

# Eynsham Medical Group

## Quality Report

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

## Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection Eynsham Medical Group on 22 June 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 one area of outstanding practice:

The practice had designed a “pop up” alert for the records of patients at risk of acute kidney injury to assist with early diagnosis and intervention, and creating a warning card about the risk of dehydration and kidney

# Summary of findings

damage to be given to patients prescribed diuretics. The cards were initially funded by the practice's patient charity; Oxfordshire Clinical Commissioning Group has now developed and funded a similar scheme with advisory cards, and has used the experience gained by the lead partner in the practice to achieve this.

**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 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.
- The investigation of two significant events had led to the practice launching an acute kidney injury quality improvement project and introducing innovations to assist with early diagnosis, intervention and patient information.
- 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.
- The dispensaries at both locations had an effective system in place to ensure the safe management and dispensing of medicines.

Good



### Are services effective?

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- One of the GP partners at the practice had co-developed an IT system to analyse and monitor QOF results. The practice had been an early adopter of the system, which was now being used by GP practices across the UK.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, with 94% of respondents to the National GP Patient Survey describing their overall experience of treatment as good or very good, compared to a CCG average of 88% and a national average of 85%.
- 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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was also part of the WestMed federation of 12 local GP practices, which provided its patients with access to the Witney Neighbourhood Hub for emergency GP appointments, and the Early Visiting Service to improve patient access to emergency home visits.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The dispensary had undertaken a patient survey 2016 and taken action to address concerns raised regarding privacy at the counter.
- Dispensary staff dispensed medicines for some patients in weekly compliance aids to help them manage their medicines safely, and there was a safely managed delivery service funded by the practice's patient charity for 92 patients who were unable to collect their medicines from the dispensary.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice 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 had existed in a virtual form to date, and the practice manager was in discussion with members to establish a group to hold regular meetings.
- There was a focus on continuous learning and improvement at all levels, with clinical staff involved in a number of recent and active research projects, and non-clinical staff offered training opportunities in areas such as dementia awareness.

# 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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice promoted local community events relevant to older people. These included a social event in Eynsham to support residents wishing to speak about issues related to end of life and bereavement, and a tea dance in Long Hanborough for people with dementia and their carers. It also promoted local services including a community car scheme to transport patients to appointments, and a "good neighbour" network scheme.
- charity tea dance, a community car scheme to get patients to hospital and clinic appointments and a good neighbour network scheme.'
- Dispensary staff dispensed medicines for some patients in weekly compliance aids to help them manage their medicines safely, and there was a safely managed delivery service funded by the practice's patient charity for 92 patients who were unable to collect their medicines from the dispensary. The dispensary also provided medicines for patients living in three local care homes.
- We spoke to a district nurse attached to the practice who described effective information sharing and positive joint working.

Good



### People with long term conditions

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.
- 88% of patients with diabetes had received a foot examination and risk classification within the preceding 12 months, compared to a CCG average of 90% and a national average of 88%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- 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.
- The practice had launched an acute kidney injury (AKI) quality improvement project after identifying the role that AKI played in two significant events involving patients on long-term diuretic medicine. The project resulted in the practice introducing innovations to assist with early diagnosis and intervention, and designing a patient information card; the CCG had now developed and funded a similar scheme with advisory cards, and has used the experience gained by the lead partner in the practice to achieve this.
- The practice had run a project to identify patients with atrial fibrillation, who could be at risk of stroke, by checking their pulses while attending flu immunisation clinics. The project had resulted in an increase in flu vaccination uptake in the over 65s from 72% to 84% and young 'at risk' patients from 44% to 71%, as well as new identification of four patients with atrial fibrillation.
- More than 200 patients from the practice were currently participating in a national early lung and bowel cancer detection study, representing over 2% of all the volunteers so far recruited.

## 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. 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.
- 84% of female patients aged 25 to 64 had received a cervical screening test in the preceding 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.
- We spoke to a health visitor attached to the practice who described effective information sharing and positive joint working.

Good



# Summary of findings

## **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 including enabling patients to view test results and medical notes as well as book appointments and request repeat prescriptions.
- It also offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning and evening GP telephone appointments for patients who could not attend during normal opening hours.

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 flagged the notes of patients who were considered to be vulnerable, and held a register of 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 gave examples of personalised care for patients with complex needs, which included close liaison with other agencies, and practical support where appropriate, funded by the practice's patient charity.

Good



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

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

Good



# Summary of findings

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had their care reviewed in a face to face meeting in the last 12 months, compared to a CCG average of 89% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised 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.

# 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 above national averages. 239 survey forms were distributed and 134 were returned. This represented 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 90% 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 nine comment cards which were all positive about the standard of care received, and described staff as thorough and caring

We spoke with six patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. A number commented that they would like to be better informed at Eynsham if a clinician was running late, either at check-in or while waiting.

