

Gosford Hill Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gosford Hill Medical Centre on 17 November 2015.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient care was effectively monitored in order to drive improvement.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- The practice understood its responsibilities regarding Duty of Candour.
- Patients' satisfaction in the appointment system similar to other practices in the locality. Some patients reported there was a long wait to see a preferred GP and survey data suggested waiting times in the practice were sometimes an issue. The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

.We saw one area of outstanding practice:

- The practice cared for patients who had opiate addictions and one GP had specialist skills in this area. This allowed the practice to provide ongoing care for all these patients' health conditions including those related to their addictions. Out of 33 patients who had

Summary of findings

opiate addictions five years before the inspection, eight patients had been supported to stop using opiates. Six cases of hepatitis C had been diagnosed among these patients which enabled them to gain treatment.

However there were areas of practice where the provider should make improvements:

- Update nurses' understanding of the Mental Capacity Act 2005 and rights of children in regards to obtaining consent from under 16s.
- Consider patient feedback regarding waiting times at the practice and consider action to improve.

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.
- Staff were aware of their responsibilities to keep patients safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were close to average for the locality. Quality outcomes framework data showed the practice was below average for exception reporting (exempting patients from care data).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and we saw evidence that audit cycles were used to drive 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice highly in several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and nurse, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice recognised its responsibilities regarding Duty of Candour.

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.

Good



- The practice offered personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- GPs had a good understanding of the Mental Capacity Act 2005, but awareness among the nursing team was not as strong.
- A GP and trainee GP provided visits to a local care home on a weekly basis to review patients' care and update any treatment requirements that need amending.
- A GP attended a local lunch club for older patients to provide flu vaccinations.
- Older patients had notes on their records to enable them to request their medications over the phone.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority and 148 patients had a care plan aimed at reducing the risk of a hospital admission.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Exception reporting (where patients may not be included in care and treatment data due to not attending for annual checks ups for example) was very low at 7% in 2015 compared to the national average of 9.2%.
- Data used to monitor care and treatment showed the practice was performing in meeting the needs of patients with chronic / long term conditions.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of harm.
- GPs were aware of the rights of children, but some nurses lacked understanding of these rights in relation to obtaining consent.
- The PPG had engaged with children via a survey at a local primary school
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given were similar to the CCG average of 89%. In 2015 the overall vaccination rates for children were approximately 88%.

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.
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 cared for patients who had opiate addictions and one GP had specialist skills in this area. Out of 33 patients who

Good



Summary of findings

had opiate addictions five years before the inspection, eight patients had been supported to stop using opiates. Six cases of hepatitis C had been diagnosed among these patients which enabled them to gain treatment.

- The practice held a register of patients living in vulnerable circumstances including those reaching the end of their life and those with a learning disability.
- The practice manager told us that any patients who did not have a permanent address, such as homeless patients or travellers, would be registered if they needed to see a GP.
- There were longer appointments available for patients with complex or specific needs such as a learning disability.
- Home visits were available for housebound or significantly ill patients who would benefit from these.
- There were disabled facilities, including wheelchair friendly access, wide corridors, automatic front doors. All services were provided on the ground floor.
- There were flags on the patient record system to identify vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Counselling was provided onsite.
- It carried out advance care planning for patients with dementia.
- 90% of patients with mental health problems had a care plan in place.
- GPs had a good understanding of the Mental Capacity Act 2005, but awareness among the nursing team was not as strong.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 256 survey forms distributed for this practice and 108 forms were returned (42% response rate).

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 98% said the nurse gave them enough time compared to the local average and national average of 92%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 50% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 66% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were mainly satisfied with the appointment system and this was reflected in comments card feedback. All of the 15 CQC comment cards contained positive feedback about the service experienced. We spoke with 10 patients who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Update nurses' understanding of the Mental Capacity Act 2005 and rights of children in regards to obtaining consent from under 16s.
- Consider patient feedback regarding waiting times at the practice and consider action to improve.

Outstanding practice

- The practice cared for patients who had opiate addictions and one GP had specialist skills in this area. This allowed the practice to provide ongoing care for all these patients' health conditions including those related to their addictions. Out of 33 patients who had opiate addictions five years before

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the inspection, eight patients had been supported to stop using opiates. Six cases of hepatitis C had been diagnosed among these patients which enabled them to gain treatment.

