Cowley Road Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cowley Road Medical Practice on 11 April, 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice had a proactive policy of registering patients who may have had difficulty registering elsewhere, including failed asylum seekers, those with addictions and patients who demonstrate challenging behaviour. It also considered on a case-by-case basis keeping patients registered after they had moved out of area, if they would

Summary of findings

benefit from continuity of care. The practice was currently presenting a case to the CCG for additional funding for the care of asylum seekers and refugees, and was involved in a project to use medical students as mentors for those who had newly arrived in the city. It had also recently welcomed a university anthropology student to spend time in the practice researching the use of interpreters in GP practices and was inviting them back to a team meeting for feedback.

The practice provided specific examples of responsive care for patients in vulnerable population groups which demonstrated positive liaison with other agencies to ensure all information was available for decision making, and advocacy regarding issues such as female genital mutilation.

The areas where the provider should make improvement are:

- Maintain the governance of newly implemented procedures, for example regarding prescription form security in consulting rooms.

- The practice needs to find reconsidered ways of improving patients' attendance for health reviews, particularly those from diverse cultural backgrounds and with English as a second language.For example, by ensuring that patients who are not attending appointments to manage long term conditions are given wider opportunities to engage with local health care provision.
- Risk assess medical equipment including dressings to ensure they are appropriately stored.
- Undertake work to identify more patients as carers, and review its carers' list regularly.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- However, the medical equipment storage room was found to be overstocked, with some dressings being stored on high shelves in the sluice room
- Some consulting rooms were observed to be left unlocked when unoccupied by staff, which meant that blank prescription forms were not securely stored during these times. The practice responded to this finding by undertaking a risk assessment of prescription form security on the day of inspection. It decided that doors would be closed whenever a clinician left a room, and GPs would note the serial number of any scripts taken by them from central storage to monitor their used. The practice assessed that risk of theft was mitigated by the level of restricted access for patients around the practice

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- However, patients' attendance for health reviews was low in some areas, particularly for patients from diverse cultural backgrounds and with English as a second language.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was in discussions with the CCG to set up a support and signposting service for asylum seekers coming to Oxford, including using medical students as mentors for those who have newly arrived in the city.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had links to a nearby care home, where most residents were registered as patients, with a dedicated GP who visited weekly.
- The practice provided a responsive service to the high numbers of asylum seekers, refugees, the homeless and those living in poor quality accommodation in its catchment area, including an "open door" policy of registering patients who may have had difficulty registering elsewhere.
- It also considered on a case-by-case basis keeping patients registered after they had moved out of area, if they would benefit from continuity of care.

Summary of findings

- The practice provided specific examples of responsive care for patients which demonstrated positive liaison with other agencies.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had good links with a local care home, with a named GP who visited it for a ward round of registered patients on a weekly basis.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- In addition to established clinics for those with asthma, diabetes and raised blood pressure, nurses were planning to start running clinics to help those with coeliac disease manage their condition.
- However not all patients are attending appointments to manage long term conditions and may need more support to do so.
- Diabetes management indicators were comparable to national averages, with 92% of patients with diabetes receiving a foot examination and risk classification within the last 12 months, compared to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The waiting room had a separate waiting area for families with young children.
- 74% of female patients aged 25 to 64 had attended for cervical screening within the target period, compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with district nurses.
- There was a proactive approach to safeguarding children to support their welfare. This included links with a local expert in female genital mutilation to improve staff awareness of the issue, such as how to identify concerns and make appropriate referrals.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- All clinical staff had undergone training to improve the diagnosis and management of chlamydia, a common sexual transmitted disease.
- Although the practice had chosen not to offer extended opening hours as a funded enhanced service, it reviewed this regularly to ensure that this reflected the needs of its population.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

Summary of findings

- The practice had undertaken an audit of 108 newly registered patients in a four-week period in 2016, and found that 33 nationalities were represented, with 50 per cent being new to the UK on registration.
- The practice had an "open door" policy of registering patients who may have had difficulty registering elsewhere, including failed asylum seekers, those with addictions and patients who demonstrate challenging behaviour.
- The practice provided specific examples of responsive care for patients in vulnerable population groups which demonstrated positive liaison with other agencies to ensure all information was available for decision making, and advocacy regarding issues such as female genital mutilation.

People experiencing poor mental health (including people with dementia)

Good

- The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).
- 87% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 88%.
- The practice offered longer appointments to patients with complex needs including mental health issues, and patients in crisis were often seen on a weekly basis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above national averages. 394 survey forms were distributed and 107 were returned. This represented 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 79% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 82% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 82% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients were extremely satisfied, praising staff very highly for care and empathy.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Out of 44 patients who had responded to the NHS England Friends and Family Test, 89 per cent said that they would recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

- Maintain the governance of newly implemented procedures, for example regarding prescription form security in consulting rooms.
- The practice needs to find reconsidered ways of improving patients' attendance for health reviews, particularly those from diverse cultural backgrounds and with English as a second language. For example, by ensuring that patients who are not attending appointments to manage long term conditions are given wider opportunities to engage with local health care provision.
- Risk assess medical equipment including dressings to ensure they are appropriately stored.
- Undertake work to identify more patients as carers, and review its carers' list regularly.

