

# Newbury Street 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Newbury Street Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newbury Street Practice on 12 October 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. GPs and practice nurses had been trained to provide them with the skills, knowledge and experience to deliver effective care and 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had maintained effective delivery of services during an unprecedented increase of 3,800

patients in early 2016. Staffing resources had been increased and service delivery systems amended to manage the sharp increase in registered patient numbers.

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a system in place to ensure immunisations for patients were given in a timely manner and appropriately. The system enhanced advice already available about national immunisation programmes.
- The practice used a range of innovative and comprehensive treatment prompts that covered a wide range of diseases and health problems. These enhanced nationally available treatment protocols and offered patients advice on self management of their health conditions.
- 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. However, the practice had not sought patient feedback on several aspects of the care

# Summary of findings

delivered since publication of the national patient survey in July 2016. Patient feedback relating to the availability of appointments had been acted upon with a revised appointment system introduced.

The areas where the provider should make improvement are:

- Ensure arrangements are made to secure the clinical waste bin to reduce the risk of this being moved or tampered with.

- Ensure the practice maintains a training schedule with a view to ensure the training needs of staff is monitored through practice meetings.
- Review service provision in response to patient feedback. Patients had rated the practice lower than others for several aspects of the care and treatment received from GPs.

**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.
- 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. There was a risk register that the practice kept up to date. This identified risk and the actions taken to mitigate risks.
- Staffing levels were kept under review to ensure enough staff were on duty to keep patients safe.

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.
- The practice used an extensive set of medical condition specific treatment prompts that ensured GPs and nurses followed best practice when treating patients with these conditions.
- Staff were encouraged to expand their skills and the range of services they provided for patients. One of the health care assistants was enrolled on a university Course to become an assistant practitioner.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed mixed responses for some aspects of the care provided. For example; 79% of patients said the GP gave them enough time. This was significantly below the CCG average of 89% and the national average of 87%. Other results were more positive for example 97% said they had confidence and trust in the last GP they saw which matched the CCG average and was better than the 95% national average. Of the six month period of the patient survey approximately two months coincided with the practice managing the influx of 3,800 patients transferred from a neighbouring practice that had closed.
- Patients who completed Care Quality Commission (CQC) comment cards and those we spoke with on the day of the inspection 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice worked with the CCG to integrate the patients from another GP practice that had closed in the local area.
- Patients reported improvements in making an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice kept their appointment availability under review and sought regular patient feedback on access to appointments.
- A review of the appointment system showed routine appointments available within a week and urgent appointments available each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- 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.
- A range of NHS and private clinics were held on site which assisted patients by avoiding lengthy and time consuming trips to hospital clinics.

## 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The governance structure was kept under review and involved a number of the GP Partners and salaried GPs.
- The practice had adjusted resources to maintain services during the integration of an additional 3,800 patients.
- 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
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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 GPs undertook regular visits to local care homes and reviewed hospital admissions of patients living in these homes. These patients had care plans with clear guidance on how to avoid unnecessary hospital admission.
- 100% of the national indicators for appropriate care of patients diagnosed with osteoporosis (a disease where bones become brittle and fragile) were achieved in 2014/15 which was better than the CCG average of 97% and the national average of 81%.

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 diagnosed with high blood pressure were achieving target blood pressure levels compared to 84% locally and nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice used a range of disease specific treatment prompts to enhance the care for this group of patients.

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

Good



# Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice used an enhanced recall and education programme to ensure the benefits of childhood immunisations were promoted.

- 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.
- The practice's uptake for the cervical screening programme was 81%, which was marginally below the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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.
- Screening rates were above average for both breast and bowel cancer screening programmes.
- Telephone consultations were available to assist patients who found it difficult to attend the practice due to their work commitments.
- Saturday morning clinics were held on the first Saturday of each month. This benefited patients who worked during the traditional working week.

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 carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good





# Summary of findings

- 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.