The most recent Friends & Family Test results showed that 90% of patients would recommend the practice.

## Areas for improvement

## Outstanding practice

The practice had designed a "pop up" alert for the records of patients at risk of acute kidney injury to assist with early diagnosis and intervention, and creating a warning card about the risk of dehydration and kidney damage to be given to patients prescribed diuretics. The

cards were initially funded by the practice's patient charity; Oxfordshire CCG had then developed and funded a similar scheme with advisory cards, and has used the experience gained by the lead partner in the practice to achieve this.

# Eynsham Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a pharmacist specialist adviser.

## Background to Eynsham Medical Group

Eynsham Medical Group provides GP services to more than 13,700 patients in a semi-rural part of west Oxfordshire, in and around the villages of Eynsham and Long Hanborough. The practice serves an older than average patient list, with 24% being aged 65 and above, and fewer than average young adults aged between 20 and 40. The locality has a very low level of deprivation, and serves a mainly White British population.

The practice runs from a main site in Eynsham, and a branch surgery in Long Hanborough. The practice offers dispensary services at both sites, which can provide pharmaceutical services to patients who lived more than one mile (1.6km) from their nearest pharmacy premises. There is also a registered pharmacy at the Long Hanborough surgery.

The practice has eight GP partners, six male and two female, and two female salaried GPs, equivalent in total to 7.5 whole time doctors. It is a training practice, and currently has one GP registrar, and one foundation level trainee doctor. It has five nurses, including one nurse prescriber, and four health care assistants. There are 22 members of administration, reception and support staff, including a practice manager, deputy practice manager

and reception manager, and 8 dispensers, including a dispensary manager. The GPs are each based at one of the two surgeries, while most other staff work across the two sites.

Both Eynsham Medical Centre and Long Hanborough Surgery are purpose-built surgeries with all public areas based on the ground floor. They both have adjacent parking, including disabled bays, step free access with automatic entrance doors, and dedicated toilets for patients with disabilities and with baby changing facilities. The waiting rooms at both sites have air conditioning which was funded by the practice's patient charity.

The practice had a dispensary at the surgeries in Eynsham and Long Hanborough, which could provide pharmaceutical services to patients who lived more than one mile (1.6km) from their nearest pharmacy premises. There is also a registered pharmacy at the Long Hanborough surgery, so all the patients using this practice were able to have their prescriptions dispensed on site.

Both practices are open from 8.30am to 6.30pm Monday to Friday, with GP appointments available between 8.30am and 12.10pm, and from 2.50pm to 6.10pm. A duty doctor was available from 8am to 8.30am daily. The practice also offers extended hours telephone appointments on early Tuesday mornings and Monday, Tuesday and Wednesday evenings

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Oxford Health and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

The practice has its own patient charity, the Eynsham and Long Hanborough Medical Care Group which was set up in 1996 to administer gifts received from patients and

# Detailed findings

relatives, as well as additional funds sourced through fundraising activities. It is run by trustees comprising current and former GP partners and patient representatives. The charity supports the practice's twice-weekly prescription home delivery service and the practice website. It has also funded a number of facilities including air conditioning in the waiting rooms at both surgeries, home use blood pressure monitors and electrocardiograms, the defibrillators, and new couches. It also provides small grants to patients in need.

Services are provided from:

Eynsham Medical Centre

Conduit Lane

Eynsham

OX29 4QB

and

Long Hanborough Surgery

56 Churchill Way

Long Hanborough

OX29 8JL

## 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 22 June 2016.

During our visit we:

- Visited both surgeries in Eynsham and Long Hanborough.
- Spoke with a range of staff, including four GPs and members of the nursing, dispensary and non-clinical teams, 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.

# 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. It held regular meetings to raise and complete action points, and undertook an annual review of significant events and complaints to identify and address themes.

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, following two significant events when elderly patients prescribed high dose diuretics developed acute kidney injury (AKI) as a result of dehydration, the practice launched an AKI quality improvement project.

The project included designing a “pop up” alert for the records of patients at risk of AKI to assist with early diagnosis and intervention, and creating a warning card about the risk of dehydration and kidney damage to be given to patients prescribed diuretics. The cards were initially funded by the practice's patient charity; the CCG had then developed and funded a similar scheme with advisory cards, and used the experience gained by the lead partner in the practice to achieve this. A trainee GP at the practice is to be involved in the evaluation of the impact of the cards across the county.

We noted that the initial concern which led to one of the AKI significant event investigation had been identified by one of the practice's healthcare assistants, who had noticed that a patient attending for a routine appointment appeared to be unwell.