Outstanding practice

We saw one area of outstanding practice:

The practice had a proactive policy of registering patients who may have had difficulty registering elsewhere, including failed asylum seekers, those with addictions and patients who demonstrate challenging behaviour. It also considered on a case-by-case basis keeping patients registered after they had moved out of area, if they would benefit from continuity of care. The practice was currently presenting a case to the CCG for additional funding for the care of asylum seekers and refugees, and was involved in a project to use medical students as mentors for those who had newly arrived in the city. It had also recently welcomed a university anthropology student to spend time in the practice researching the use of interpreters in GP practices and was inviting them back to a team meeting for feedback.

The practice provided specific examples of responsive care for patients in vulnerable population groups which

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demonstrated positive liaison with other agencies to ensure all information was available for decision making, and advocacy regarding issues such as female genital mutilation.

Cowley Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Cowley Road Medical Practice

Cowley Road Medical Practice provides GP services on a General Medical Services Contract to about 8,000 patients in the city of Oxford, with the list size having increased significantly in the past nine years. The area has some socio-economic deprivation and a higher than average level of unemployment. The population is mobile and culturally diverse, including a large number of asylum seekers, refugees and people with English as a second language. The practice has significantly more patients aged 20 to 39 than the national average, and fewer aged above 40.

The practice has three GP partners, two female and one male, one salaried female GP and one male locum GP, equivalent to three whole time GPs, covering 30 weekly morning and afternoon consultation sessions. There are three practice nurses, equivalent to 1.7 whole time nurses, and a healthcare assistant, along with a practice manager, assistant practice manager, a medical secretary, and five administration and reception staff. The practice is a teaching practice for trainee GPs and medical students.

The practice is based at East Oxford Health Centre, an NHS-owned building which also houses another GP practice, an independent pharmacy and a number of health services. Cowley Medical Practice is based on the ground floor of the building, which has designated disabled parking spaces and ramp access. There are seven consulting rooms and one nurse treatment rooms. The practice has a dedicated waiting area for children, baby changing facilities, a toilet for people with disabilities, and a lower reception desk area for wheelchair users.

The practice is open from 8.30am to 6pm Monday to Friday, with telephone lines open from 8am to 6.30pm. Appointments are available between 8.30am and 11.30am, and between 2pm and 5.30pm. The practice has not opted to be funded by NHS England to provide an extended hours enhanced service. An out of hours GP service is provided by Primary Medical Limited, and is accessed by calling the NHS 111 telephone number.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 April, 2016.

During our visit we:

- Spoke with a range of staff, including four GPs, two nurses, a health care assistant, the deputy practice manager, and administration and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after the GP's software system auto-corrected the dose of medicine prescribed to a child, GPs agreed that prescriptions outside of the standard dose should have "as directed" and directions for dosage entered manually onto the system.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- The practice had forged links with a local expert in female genital mutilation to improve staff awareness of the issue, such as how to identify concerns and make appropriate referrals.
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- A notice in the waiting room advised patients that chaperones were available if required. It was noted that this poster was in English only. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The medical equipment storage room was found to be full, therefore some dressings were being stored on high shelves in the sluice room
- Cleaning was carried out by contractors employed by the building's management team.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Some consulting rooms were observed to be left unlocked when unoccupied by staff, which meant that blank prescription forms were not securely stored during these times. The practice responded to this

Good

Are services safe?

finding by undertaking a risk assessment and action for prescription form security on the day of inspection. The practice assessed that risk was mitigated by the level of restricted access which patients had in the building.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Following an incident last year when the drop-in baby immunisation clinic had been cancelled two weeks' running owing to staff sickness, the practice had reviewed provision, and changed it to an appointment-only clinic, so that parents could be informed more easily if a clinic was cancelled.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, which was above the CCG average of 97% and the national average of 95%.

- Data from 2014/15 showed: Performance for diabetes related indicators (100%) was better than the CCG (89%) and national average (89%).The percentage of patients with hypertension having regular blood pressure tests (85%) was similar to the CCG (81%) and national average 80%). Performance for mental health related indicators (100%) was better than the CCG (95%) and national average (88%).

  There was 17% exception reporting, which was above the clinical commissioning group (CCG) average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception rates were particularly high in the area chronic kidney disease, which was 20% compared to a CCG and national average of 8%, and diabetes which was 22% compared to a CCG average of 13% and a national average of 11%.The practice told the inspection team that it regularly reviewed exception reporting and reconsidered ways of improving patients' attendance for health reviews, but was still finding it challenging to encourage some patient groups, particularly those from diverse cultural backgrounds and with English as a second language. At the time of the inspection it had not put in place any new strategies to address these issues. This practice was not an outlier for any QOF (or other national) clinical targets.

  There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a repeat audit of patients prescribed melatonin, to ensure that their prescribing was taken over by neurologists in secondary care, in accordance with CCG guidance that it should not be prescribed by GPs.