## **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).

- The practice had achieved a total of 99% of the national indicators for care of patients diagnosed with long term mental health problems. This was better than the CCG average of 95% and national average of 93%.
- 100% of the indicators for care of patients with dementia had been met compared to the CCG average of 98% and national average of 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. There was evidence of close liaison with the children's mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. They arise from surveys carried out between July and September 2015 and January to March 2016. The results showed mixed performance when compared to the Oxfordshire Clinical Commissioning Group (CCG) and national averages. A total of 220 forms were distributed and 124 were completed. This represented 0.8% of the practice's patient list and a 56% return rate. Part of the survey period spanned the time when the practice was taking on 3,800 new patients.

- 88% of patients found it easy to get through to this practice by telephone. This was better than the CCG average of 84% and the national average of 73%.
- 86% of patients described the overall experience of this GP practice as good. This was worse than the CCG average of 90% but better than the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area. This was worse than the CCG average of 83% but better than the national average of 78%.

- 81% of patients were able to get an appointment to see or speak to someone the last time they tried. This was worse than both the CCG average of 89% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients commented upon compassionate care received from GPs and nursing staff. They also said they found all staff to be friendly, professional and helpful.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent published results of the friends and family recommendation test showed that 89% of patients who completed the test would recommend the practice to others.

# Newbury Street Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector and a GP specialist adviser.

## Background to Newbury Street Practice

Newbury Street Practice is located in a large purpose built health centre on the outskirts of Wantage. The health centre is shared with another GP practice and clinics provided by the local NHS Trust. A bus service runs directly to the health centre.

The practice had maintained a stable registered patient list for many years until February 2016. At that time a practice in Wantage closed and Newbury Street Practice took on an additional 3,800 patients. Consequently approximately 15,500 patients are registered at the practice. The influx of additional patients meant the practice needed to recruit more staff. The majority of staff appointments have been completed by either taking on the staff from the practice that closed or appointing new staff. The practice is active in seeking to appoint more GPs. Nationally available data shows that there is minimal income deprivation amongst the local population. The practice is aware of some areas where pockets of deprivation exist. The vast majority of patients are white British with English as their first language. The age profile of the practice shows fewer patients between 10 and 44 years of age and more aged over 60 than the national average.

There are nine GPs at the practice. Four are GP partners and five salaried GPs employed by the partners. Seven of the GPs are female and two are male. They are equivalent to 6.4 whole time GPs. The all female nursing team is

comprised of a nurse practitioner, four practice nurses and three health care assistants. The practice manager is supported in the day to day management and administration of the practice by three assistant managers and a team of administration and reception staff. The practice is accredited to provide training for qualified doctors seeking to become GPs (GP registrars). A GP registrar is currently working at the practice.

The practice is open from 8am until 6.30pm Monday to Friday. Calls are received between 8am and 8.30am. Appointments can be requested between these times and the duty GP deals with urgent medical needs. The doors open at 8.30am.

Extended hours appointments are offered on alternate Wednesdays and Thursdays between 6.30pm and 8.15pm (Wednesday one week and Thursday the next). Extended hours are also offered on the first Saturday every month between 9am and 12pm.

The practice provides services via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Oxford Health NHS Foundation Trust. The out of hours service is accessed by calling the NHS 111 service. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Health Centre, Mably Way, Wantage, Oxfordshire, OX12 9BN

The practice received an inspection under a previous inspection model and superseded regulations in 2013. At that time they were found compliant with regulations.

# Detailed findings

Amendments to the practice registration are required. The outgoing partner is the current registered manager and must apply to cancel their registration. The new senior partner must apply to become the registered manager.

## 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. The practice had been subject to an inspection in 2013 using an inspection model that has been superseded. The practice was found to be compliant with the regulations that were in force at that time.

## 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 12 October 2016. During our visit we:

- Spoke with four GPs, two members of the nursing team and three members of the administration team.
- We also 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.

