

Montgomery-House Surgery

Quality Report

Montgomery-House Surgery
Piggy Lane
Bicester
Oxfordshire
OX26 6HT
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Website: www.montgomeryhousesurgery.co.uk

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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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

At our previous inspection in August 2016 the practice had an overall rating as Good.

Following the March 2018 inspection, the key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

- Older People – Good
- People with long-term conditions – Good
- Families, children and young people – Good
- Working age people (including those recently retired and students) – Good
- People whose circumstances may make them vulnerable – Good
- People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Montgomery-House Surgery in Bicester, Oxfordshire on 6 March 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Montgomery-House Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen and any notable events either positive or negative were learned from.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff had received training appropriate to their roles and the population the practice served. Any further training needs had been identified and planned.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Patients ongoing care needs were assessed, monitored and managed, including planned reviews of their needs.
- We received positive feedback from patients regarding staff, care and treatment.

Summary of findings

- Services were reviewed to make improvements, such as increasing online access to clinical support and appointment booking.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.
- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.
- There was an open and supportive culture among the staff group.

There were areas the provider should make improvements:

- Continue to review and embed the amended systems for ensuring all actions regarding medicine reviews and medicine alerts are completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good 
People with long term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Montgomery-House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Montgomery-House Surgery

Montgomery-House Surgery provides services from Montgomery-House Surgery, Piggy Lane, Bicester, Oxfordshire, OX26 6HT to 14,500 patients. The practice is located in purpose built premises constructed in 1998. The premises are modern and designed to meet the needs of all patients including those with limited mobility. The practice population had a slightly higher than national average of patients over 65 years old with. A total of 61% of patients also had a long standing health condition compared to 54% nationally. The practice also cared for patients in a local care home for the elderly and a learning disability home.

Eleven GPs work at the practice of whom, four are male and seven are female. The nursing team consisted of practice nurses and health care assistants. Support and management staff work at the practice.

The practice has a General Medical Services contract (GMS). These contracts are negotiated directly between NHS England and the provider. This is a training practice and there were two GPs in training working at the practice at the time of the inspection. Placements were also provided for trainee nurses.

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were provided on evenings and weekends directly by the practice or via a local primary services hub. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Montgomery-House Surgery is registered to provide services from the following location:

Montgomery-House Surgery
Piggy Lane
Bicester
Oxfordshire,
OX26 6HT

More information can be obtained at www.montgomeryhousesurgery.co.uk.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. All staff received up-to-date safeguarding and safety training appropriate to their role in order to identify and respond appropriately to suspected abuse. We also found evidence of additional information and guidance specific to the needs of the local community. This included Female Genital Mutilation (FGM) awareness guidance.
- We saw examples of policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. They outlined clearly who to go to for further guidance.
- The practice carried out relevant staff checks. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We saw staff had proof of identification, employment histories, references and occupational health checks undertaken with any support or care required to ensure they were assessed as fit to work with patients.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including yearly infection prevention control audits. The most recent audit showed high levels of compliance with infection control standards and additional actions to mitigate any minor risks. This included ongoing improvements to the

building and equipment. We found the premises to be clean and tidy. Staff had an awareness of infection control relevant to their role. For example, reception staff had a process to follow for handling samples.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included annual calibration of medical equipment and monthly calibration of spirometry equipment (spirometry is used in the assessment of respiratory conditions).