Information about patients' outcomes was used to make improvements such as an audit of children who had not attended for immunisations, which resulted in the practice deciding to contact families directly and liaise with health visitors and other relevant professionals to encourage attendance. The resulting high immunisation levels led to the local immunisations co-ordinator consulting the practice on how these were achieved, in order to disseminate best practice within the CCG area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Good

Are services effective?

(for example, treatment is effective)

example, we saw evidence that all clinical staff had received training on identifying and treating chlamydia, which is a common sexually transmitted disease among young people.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had also arranged for a group therapist to attend team meetings to provide additional support for staff members. This was currently available to clinical staff, but the practice planned to also provide the service for the non-clinical team.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. During the inspection we spoke to the district nursing team based at East Oxford Health Centre, and they described an excellent working relationship with the practice.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with existing with long-term conditions such as asthma, diabetes and raised blood pressure. Patients were signposted to the relevant service when appropriate.
- One member of the nursing team had a specialist interest in coeliac disease, and was planning to set up clinics for patients with the condition.
- The practice's uptake for the cervical screening programme was 68%, which was slightly below to the CCG average of 74% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

Good

Are services effective?

(for example, treatment is effective)

taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening was 49%, below the CCG average of 59% and the national average of 58%, and the uptake for breast cancer screening was 72%, comparable to the CCG average of 75% and the national average of 72%. The practice had identified that it faced particular challenges in encouraging patients from diverse cultural backgrounds to attend screenings.

- Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 99% compared to CCG rates of 90% to 97%, and five year olds from 88% to 95%, compared to CCG rates of 92% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area was open, meaning that some conversations at the desk could be overheard in the waiting area. However, patient seating had been placed at a distance from the desk, and reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs and nurses came to the waiting area to collect patients for their appointments in person.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One PPG member had arranged and delivered a teaching session to the practice to explore patients' needs in relation to repeat dispensing of prescriptions.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format, and some leaflets and posters were available in other languages
- GPs spoke a number of other languages, and were allocated patients who spoke those languages where appropriate.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including the practice care navigator funded by the OxFed federation of GP practices to help identify sources of support.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was currently in discussions with the CCG to set up a support and signposting service for asylum seekers coming to Oxford, including using medical students as mentors for those who have newly arrived in the city.

- There were longer appointments available for patients with a learning disability, those with complex needs including mental health issues, those requiring an interpreter, for some nursing procedures, and for any patient who wished to have a longer consultation. These were often booked for the end of surgery sessions to ensure that they did not impact on other patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had links to a nearby care home, where most residents were registered as patients, with a dedicated GP who visited weekly.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a responsive service to the high numbers of asylum seekers, refugees, the homeless and those living in poor quality accommodation in its catchment area, which it estimated comprised 6% of its patient list. It had undertaken an audit of newly registered patients and found that 50% were new to the UK on registration. It had an "open door" policy of registering patients who may have had difficulty registering elsewhere, including failed asylum seekers, those with addictions and patients who demonstrate challenging behaviour. It also considered on a case-by-case basis keeping patients registered after they had moved out of area, if they would benefit from continuity of care.
- The practice provided specific examples of responsive care for patients in vulnerable population groups which demonstrated positive liaison with other agencies to ensure all information was available for decision making, and advocacy regarding issues such as female genital mutilation.
- The practice had also recently welcomed a university anthropology student to spend time in the practice researching the use of interpreters in GP practices, and was inviting them back to a team meeting for feedback.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with telephone lines open from 8am to 6.30pm. Appointments were from 8.30am to 11.30am and 2pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was carried out through a telephone triage system delivered by the duty GP for the day.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We saw a poster in reception, although it was small, and only in English.
- It was practice policy to contact all complainants in person rather than just in writing.

We looked at seven complaints received in the last 12 months and found that these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a complaint from a patient regarding staff attitude in a child flu immunisation clinic, it was decided that nurses should always be supported by a non-clinical team member to carry out non-medical tasks and ease the pressure on them.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was presenting a case to the CCG to set up a support and signposting service for asylum seekers coming to Oxford, including using medical students as mentors for those who have newly arrived in the city.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for recording and managing risks when identified, and implementing mitigating actions, other than the security of unused prescription pads.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, including ones to which the entire team were invited, and any staff member could add an item to the agenda.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice had scheduled a team away day for summer 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following the retirement of the previous lead GP partner, the PPG had

Are services well-led?

Good

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

been involved in choosing a new name for the practice which they felt rooted it better in the local community. The practice actively encouraged patients from diverse backgrounds to join the PPG so it too would reflect the community it represented.

- The practice had gathered feedback from regular team meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Reception staff showed us appointment booking slips that they had designed to allow GPs to specify which type of appointment the patient required. They also showed us information cards they had designed which were given to patients due to undertake fasting blood tests.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Clinical staff described a supportive culture that allowed them to pursue academic and professional development, and the practice had previously supported undergraduate medical students and trainee psychologists on site.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had joined the OxFed federation of Oxford GP practices, which was considering merging some "back office" services and sharing a locum GP and phlebotomist within local practice clusters.

The practice had also had preliminary discussions with the other GP practice based within East Oxford Health Centre about a joint enterprise project to expand into a shared space within the building's open atrium area.