registered patients were included in relevant audits. As such there was a plan to repeat and complete audits to identify improvements but this had not yet taken place. We saw a diabetes audit which identified the improvements to diagnosing the condition and this was due for repeating six months after the initial one in 2015 and the every year after. There was an audit of medicine the extent to which patients on repeat medicines had up to date reviews of their medicines. This led to an



# Are services effective?

## (for example, treatment is effective)

action plan and on-going checking of patients' medicine review dates. The practice provided data which showed 83% of patients had up to date medicine reviews. There had also been an audit on high risk medicines.

In addition to clinical audit the practice had devised a 'clinical priority register'. This was a log of concerns identified following the merger of the practice. The issues were often made more complex by the integration of systems from the previous two practices. The register logged several clinical and non-clinical issues, with actions to mitigate risks and improve the service. We saw some actions were completed and some were in progress. For example, prescribing concerns had been identified such as long waits for prescriptions to be issued and those patients' medicine reviews were overdue. The process for prescribing was altered to improve timeliness of issuing prescriptions and a medicine review audit was undertaken.

### Effective staffing

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

- There was a programme of training provided to all staff including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice director acknowledged that this had not been effectively monitored in the last and due to the merger there had been gaps in staff training. There was a training delivery programme in place to implement all the training staff required. For example, we saw staff booked onto course in February for fire safety. All staff had safeguarding and basic life support training.
- The practice had an induction programme for all newly appointed staff. This had been implemented recently and some staff who started in 2015 had not received a full induction. The practice was in the process of implementing training to these staff.
- 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
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- GPs had specialist skills and led in various clinical areas such as diabetes and respiratory diseases.

### 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 plans, medical records and test results. Information such as NHS patient information leaflets was also available. The practice used IT systems to share information effectively. For example, patients at risk of unplanned admissions to hospital who had care plans, benefitted from their plans being available on the Oxfordshire care summary records. This enabled other services to access these when required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was participation in an early visiting service. This service enabled early assessment of patients who are unwell in their home and requesting home visits and potentially reduces hospital admissions.

Staff worked together 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, such as when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- There were policies for obtaining consent. Staff understood relevant consent and decision-making requirements.
- There was a Mental Capacity Act 2005 (MCA) policy. Relevant staff undertook training in the MCA.
- Staff were aware of the rights of children in consenting to care and treatment in line with the Gillick Competency and Fraser guidelines.

### Supporting patients to live healthier lives

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

- Patients at risk of hospital admissions were offered care plans and the practice had supported 215 care plans.



# Are services effective?

(for example, treatment is effective)

- The practice provided support to smokers. Of the 1617 identified smokers 691 were recorded as being provided with advice and of those one had a non-smoking status on record.
- There were 18 patients were on the end of life care register.

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 82%.

61% of eligible patients were screened for bowel cancer compared to the CCG average of 59%.

- 77% of eligible patients had been screened for breast cancer compared to the CCG average of 75%.

- During 2014/2015 204 patients undertook early dementia diagnosis assessments.
- 15% of eligible patients eligible for chlamydia screening undertook a test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Childhood immunisation rates for the vaccinations given to under two year olds were 94% and for three to five year olds they were 84%. This was compared to the overall CCG average of 89%.

Flu vaccination rates for at risk groups in 2015 were as follows:

- For over 65s was 75% compared to national average of 73%.
- For patients at risk due to health problems such as diabetes or respiratory conditions, flu vaccination rates were 75% compared to the national average of 55%.

# 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Both Care Quality Commission comment cards we received from patients were positive about the service experienced. Patients we spoke with told us the practice offered a caring service and staff were helpful and treated them with dignity and respect.

We spoke with two members 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. They felt patients and the PPG were valued and respected by staff at the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on some aspects of care and consultations with GPs and nurses and similar to average for most. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 91%
- 88% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 97% 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%.