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had been successful in recruiting and retaining staff in recent years.
- Training records indicated that staff were provided with an understanding of how to manage emergencies on the premises. There were procedures for medical and other emergencies which may occur.
- There were various assessment tools for medical conditions which may require urgent attention.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, renovation of the building had required a short term relocation of the dispensary to a temporary out building. This had been fully risk assessed and planned to ensure it was safe to operate from that temporary location.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Patient correspondence was managed and dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Care plans for elderly patients were stored on a system accessible to external services such as paramedics.
- Patient correspondence from external clinicians and services was disseminated to the relevant patients' GPs. We saw that this information was dealt with quickly.
- Referral documentation was dealt with in a timely way.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- 80% of all patients on more than four medicines had up to date medicine reviews and 67% of patients on less than four repeat medicines had up to date reviews. All patients on high risk medicines were monitored. We looked at examples of patients' records where high risk medicines were prescribed and saw these were managed appropriately.
- Patients taking one medicine for the treatment of hypertension had not had all the tests required on their records with relevant actions. The practice reviewed all these patients within 48 hours of the inspection.
- Medicines were administered by non-prescribing nurses with the appropriate authorisation and monitoring from GPs.
- The practice participated in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing a high quality dispensing service to patients. There was a named GP responsible for the dispensary. Dispensary staff were trained to an appropriate level and followed standard operating procedures (SOPs) for dispensary tasks. These were reviewed regularly. Dispensing areas were clean, tidy and organised. Staff used a barcode scanner to check that the correct medicine was selected before dispensing. Annual stock checks were taken and the medicine stocks were monitored via an electronic system. The dispensary was secure ensuring that medicines were stored safely. Controlled drugs were stored in line with legal requirements.
- Staff carried out annual medicines management audits. Medicines were stored safely and securely. Medicines

requiring refrigeration were monitored and stored within a safe temperature range via a computerised live monitoring system implemented in 2017. Staff made regular checks of emergency medicines and oxygen.

- Staff dealt with Medicine safety alerts (alerts that are issued nationally regarding faulty products) effectively and recorded actions taken. However, we found one alert which had not been acted on which affected eight patients, who had not had their medicine reviewed. This was acted on immediately by the practice and following our finding they reviewed their system for undertaking checks on patients' medications following safety alerts. The eight patients concerned were reviewed and any action regarding their care needs was reported to CQC within 48 hours of the inspection. A revised process for acting on patient safety alerts was implemented.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risks related to fire and the safety of the water supply.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant / learning events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, there was the potential for patient information regarding care not being recorded properly on a patient's notes identified by a staff member. The process for recording all such info on the central correspondence system was communicated to staff as a result.
- There was a significant event monitoring log which indicated what action was taken in response to each event. Investigation outcomes were shared with relevant staff. Trends were analysed at learning event meetings.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that GPs and nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.54. This was better when compared national average (0.90) and CCG average (0.62). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.9. This was better when compared to the national average (0.98) and similar to the CCG average (0.83). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was similar (11.4%) when compared to local (10.1%) and national averages (8.9%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing

antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

From October 2016 an additional 1,200 patients required registration at Montgomery-House Surgery following the closure of another practice in Bicester. This put the practice under pressure to deliver ongoing care to all of its existing and new patients. The local CCG agreed the practice would be exempted from contracting scrutiny under the quality outcomes framework for 2016/17. This was to enable the practice to update their patient records and plan for delivering long term condition care and other QOF requirements without being penalised for low achievement which was beyond their control. Therefore much of the data we have used in the outcomes for patients is within the year 2017/18 and not reflective of a full 12 months performance. The practice is still in the process of ensuring all coding of patient information is correct in order to ensure patients are offered the appropriate reviews and care based on their needs.

The practice achieved 88% of its clinical QOF points in 2016/17 compared with the CCG 2017 average of 97% and national average of 96%. To improve this performance the practice had implemented a number of measures. This included more training for nurses and health care assistants to undertake long term condition reviews, increasing the capacity of the practice to complete these. Home blood pressure monitors had been purchased to provide better monitoring of patients with hypertension. A number of diabetes initiatives had been introduced including:

- Reviews of patients who had blood pressure readings out of range according to national guidance in order to assess their risk factors.
- Identification of diabetes risk facts to diagnose pre-diabetes and promote healthier lifestyles for those at risk via an education programme to which 35 patients were referred.
- Referrals to activity programmes to encourage diabetics to undertake more exercise. Nineteen patients were referred to this service.

The practice had achieved 80% of its QOF points by the end of February 2018. In March a further 145 patients had been booked for long term condition reviews at the time of the inspection and over 100 other patients with long term

Are services effective?

(for example, treatment is effective)

conditions were also booked for an appointment (6,932 patients were listed as having a long term condition). This provided the practice with the opportunity to do more reviews of patients' long term conditions before the end of the QOF year in April 2018.