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, the practice reviewed an incident where a patient had not been diagnosed with a rare disease. This was later diagnosed when the patient attended hospital. GPs were updated on the presentation of the disease and the likelihood of it occurring in the local population. GPs and nurses at the practice had heightened awareness of the disease to increase their vigilance if a patient presented with similar symptoms in the future.

### 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 were trained to child protection or child safeguarding level three. Practice nurses were also trained to level three and health care assistants to level two.

- 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 (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. A 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 were relevant infection control audits and protocols in place. GPs and nurses had received up to date training. There was evidence that action was taken to address any improvements identified as a result. We reviewed the procedures and practices for the disposal of clinical waste. When doing so we found that the clinical waste bin awaiting collection by the approved contractor was not secured to a solid structure. The bin could have been moved and tampered with.
- 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). 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. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines. We found that specific

## Are services safe?

prescriptions, or written direction from a prescriber were in place on most occasions when they did so. However, when annual flu immunisation clinics were undertaken there was one list of patients from which nurses and health care assistants called patients for their immunisations. This was not signed by an authorised and approved prescriber. The health care assistants were therefore administering immunisations without specific authorisation to do so. We discussed this with the practice. They immediately changed their policy and process to ensure health care assistants were issued with specific authority to administer all flu immunisations.

- We reviewed five 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 practice relied upon staff retaining their own records of their immunisation status. There were no central records of mandatory immunisations held. Management could not be assured that staff were not placing patients at risk of cross infection by not keeping their immunisations up to date. During the course of the inspection staff produced their immunisation records and we found these were up to date.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice identified the need to enhance management capacity early in 2016. They appointed three senior administrators to support the management of the practice.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were held at an accessible point and shared with the practice that also occupied the health centre. Both were checked to ensure they were fit for use. 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 99% of the total number of points available (CCG average results 97% and national average 95%). Exception reporting rates were generally below the CCG and national average. For example, 5% of patients diagnosed with diabetes were excepted from achieving target blood pressure which was below the 11% CCG exception rate and 9% national exception rate. Overall the practice exception rate was 7% which was below the CCG rate of 10% and national rate 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). With the significant addition of patients from the practice that closed the Newbury Street Practice was awarded, with the agreement of the CCG, the same level of QOF achievement as the previous year. This was because combining the two previous practice results was complex to calculate.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 81% which was better than the CCG average of 80% and the national average of 76%.

- Performance for mental health related indicators was better than the CCG and national averages. For example, 92% of patients with severe and enduring mental health problems had a care plan compared to the CCG average of 90% and the national average of 89%.

We did not review the data for 2015/16. This was due to the inclusion of the performance of the practice that had closed.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years. Of these three 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, the practice had completed a two cycle audit of reviewing the care of children presenting with a fever. The first audit showed appropriate diagnoses but with some steps of the clinical guidelines being omitted from the diagnosis process. The second cycle of the audit showed that symptoms were being diagnosed appropriately and an increase to 100% of relevant guidelines being followed for all children presenting with a fever.
- Information about patients' outcomes was used to make improvements such as: undertaking a six monthly audit of all admissions to hospital of patients from care homes. GPs reviewed whether the admission could have been avoided and updated the patients care plans. They also worked with the staff at the care homes to ensure they were aware of the actions that could avoid unnecessary admission to hospital.
- GPs and nurses at the practice used a practice specific set of recording templates that ensured a wide range of tests and treatments were provided for patients with complex needs and long term conditions. We reviewed a sample of the templates and saw they were comprehensive and extended beyond the basic requirements for monitoring these types of conditions. Patients were receiving enhanced care resulting from the use of disease and condition specific templates. We

# Are services effective?

## (for example, treatment is effective)

noted that these covered long term conditions including diabetes and asthma. They were highly detailed and were directly linked to developing individual care plans for patients.

- The practice had also produced condition specific guides to treatment which patients were able to take with them following consultation. These gave information about the condition and self management to help maintain better health.

### Effective staffing

Staff had the skills and experience to deliver effective care and treatment. The practice had not provided an online learning package for approximately two years. Training and updating for administration and reception staff had not been available. Training opportunities had been reinstated within the month prior to inspection. Within two days of the inspection the practice sent us confirmation that all staff had completed mandatory training using the new online training package.