### 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and healthcare assistants were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. ‘All staff who acted as chaperones were qualified nurses who were suitably trained for the role and had received a Disclosure and Barring Service (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 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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).

## Are services safe?

Arrangements were in place for storing medicines so that unauthorised staff or patients would not be able to access them. Staff monitored the dispensary room temperature and medicines refrigerator temperature to make sure medicines were safe to use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Dispensary staff stored blank prescription forms and pads securely and monitored their use in accordance with national guidelines.

- 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.
- 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. Dispensary staff received annual appraisals and a check of their competence. This helped ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors. Appropriate systems were in place for the safe dispensing of medicines. The GPs checked and signed the repeat prescriptions before staff dispensed them. The dispensing system in place included checks to make sure staff dispensed the correct medicines and reduce the risk of mistakes.
- Any medicine safety incidents or 'near misses' relating to the dispensary were recorded for learning, along with the action taken to resolve them. Staff told us they discussed incidents and learnt from them. The practice had a system in place to monitor the quality of the dispensing process, and dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice was signed up to the Dispensing Services Quality Scheme to

maintain a high quality service to patients using the dispensary. The dispensary team received medicine safety alerts and checked whether these were relevant to their service, and recorded any action taken as a result.

- Staff dispensed some medicines in weekly compliance aids to help people manage their medicines. Systems were in place for the safe dispensing of medicines in these containers. A second member of staff checked the completed compliance aids to reduce the risk of mistakes.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had in place standard operating procedures that set out how they were managed. These were followed in practice. Suitable secure storage was available for controlled drugs, access to them was restricted. Staff made regular checks of the controlled drugs to ensure that records were accurate. This allowed them to identify and address any discrepancies quickly. Staff were aware of how to raise concerns around controlled drug. Arrangements were 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. The recruitment files did not include formal photo identification of the staff members.

### 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

## Are services safe?

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.

### **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.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, compared to a CCG average of 97% and a national average of 95%.

This practice was an outlier for one QOF clinical target, with 80% of patients with chronic obstructive pulmonary disease having had a review undertaken including an assessment of breathlessness in the preceding 12 months, compared to a CCG average of 91% and a national average of 90%. The practice was not an outlier for any other QOF (or other national) clinical targets.

All exception reporting rates were at or below CCG and national averages, other than for chronic kidney disease, which was 12% compared to the CCG and national averages of 8%. (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). The exception reporting rate for osteoporosis was 0% compared to the CCG average of 8% and the national average of 13%, and for asthma it was 2% compared to the CCG average of 8% and national average of 7%. Other data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. 96% of patients with diabetes had received influenza immunisation in the preceding 12 months, compared to a CCG average of 96% and a national average of 94%.
- Performance for mental health related indicators was similar to the CCG and national averages. 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a face-to-face care plan review in the preceding 12 months, compared to a CCG average of 89% and a national average of 88%.

One of the GP partners at the practice had co-developed an IT system to analyse and monitor QOF results along with drug safety alerts and NICE clinical guidance. The practice had been an early adopter of the system, which was now being used by GP practices across the UK.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last two years, three 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, recent action taken as a result of an audit on the prescribing of a medicine used to treat diabetes included a review of the dose prescribed to each relevant patient, and the practice-led design of a "pop up" box for patient notes to ensure that the dose is regularly reviewed.

Information about patients' outcomes was used to make improvements such as an audit into the treatment of patients with osteoporosis, which led to an increase in the prescribing of calcium and vitamin D, with the aim of reducing the risk of hip fracture.

### 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.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had undertaken additional training to review patients with asthma and chronic obstructive pulmonary disease, and in family planning.
- 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. All staff had received an appraisal within the last 12 months.
- 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 care and 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, 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 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. The practice's uptake for the bowel screening programme was 63%, which was above the CCG average of 59% and the national average of 58%. Its uptake for the breast cancer screening programme was 84%, which was high compared to the CCG average of 75% and the national average of 72%.

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

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 99% compared to a CCG average of 90% to 97%, and five year olds from 95% to 99%, compared to a CCG average of 92% to 98%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the nine 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 three 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.

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:

- 93% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% 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%.
- 95% 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%.
- 94% 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

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. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 94% 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%.
- 91% 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%.

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. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.
- Patients were able to request online access to test results and medical notes.
- Patients told us that when they had been seen by a trainee GP, they were contacted following the consultation to ensure that they were satisfied with their treatment.

### **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 297 patients as carers (2% of the practice list). The practice had appointed its reception manager as a carers' champion to increase the number of identified carers. Information was available at the practice to direct carers to the various avenues of support available to them. This included the practice's carers' charter, which was displayed on posters at practices, carers' information packs, and a dedicated page on the practice website, which had received positive

feedback from patients. The practice had hosted information stands in both practices during Carers' Week, and a number of non-clinical staff had undertaken training in community dementia awareness and the Mental Capacity Act 2005.