- 92% 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 90%.
- 98% said the nurse gave them enough time compared to the local average and national average of 92%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 similar to local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% 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 81%
- 96% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 92% 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.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 346 carers which was 4.4% of the practice list. 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, the practice was able to offer support and advice. There was a counselling service available for patients.

# 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 planned delivery of its services based on the needs of this population. The practice population is similar to the national average in terms of age. There are slightly higher than average patients aged 30-35. There is minimal economic deprivation among the local population.

- There were local populations of travellers and people who lived on canal boats. The practice registered these patients. They also provided a temporary registration for any patients who needed to see a GP but did not reside in the area.
- A GP had a dedicated session each week alongside a multi-agency team at a local nursing home.
- Leg ulcer care and dressing was available onsite for patients, reducing the need to travel to local hospitals.
- A survey showed that people wanted early morning clinics in preference to evening ones. As a result 7.30am clinics were provided by GPs and nurses at both practice sites on different days of the week.
- There were longer appointments available for patients with a learning disability or complex health problems.
- To encourage continuity of care there were named GPs for patients with complex conditions and older patients.
- The practice considered the needs of with hearing difficulties. Hearing aid loops were available.
- The premises were accessible for patients with limited mobility. There were disabled accessible toilets and baby changing facilities.
- There were same day appointment slots protected to enable any emergency appointments to take place.
- Reminders were available to patients regarding their appointments, particularly those at higher risk of not attending.
- A phone translation service was available for any patients who had difficulty in using English.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times. There were extended hours appointments with GPs and nurses between 7.30am and 8am Monday, Wednesday and

Fridays, (Tuesday mornings are GPs only). A call back system was in place for same day appointment requests, so that GPs could determine whether an appointment with a nurse, GP or another service was the best course of action.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher compared to local and national averages. These results related to the Kidlington and Yarnton Medical Practice, prior to merger with another practice located in Kidlington.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 69% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 78% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Online appointment booking was available and 1534 patients (12% of total population) had registered for the service.

Patients told us on the day of the inspection that accessing phone lines had been a concern. We also saw information on NHS choices which suggested some patients had concerns about accessing appointments. Some patients had also contacted CQC to share concerns. The practice was aware of the difficulties patients were experiencing and had identified this was predominantly due to phone access. As a result action had been taken to answer calls more quickly and ensure any patients waiting for a call back from a GP received one within a reasonable timeframe.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We looked at complaints received in the last three months and complaints were acknowledged and

responses were sent once investigations were completed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

- We saw that information was available to help patients understand the complaints system

# 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.

- Following the merger of the two practices in October 2015, there had been a review of the strategy and business planning of the practice. This included long term planning to ensure the service could meet patients' needs. For example, there coordination with another practice in Kidlington to move to a single new build premises in the coming years.
- Staff were involved and knew the values of the practice.

### Governance arrangements

- The practice had governance arrangements which supported the delivery of good quality care. There was an understanding of the performance of the practice through monitoring such as clinical audit.
- Where the services provided require improvements the practice was able to identify these and undertake improvements. 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 and these were kept up to date.
- There were arrangements for identifying, recording and managing risks. However, infection control process were not implemented effectively.

### Leadership and culture

The partners in the practice supported staff. They included the practice director in the running of the service. 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 acting on notifiable safety incidents

When safety incidents occurred:

- The practice gave information, investigation outcomes and an apology when required.
- Where investigations found concerns this led to changes in practice or learning outcomes for staff.

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

- Staff told us the practice held regular team meetings for all staff groups including nurses and reception staff.
- 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.

### 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 responded proactively to patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly and we spoke with two members of the group. They told us they felt involved in the running of the practice. For example, participated in planning and analysing patient surveys.
- The friends and family test was used at the practice and 83% of patients stated they were likely or extremely likely to recommend the practice in January 2016.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Surgical procedures	The provider was not providing services safely by assessing, preventing, detecting and controlling the spread of infections including those which are health related.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.