Gosford Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist adviser and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Gosford Hill Medical Centre

The practice has a higher proportion of patients over 75 years of age (12%) than the national average (8%). There were a lower proportion of patients under the age of 14 (15%) compared to the national average (17%).

The practice had six GPs (three females and three males), although one GP was leaving in November 2015. There was also a full time practice manager, receptionists, secretaries, five practice nurses and two health care assistants. This was a training practice and there were two trainee GPs working at the practice.

The practice has a General Medical Services contract (GMS). These contracts are negotiated directly between NHS England and the provider.

The practice was open between 8.30am and 6.30pm, with phone lines open until 6pm, Monday to Friday. Extended hours appointments were provided on Monday evenings until 10pm. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Gosford Hill Medical Centre is registered to provide services from the following location:

Gosford Hill Medical Centre 167 Oxford Road, Kidlington, Oxfordshire, OX5 2NS

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of patients and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit

on 17 November 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists and the practice manager and spoke with patients who used the service. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 or GP partner of any incidents and there was a recording form available on the practice's computer system.
- All significant events were discussed at the next relevant meeting, depending on the staff group they related to.
- There was an annual review of significant events to ensure that any action related to the events was embedded in practice.
- We saw the significant event log that there were 21 events reported so far in 2015. There was action noted mitigate risks where required. For example, a urine sample protocol had been changed due to a missed prescription.
- Any events which related to the care provided by other services, such as issues with patients discharged from hospital, were reported onto a local incident reporting system so that the clinical commissioning group (CCG) and other services could identify any problems with services. Analysis from this reporting was shared with the practice for any relevant learning.

The practice manager told us they received national patient safety alerts and they undertook any searches for patients, if required. For example, if there was a concern over a particular medicine. The search results would then be sent to a GP to review and discuss what action was needed.

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Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. To support staff who had any concerns they needed to discuss or report there was a protocol to follow regarding where to report concerns depending on individual circumstances. There was a lead member of staff for safeguarding and staff knew

who they were. The GPs attended safeguarding meetings when possible and always provided information where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules for the premises and medical equipment were in place and kept up to date. A practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the most recent was in October 2015. We saw evidence of frequent communication with the cleaning contractor to ensure that appropriate standards of cleanliness were maintained and that cleaning staff undertook their roles safely. There were protocols for protecting staff from infection, such as a protocol for patient samples delivered at reception. Reception staff were aware of this protocol.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines and vaccinations and found they were within expiry dates and stored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were used to authorise nurses to administer medicines in line with legislation. The practice had a system for authorising injections provided by healthcare assistants (HCAs) called patient specific directions (PSDs). We saw PSDs and PGDs were up to date.
- Controlled drugs were stored onsite and these were appropriately checked, monitored and signed into and out of the practice from the controlled drugs cabinet. However, small quantities of a controlled drug used for

Are services safe?

pain relief was stored in a GPs home visit bag without being checked regularly. By the end of the inspection there was a check sheet which included both a GP's and nurses signature to ensure the medicine was accounted for prior to and after home visits.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Staff hepatitis B vaccination and immunity was checked to ensure that they were safe to work with patients.

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 were risk assessments related to various areas of health and safety including a fire risk assessment, control of substances hazardous to health (COSHH) and a legionella risk assessment (a bacteria which can live in water tanks and potentially pose an infection risk). There were regular fire equipment checks. Water system checks were undertaken in line with legionella risk assessment.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment had been calibrated.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There had been minimal use of locum GPs.

Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as events which may cause a loss of computer records system or premises. The plan was accessible on the intranet and available to all staff.

Staff received annual basic life support training every year. There were emergency medicines and equipment available including an automated external defibrillator (AED) and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice, clearly labelled and all staff knew of their location. All the medicines we checked were in date and fit for use. There were drugs for the treatment of cardiac arrest, allergic reactions potentially caused by certain procedures and hyperglycaemia.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Templates for delivering and reviewing patients' care and treatment were reviewed. We saw evidence GPs and nurses discussed health check templates to ensure they covered what was needed during patient check-ups and condition reviews.
- GPs discussed clinical guidance at meetings and the GP who led the nursing team regularly updated staff on any changes to NICE guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014-15, 99.6% of the total number of points available were achieved, compared to a national average of 94% and local average of 97%. In 2014-15, exception reporting was lower than the national and regional average. Overall the practice exception reporting for 2014-15 was 7% compared to the national average of 9.2% and local average of 9.9%. This indicated that the practice was making efforts to meet the needs of as many patients as possible in line with national guidance. Individual QOF achievements for all clinical areas, such as diabetes and heart disease, were 100% other than for mental health, where the practice achieved 96%.