- 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. We found copies of staff induction checklists in personnel files. These confirmed that newly appointed staff had received relevant support when they first joined the practice.
- 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. For example, one of the practice nurses was enrolled on a training course to increase knowledge on supporting patients with diagnoses of respiratory diseases. This member of staff had not worked as a practice nurse prior to joining the practice.
- 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 courses and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Training plans for administration staff had been placed on hold whilst online training

resources were not available within the practice. In the last month these staff had regained access to appropriate training resources to meet their learning needs and to cover the scope of their work. Administration and reception staff told us they had recommenced online learning and had completed health and safety learning modules in recent weeks. The practice training timetable we saw confirmed this. However, administration staff who had joined the practice since December 2014 had not received training in safeguarding children and vulnerable adults. Those we spoke with understood their responsibilities to report concerns and who to report to. They were not confident in identifying the range of presentations of possible abuse. For example, neglect and financial abuse may have gone unnoticed. Safeguarding training for administration staff was discussed with practice management. Within 48 hours of the inspection we received confirmation that administration staff had completed level one training in safeguarding children and an online course on safeguarding vulnerable adults.

- The practice had maintained provision of 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. The practice made both time and funding available for salaried GPs to maintain up to date knowledge of relevant clinical guidance and attend clinical courses.
- GPs and nurses received training that included: safeguarding, fire safety awareness, basic life support and information governance. This training had been reinstated for administration staff in the two months prior to inspection. 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.



# Are services effective?

(for example, treatment is effective)

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. The practice had provided advice on the benefits of stopping smoking and 43 patients had quit smoking in the last year.
- The practice achieved 100% of the national indicators for recording smoking status and giving smoking cessation advice. This was better than the CCG average of 97% and national average of 95%.
- There were local services to which the practice referred patients who needed advice on weight management and increasing exercise.

The practice's uptake for the cervical screening programme was 81%, which was marginally below 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 ensuring 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. Staff who carried out the cervical screening test reviewed their success rates and addressed any variations in performance.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Performance in these screening programmes was better than both CCG and national averages. For example breast cancer screening rates in the last three years were 82% compared to the CCG average of 76% and national average of 72%. For bowel cancer screening the take up rate by eligible patients was 65% compared to the CCG average of 59% and national average 58%.

Childhood immunisation rates for the vaccinations given were better than both CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to the CCG average of 95% to 97% and national average rates of 73% to 95%. For five year olds the rates were 98% to 99% compared to the CCG range of 92% to 97% and national average rates of 81% to 95%. The practice had developed their own immunisation prompt system that ensured immunisations were administered at the right time and appropriately. This covered a wide range of immunisations and not just those relevant in childhood.

There were 50 patients diagnosed with a learning disability. All the patients who had been registered with the practice in 2015 had received an annual health check. The practice had a timetable to undertake the health checks in 2016/17.

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 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Feedback from the survey was mixed for satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them. This was below the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 79% of patients said the GP gave them enough time. This was significantly below the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw. This matched the CCG average and was better than the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern. This was worse than both the CCG average of 88% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern. This was better than the CCG average of 92% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful. Which was similar to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last nurse they saw. This was better than both the CCG average of 98% and the national average of 97%.

The survey period included approximately two months when the practice was adjusting staffing and other resources to cope with the influx of 3,800 new patients. GPs and managers told us how this placed pressure on delivery of services. Whilst some of the feedback from the national survey was below average part of the survey period coincided with exceptional pressure on service delivery.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

## Are services caring?

- 87% 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 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. This service was rarely required because the vast majority of patients had English as their first language.
- There were general information leaflets held throughout the practice in leaflet racks.
- Patient specific information which GPs and nurses supplied to support the verbal explanations of treatment they gave to patients.