Older people:

- The practice provided GP services to a local nursing home. There were 30 patients on the palliative care register and 24 had up to date care plans in place.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Admissions avoidance care plans were in place for 185 patients who may be at enhanced risk of requiring hospital treatment. Quarterly meetings were held to review these patients.

People with long-term conditions:

- The number of patients registered at Montgomery-House Surgery with a long-standing health condition was 61%. This was significantly higher when compared to the local CCG average (49%) and the national average (53%). A high prevalence of long-standing health conditions can increase demand on GP services.
- Patients with long-term conditions were offered a structured annual review planned and undertaken to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Where patients took medicines for treatment long term conditions they were offered reviews of their medications. This was to ensure the medicines were safe to continue taking and continued to be an effective treatment. Data indicated that 80% of patients with long term conditions on more than four medicines had up to date reviews and 72% of those taking less than four medicines had up to date reviews.
- Performance for diabetes related indicators in 2017 was 83% which was lower than the 2017 national average of 91%.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were better when compared to the national averages. For children under two years of age, four immunisations have performance measured per GP practice; each has a target of 90%. The practice exceeded the 90% target for all indicators, with 98% in three of the four indicators.

•The practice had arrangements to identify and review the treatment of newly pregnant women.

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

- The practice's uptake for cervical screening was 74%, which was similar when compared to the national average (72%). Patients who did not attend for screening were followed up by the practice.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There had been 1,650 assessments in recent years.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 60 adult patients on the Learning Disabilities register and 40 had an annual health check within 2017/18 so far. The practice was training staff including a GP on providing care to patients with learning disabilities in order to support their needs more effectively and identify those patients with milder forms of learning difficulties but did not appear on the register. They were planning how to support the additional needs of the patients they would identify through more robust identification.

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

- 67% of patients diagnosed with dementia had a care plan with a physical health check completed in 2016/17.

Are services effective?

(for example, treatment is effective)

- Patients with mental health conditions were offered a care plan and review of their condition.
- The practice had undertaken an improved programme for identifying dementia in its patient population in 2017 due to low levels of diagnosis in previous years. There were 15 so far in 2017/18 following 185 assessments. Out of 115 patients on the register 63 had dementia care plans following a face to face review already in place so far for the year 2017/18.

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, there were several prescribing initiative audits including those aimed at reducing unnecessary anti-microbial prescribing.

The practice was involved in quality improvement activity. This included a programme of clinical audits. We noted that audits were repeated at differing intervals. The audits included an ongoing monthly audit of all patients who need a periodic blood test to ensure they were having their conditions and medicines monitored appropriately. Clinical audits also included ongoing checks of patients on medicines with potentially serious side effects. One such audit on a medicine used for treating asthma, showed a review of every patient on the medicine including, where appropriate, monitoring was in place. This was undertaken in March 2017 and February 2018. The repeated audit led to the medicine being placed on a monthly audit of all patients who require regular medicine checks. This was to ensure that any patients who were due medicine reviews, due to taking this medicine, received one.

An audit plan was used to ensure that audits were repeated to demonstrate quality improvement. Audits included sepsis recognition and documentation of medicines prescribed in secondary care.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up

to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop. For example, nurses had undertaken diplomas in asthma and diabetes care.

- The practice provided staff with ongoing support. This included an, appraisals, clinical supervision and support for nurse revalidation.
- There was a system to monitor the training uptake of staff and ensuring their skills and knowledge were maintained.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that palliative care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. There were periodic meetings undertaken to review patients receiving palliative care. There were 30 patients on the register and 24 had up to date care plans in place.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, activity programmes and stop smoking campaigns and tackling obesity.
- The practice informed us there were 1,136 patients listed as being offered smoking cessation advice in recent years and 89 attended cessation advice services.
- Data from Public Health England indicated screening among patients for breast and bowel cancer was similar or higher than national averages. For example, 77% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher than the CCG average (75%) and the national average (70%).

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Training and guidance on the Mental Capacity Act 2005 and Gillick competency (a legal framework for consent in under 16s) were provided to staff.
- There were means of recording consent where necessary.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs and considered these needs in respect of care and treatment planning.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback suggested practice staff gave patients timely support and information.
- We received 41 patient Care Quality Commission comment. There were 39 highly positive comments regarding care, treatment, access to appointments and the caring nature of staff.