A range of clinical audits were carried out to demonstrate quality improvement. These were chosen for a variety of reasons, such as significant events, GP interests or safety alerts. We saw that several ongoing audits including minor surgery, emergency admissions and the use of specific antibiotics. We saw examples where audits were in the process of being repeated to ensure that improvements to practice were being incorporated where necessary. For

example, the audit on the use of specific antibiotics noted improvement when the audit was repeated. There was an audit run annually on patients with addictions that put them at risk of hepatitis B. The audit led to identifying those patients who would benefit from hepatitis B immunisation programmes. The audit from 2015 identified that 16 out of 25 patients had completed hepatitis B immunisation programmes. The audit accounted for those decided not to have the vaccinations, such as patients who did not consent to immunisation.

The practice monitored and audited patients on repeat medicines to improve the uptake of medicine reviews. For patients on four or more medicines 96% had up to date medicines reviews and for those on less than four medicines 69% were recorded as having up to date medicine reviews.

There was a diversity of specialist expertise among the GPs and nurses allowing the practice to delegate clinical areas of care to individual staff members. This improved the monitoring and delivery in these areas of care. For example, the practice cared for patients who had opiate addictions and one GP had specialist skills in this area. This allowed the practice to provide ongoing care for all these patients' health conditions including those related to their addictions. Out of 33 patients who had opiate addictions five years before the inspection, eight patients had been supported to stop using opiates. Six cases of hepatitis C had been diagnosed among these patients which enabled them to gain treatment.

There was a lead GP for care home patients. This GP had developed an anticipatory plan for any patients who may need to be considered for hospital treatment. This plan enabled advanced decision planning including clinical judgements about whether the patient should be transferred to hospital or not (patients may be on the end of life register and have preferences to die at home) and any advanced decisions that should be respected if a patient did not have capacity to make a decision.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, access to computer systems and confidentiality.

Are services effective?

(for example, treatment is effective)

- Regular learning event meetings took place to support staff in the use of relevant guidance.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

Staff received training that included: safeguarding, fire procedures, equality and diversity, basic life support and information governance.

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 and medical records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw that test results were checked regularly and there was a system to identify whether patients needed urgent follow up care following test results.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

The practice had a consent policy which referred to specific guidance and legal requirements. This included reference to the Gillick competencies for gaining consent from patients under 16 years old. There was also a Mental Capacity Act (MCA) protocol in place for staff to refer to when patients may lack capacity to consent to treatment. However, some nurses we spoke with were not clear on when the MCA or Gillick competencies should be applied.

We saw consent records were used for minor surgery procedures. GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).

Health promotion and prevention

The practice identified patients who may be in need of extra support. The practice provided the following health promotion and prevention in 2014/15:

- 90% of patients with mental health conditions had care plans in place.
- Twenty two patients were on the end of life care register who received additional support from the practice. This included some patients who resided at a local care home and the practice had a designated GP and trainee GP who visited the care home weekly and when required.
- The practice had a register of 47 patients with a learning disability and 74% had an annual health check in 2014/15.
- All patients identified at risk of admission to hospitals were provided with care plans, NHS health checks were provided and the practice had the fifth highest achievement in Oxfordshire

The practice had a comprehensive screening programme for several conditions, including:

- The practice's uptake for the cervical screening programme was 78% which was slightly below the national target of 80%.
- 77% of eligible had attended breast cancer screening
- 28% of eligible patients were offered a chlamydia test and 7% undertook a test.

Childhood immunisation rates for the vaccinations given were similar to the CCG average of 89%. In 2015 the overall vaccination rates for children were approximately 88%.

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

- For over 65s was 65% compared to national average of 73%.
- Patients at risk under 65 years old was 35% compared to the national average of 52%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All 15 patient CQC comment cards we received had positive feedback about the service experienced. We spoke with 10 patients and all said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. We also spoke a member of the patient focus group (PFG) on the day of our inspection who spoke highly of the practice.

Results from the national GP patient survey showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 98% said the nurse gave them enough time compared to the local average and national average of 92%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients were positive about questions regarding their involvement in planning and making decisions about their care and treatment. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 95% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also promoted a number of services including counselling which was provided onsite.