### **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 483 patients as carers (3% of the practice list). When a patient was identified as a carer they were given advice about the local services available to them and the contact details to ascertain information about benefits that they may be entitled to claim. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with commissioners to register 3,800 patients from the practice that had closed in the area.

- The practice offered extended hours clinics. Extended hours appointments were offered on alternate Wednesday and Thursday evenings. These ran until 8.15pm.
- Saturday morning appointments were offered on the first Saturday of the month between 9am and 12pm for working 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.
- There were accessible facilities, a hearing loop and translation services available.
- Consulting and treatment rooms were on the ground floor and there were wide corridors that gave access for patients who used wheelchairs and mobility scooters.
- A range of both NHS and private clinic services were available in the premises. These helped patients avoid time consuming and lengthy visits to hospital clinics.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 2.50pm to 6.20pm daily. Extended hours appointments were offered until 8.15pm on a Wednesday one week and Thursday the next and the first Saturday of every month. 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.

- 73% of patients were satisfied with the practice's opening hours. This was worse than both the CCG average of 77% and the national average of 76%.
- 88% of patients found it easy to get through to this practice by telephone. This was better than the CCG average of 84% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient. This was better than both the CCG average of 93% and national average of 92%

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 both:

- Whether a home visit was clinically necessary
- The urgency of the need for medical attention.

Patients requesting a home visit were called by the GPs to assess the urgency and need for support. 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. 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.
- We saw that information was available to help patients understand the complaints system. It was displayed in the practice leaflet and on the patient website.

We looked in detail at five complaints received in the last 12 months and found all had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient raised a

## Are services responsive to people's needs? (for example, to feedback?)

concern about being left on their own in the waiting room at the end of the day. The patient received a prompt response to their complaint and the practice reviewed the reception rota to ensure a receptionist remained at the reception until all patients were seen by a GP or nurse.

# 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 staff knew and understood.
- The practice had a strategy and a business plan which reflected the expansion of the practice and need to reinforce the staffing structure.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. There were clear responsibilities allocated to GP Partners who shared the governance responsibilities. The practice manager was retiring and a new practice manager had been appointed in advance of this. The GP Partners had ensured there was a handover period between the outgoing and incoming manager's. This was intended to ensure a smooth transition and ensure general management functions were carried on in an orderly manner.

The governance framework also 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. The practice was aware of patient feedback in relation to appointment availability and some aspects of care where this was below local and national averages. Changes to the appointment system had been implemented. These included separating telephone consultations and assessments from face to face appointments.
- The practice sought feedback on the changes in the appointment system and the early responses were reviewed.

- Clinical and internal audit was used to monitor quality and to make improvements. However, audit was not supported by a programme that reflected the practice strategy or composition of the practice registered population.
- There were appropriate arrangement in place for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

On the day of inspection senior leaders in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers 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 patients 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 had held regular team meetings until the last few months. The frequency of team meetings had been affected by the changes within the management and team leadership. It had also been influenced by the volume of work involved in absorbing 3,800 patients from the practice that closed in the area. Staff confirmed that their channels of communication had been maintained by use of briefings from their line managers and regular e-mails from senior management. We noted that team meetings had recommenced in the two months prior to inspection.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by partners and their line managers 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). The practice also conducted surveys and reviewed complaints received. The PPG was in a process of transition. There had been two PPG's - one for the practice that closed and one at Newbury Street Practice. The constitution and composition of the PPG was due to be reviewed at an annual general meeting in November

2016. Both previous PPGs had met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had held an open day, supported by the practice. The open day focussed on health promotion and self management of health conditions and was well attended by patients.

- The practice had gathered For example, administration and reception staff had raised concerns that there were too few staff to undertake all the duties required of them. The GP Partners and management reviewed the workload and staffing structure. Additional staff had been recruited.

## 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 worked with the CCG to take on the patients from the practice that closed. This ensured the displaced patients continued to receive a service.

Staff were encouraged to expand their skills and the range of services they provided for patients. One of the health care assistants was enrolled on a University Course to become an assistant practitioner.