In the July 2017 annual national GP patient survey the practice results were similar when compared to local and national averages in respect of consultations with GPs and nurses. There had been 263 surveys sent out and 119 were returned. This represented approximately 0.8% of the practice population.

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (91%) and the national average (89%).
- 90% of patients who responded said the GP gave them enough time compared with the CCG average (89%) and the national average (86%).
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average (97%) and the national average (95%).
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average (89%) and the national average (86%).
- 83% of patients who responded said the nurse was good at listening to them compared with the CCG average (93%) and the national average (91%).

- 87% of patients who responded said the nurse gave them enough time compared with the CCG average (94%) and the national average (92%).
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average (98%) and the national average (97%).
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average (93%) and the national average (91%).
- 88% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average (88%) and the national average (87%).

Involvement in decisions about care and treatment

Staff facilitated patients' involvement in decisions about their care. Leaders were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) and there had been action to improve communication with patients who may require additional support. For example:

- Translation services were available for patients who did not have English as a first language. There were also multi-lingual staff that might be able to support them, including practice staff speaking South Asian languages.
- Staff communicated with patients in a way that they could understand and information in different languages was available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. The practice had identified 390 patients as carers, this equated to approximately 2.7% of the practice list. Information was available on support organisation for carers. Those patients listed as carers were identified clearly to staff on the patient record system. This enabled support and clinical staff to quickly identify carers.

Staff told us that if families had experienced bereavement, they were supported by the practice wherever possible.

Are services caring?

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was mixed when compared to local and national averages:

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average (89%) and the national average (86%).
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average (86%) and the national average (82%).
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average (91%) and the national average (90%).

- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average (87%) and the national average (85%).

The practice used the friends and family test to gather patient feedback. Data provided to us by the practice showed that in 2017, there was a 91% satisfaction rating.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Discussions in consultation rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were available, including early morning appointments. Evening and weekend appointments were also available via a primary care hub which provided GP and nurse appointments.
- The practice had implemented a new website in December 2016 offering a multitude of services which were designed help meet patients' needs more easily and reduce the reliance on the phone system. The services included asking a doctor a question, managing referrals to external services and asking travel health advice. Data from 2017 showed that the online services meant that 1,199 phone calls, 315 visits and 190 appointments were avoided as patients were able to access the service they wanted online. The practice's analysis showed 30% of patients used the website for online appointment booking and repeat prescription requests compared to a data source which indicated that 19% of patients nationally use these online services.
- Due to comments regarding the accessibility, inner doors were upgraded to assisted automated opening doors in August 2017.
- Autism awareness training had been provided to staff by a charity to help improve the support and care for patients with autism.
- Easy read materials were available for patients with learning disabilities.
- A request for greater information on healthy living led to a review of content of the practice website and TV screens in order to improve signposting information. Clinicians and staff awareness was raised to ensure awareness of the available patient information. In January 2018 a 'Healthy New Towns' list of activities in Bicester was added to the practice information lists.

- The facilities and premises were accessible to patients with limited mobility.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Support and weekly GP visits were provided for patients residing at a local care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- End of life care was carefully coordinated with the involvement of patients and their families. The dispensary provided a medicine delivery service for patients who may have difficulty in attending the practice.
- A hearing loop was available.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice dispensed medicines to its patients providing easy access to prescriptions where patients chose to use the service.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- There was a same day nurse advice line for concerned parents to obtain guidance about minor illnesses and other child concerns.
- Baby changing areas and quiet zones for breast feeding were provided.
- One stop eight week checks and immunisation appointments were available babies providing

Are services responsive to people's needs?

(for example, to feedback?)

convenience to parents and to optimising vaccination rates. Child vaccination rates were significantly higher than national targets (98% for three of the targets for children under 2 years old).

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered Saturday clinics for specific patient appointments to improve access for those who worked full time.
- Online services were available.
- Pre-bookable telephone appointments were available for patients for any routine needs, providing convenient and efficient access.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice was aware of challenges faced by homeless patients and enabled temporary registrations for any patients without fixed addresses.
- The practice held a portfolio of local support services which was available to staff in order to signpost patients and these services were advertised on the practice website.