The practice's computer system alerted GPs if a patient was also a carer. This enabled staff to consider and respond to these patients' needs. The practice had a carer's champion who, due to their own experience as a carer, was able to update the practice staff on any changes to carers' services or support available to them. Bereavement support was offered via a local counselling service. Staff were alerted when a family suffered bereavement. Bereaved patients were offered an appointment with a GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the local area. The practice served a patients living in local villages and rural locations as well as the urbanised area of Kidlington. There is a higher proportion of patients between over 65 years old at 21% compared to the national average of 17%. The practice provided care to a nursing home which included elderly frail patients and patients with severe dementia. There was consideration and planning for the different needs of the patient population, including:

- There were longer appointments available for patients with complex or specific needs such as a learning disability.
- Home visits were available for housebound or significantly ill patients who would benefit from these.
- There were disabled facilities, including wheelchair friendly access, wide corridors, automatic front doors. All services were provided on the ground floor.
- There was a hearing loop available but it was broken at the time of inspection. The practice manager assured us a repair had been booked.
- A GP attended a local lunch club for older patients to provide flu vaccinations.
- Older patients had notes on their records to enable them to request their medications over the phone.
- The practice manager told us that any patients who did not have a permanent address, such as homeless patients or travellers, would be registered if they needed to see a GP.
- The practice had a blood sample centrifuge onsite (required for blood tests). This allowed samples to be analysed more quickly and reduced the likelihood of a retest being required.

Access to the service

The practice was open between 8.30am and 6.30pm, with phone lines open until 6pm, Monday to Friday. Extended hours appointments were provided on Monday evenings until 10pm. The extended hours were changed from Saturday mornings to Mondays in response to patient feedback. A system of triage was in place for patients who requested a same day or urgent appointment. Receptionists had a protocol to follow so that any very

urgent problems were prioritised and patients could get an appointment allocated straight away. For less urgent problems the duty GP called patients back to discuss their problem and book an appointment if required. Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was overall similar to the national and local averages in some results, but lower for waiting times. The results included:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 50% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 66% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were generally satisfied with the appointment system and this was reflected in comment cards also. Some patients informed us that waiting times for seeing a named GP could be very lengthy and this was reflected in the national survey results. The practice conducted a survey following the implementation of the triage system which provided positive feedback on the service:

- 93% of respondents reported that the response time of the practice when waiting for a triage call was excellent or very good
- 94% stated their appointment time was soon enough.

There was an online appointment booking service and 21% were registered to use the service.

Listening and learning from concerns and complaints

The practice had a 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.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients make a complaint or comment on the service they

received, through the website and in the practice itself. We looked at the complaints log and found 18 were recorded in 2015. All had been responded to and an apology was issued where required.

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 mission statement which included; providing a competent, efficient & caring service for patients in a friendly atmosphere which values staff. Staff reflected this mission statement in their approach to providing patients' services. The feedback from patients we spoke with and from the national survey showed overall satisfaction with the services provided was high. The practice had considered how it would continue to meet patients' needs in the future, specifically the partners and practice manager were planning to move the practice to a new building in central Kidlington.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks

Leadership, openness and transparency

The partners led the practice in a way that ensured quality care. The partners and practice manager were available to staff who told us that they were approachable and took the time to listen to them. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and this was reflected in the behaviour of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for recording, reporting and investigating safety incidents. Where notifications needed to be made externally there was evidence the practice was

doing so. For example, notifications to a local incident reporting tool were made which enabled a broader data analysis of incidents to identify problems in the local health economy. Complaints were dealt with openly:

- the practice gave patients information about their care and a verbal and written apology when required.
- They 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 that the practice held regular team meetings for all staff groups.
- Nurses' meetings were attended by a GP and we saw from minutes that nurses were involved in changes to care and treatment protocols.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in 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.

- There was an active patient focus group (PFG) which met approximately twice a year. The practice engaged with the PFG regarding survey results and proposed changes. The PFG were involved when the practice changed the layout of reception to protect patients' privacy.
- The practice sought patient feedback on its services. For example, a survey had been undertaken on the triage system which provided positive feedback on the service. 93% of respondents reported that the response time of the practice when waiting for a triage call was excellent or very good and 94% stated their appointment time was soon enough.
- The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.