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. The practice had supported the Dying Matters awareness week by hosting information stands in both practices, and had written an "end of life decisions" page for its website, which it had then offered to other practices in the West Oxfordshire Locality Group for their sites.

The practice provided us with evidence of specific support they had provided to patients with complex needs, including arranging the appointment of an independent mental capacity advocate and GP attendance of multi-disciplinary team meetings at the practice. It had also liaised with the practice's patient charity to provide small grants and specific items for patients in need, such as lockable medicine cabinets, and mobile phones and top up cards to reduce isolation.

# 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 part of the CCG's West Oxfordshire Locality Group which comprised nine GP practices, and one of the partners was its director as well as being the medicines lead for the CCG. The group had a patient forum which undertook surveys and held stalls at public events to encourage public feedback.

The practice was also part of the WestMed federation of eight GP practices, which provided its patients with access to the Witney Neighbourhood Hub for emergency GP appointments, increasing the practice's capacity to better serve patients with complex needs through longer appointments with their "usual" GP.

- The practice offered early morning telephone appointments one day a week from 7am, and evening telephone appointments three days a week until 7.30pm for patients who could not attend during normal opening hours.
- 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.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to use a variety of methods to request repeat prescriptions. This included a telephone and on-line service. Staff could automatically produce repeat prescriptions for some patients, bringing it to GPs' attention if it was due for review before dispensing. We saw the results of a dispensary survey completed in February/March 2016. This showed that patients were

positive about the service provided. There had been comments about lack of confidentiality at the dispensary hatch so staff displayed notices offering a private space to discuss medicines, if needed. Staff dispensed medicines for some patients in weekly compliance aids to help them manage their medicines safely, and there was a safely managed delivery service funded by the practice's patient charity for 92 patients who were unable to collect their medicines from the dispensary. The dispensary also provided medicines for patients living in three local care homes.

- One GP partner was the West Oxfordshire Locality Group lead for end-of-life care, and the practice had led on a just-in-case medicine prescribing project, which allows GPs to prescribe medicine for a patient's final hours of life which can be administered by urgent care providers. Just-in-case medicine bags are now available at all GP practices in Oxfordshire, and a patient record pop-up alert is to be rolled out across the county.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours telephone appointments were offered on Monday, Tuesday and Wednesday evenings until 7.30pm, and on Tuesdays from 7am. An emergency duty GP was available from 8am to 8.30am daily. The appointment system covered both practices to enable patients to be offered the next available appointment, but they could request to attend at one branch only if travel was an issue. 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.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 86% 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%.

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

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made, such as a request for a visit by the WestMed Early Visiting Service, to more quickly assess the need for hospital admission. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice, and the senior GP partner took responsibility to respond in writing to complainants.
- We saw that information was available to help patients understand the complaints on posters, leaflets, and on the practice website.

We looked at 11 complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way. The senior GP partner took responsibility to respond to complaints in writing, and an annual review meeting was held to analyse trends and ensure that action had been taken to improve the quality of care. For example, after receiving three complaints within one month in 2015 regarding difficulties with making appointments, the practice set up an “appointments hub” staff team to meet regularly and review the appointments 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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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

support 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was currently in virtual format only, although it was planning to start holding regular meetings. Members were sent surveys to complete, and reports to comment on. PPG members felt that they were listened to by the practice, and that improvements had been made at their suggestion, for example to improve access to appointments and regarding privacy at the reception desk at the Long Hanborough Surgery.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

# Are services well-led?

Good 

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

management, and staff told us they felt involved and engaged to improve how the practice was run. The role of reception manager had been created to improve communication between reception staff and the practice management team, and staff described how working across both sites and joint meetings helped support team communication and staff involvement. However, some staff commented that they felt that both they and the practice would benefit from holding some full team meetings and away days to enable all staff to feel fully involved in the running and development of the practice beyond their individual roles.

## 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 run a project to identify patients with atrial fibrillation, who could be at risk of stroke, by checking their pulses while attending flu immunisation clinics. This included increasing electrocardiogram capacity to avoid delay and reduce patient concern, and liaising with the Stroke Association for additional advice and support. The project had resulted in an increase in flu vaccination uptake in the over 65s from 72% to 84% and young 'at risk' patients from 44% to 71%, as well as new identification of four patients with atrial fibrillation. None of these showed symptoms other than an irregular pulse, and therefore would have been unlikely to have been diagnosed at that stage without the check being undertaken.

More than 200 patients from the practice were currently participating in a national early lung and bowel cancer detection study, representing over 2% of all the volunteers so far recruited.