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

- The practice had a register of patients who had dementia in order to provide them with reviews and identify any additional needs.
- Patients with dementia or mental health conditions which may affect their vulnerability had a flag on their notes to ensure staff could identify any additional needs.

Timely access to the service

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. A triage system was in place with nurses trained in providing triage. The practice had registered an additional 1,200 patients from a local practice which closed in October 2016 at short notice. The additional pressure caused some capacity and resource issues for several months. The practice successfully managed to maintain its appointment accessibility and this was supported by the additional services available online. Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There were same day urgent appointments, routine bookable appointments via the triage service and routine appointments booked without triage.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Home visits were available to patients including an early visiting service provided by emergency care practitioners.

Results from the annual national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was similar when compared to local and national averages. This survey data was collected from January to March 2017 and represents the time when pressure on the practice had increased due to the closure of the nearby practice.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 81% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 71%.
- 84% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 84%.
- 78% of patients who responded said their last appointment was convenient compared to the CCG average of 87% and national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients who responded described their experience of making an appointment as good compared to the CCG average of – 80% and national average of 73%.
- 46% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 57% and national average of 58%.

The last GP national survey was undertaken at a time when the practice was adjusting its services to meet the increased demand from 1,200 patients from a local practice which closed in 2016. This may have impacted on the appointment access for patients temporarily whilst the practice altered its services to meet additional demands and therefore the survey results from 2017.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints with respect.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the practice complaint log and found that they were satisfactorily handled in a timely way.
- The practice had a log of complaints which it used to provide an overall review of complaint type, investigation outcome and any learning points.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends held every three months.
- We looked at a complaint which had been sent to the practice. It included an investigation, a detailed response to the patient and information on how to escalate the complaint to the health ombudsman if the patient was not satisfied with the outcome.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of local and national services. They understood the challenges of a steadily increasing population and had assessed the potential growth of their practice list by 2,000 within the next two years. There was planning about how the current premises could meet these demands and consideration about how to provide consistent services longer term. Staff told us leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities.
- Staff was aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and enable collaborative working.

Culture

The practice had a culture of inclusiveness and openness.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients. There was a whole team endeavour to maintain patient services at a time of rapid growth in the patient list.
- Openness, honesty and transparency were demonstrated when responding to safety incidents, complaints and previous Care Quality Commission inspection reports. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be investigated sensitively and that feedback would be provided.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals and was supported to meet the requirements of professional revalidation where necessary.
- All staff, including support and reception staff were considered valued members of the practice team. They were given protected time for professional development and yearly evaluation of work and development.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management. Processes and systems were in place understood by staff and were effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good 

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

- Clinical audit had an impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, extensive patient feedback was collected to test improvements to the service such as the new website.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. This included discussions with the patient participation group.
- The practice used up to date information technology systems to monitor and improve the quality of care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views were encouraged, heard and acted on to shape services and culture.
- A variety of sources were used to gather patient feedback. A variety of websites were used to ascertain patient ratings of the services including NHS Choices (which patients provided a rating of 4.5 stars out of five).
- The patient participation group was active and involved in discussions and proposals about improving performance of services.

The practice used the friends and family test to gather patient feedback. Data provided to us by the practice showed that in 2017, there was a 91% satisfaction rating.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. Where any comments regarding potential improvements were made about the service, the practice acted on these. For example:

- Two comments regarding communication and delays in prescriptions being issued led to a change in process where GPs entered comments on a prescription where changes were made so that pharmacists could brief patients.
- Due to comments regarding physical accessibility, inner doors were upgraded to assisted opening / automatic doors in August 2017.
- A request for greater information on healthy living led to a review of content of the practice website and TV screens in order to improve signposting information. Clinicians and staff awareness was raised to ensure awareness of the available patient information. In January 2018 a 'Healthy New Towns' list of activities in Bicester was added to the practice information lists.
- There was a focus on continuous learning and improvement within the practice. For example, diplomas were undertaken by two nurses to improve long term conditions' care.
- The practice was active and worked collaboratively with the CCG and the local GP Federation. (A Federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). For example, the practice participated in a scheme to provide weekend and extended hours access via the federation.